

Host department:

Primary Care Unit, University of Cambridge

Title:

Towards an intervention to optimise bereavement care at scale in the community in the light of the COVID-19 pandemic

Proposed supervisory team:

- Dr Stephen Barclay, University Senior Lecturer in General Practice and Palliative Care, PELiCam Palliative and End of Life Care group, Primary Care Unit, University of Cambridge
- Dr Lucy Selman, Senior Research Fellow, Palliative and End of Life Care Research Group, Population Health Sciences, Bristol Medical School, University of Bristol

Project description:

Background

Bereavement is associated with significant physical and psychological morbidity. The COVID-19 pandemic has left many more individuals bereaved at a time when usual bereavement support structures are severely limited by lockdown restrictions. This twofold pressure on bereavement care has exposed vulnerabilities in existing services which rely heavily on the charitable sector and are inequitably distributed.

The literature suggests that 85% of bereaved people need support from family, friends and social networks, with 10% needing counselling and 5% specialist psychological or psychiatric support. It remains unclear how General Practitioners and Primary Care teams might best respond to the support needs of bereaved people, and the ways in which they might engage with community resources to enable the development of innovative low-cost community groups and initiatives to optimise the support needs of bereaved people.

Primary Care Network Social Prescribers are a new and under-researched addition to primary care teams, whose potential role in delivering and developing community bereavement support has not been investigated to date.

The Cambridge Palliative and End of Life Care group PELiCam have an established programme of research in bereavement care, with a recently published national survey of the impact of the COVID-19 pandemic on services, a systematic review of complicated grief in older people and a realist review of bereavement care in primary care. Dr Selman is co-PI on a national study of bereavement during the pandemic and the impact on bereavement services, funded by the UKRI. She has conducted systematic reviews of system-level interventions after mass bereavement events and the impact of funeral restrictions, to inform the response to the pandemic, and is founder of Good Grief Festival, a national public engagement initiative. This PhD studentship builds on these bodies of work.

Aim

To investigate the key components of an effective and scalable low-cost bereavement care intervention in primary care and the community.

Research questions

1. What community-based initiatives have been developed to support bereaved people? How effective and cost-effective are such initiatives?

(Systematic literature review).

2. How have primary care teams and community groups worked together to develop community initiatives to support bereaved people?

(Interviews / focus groups with bereaved people, professionals and community groups developing and delivering community bereavement support).

3. What is the potential role of Primary Care Network Social Prescribers and similar initiatives in bereavement support?

(Semi-structured interviews / focus groups, followed by national survey).

4. What are the views of bereaved people concerning the role of Primary Care teams and community groups in bereavement support?

(Semi-structured interviews / focus groups with bereaved people).

4. Co-design of a new approach to bereavement care in the community, formed as a partnership between bereaved people, Primary Care teams and their local communities.

(Focus groups and stakeholder workshops developing a prototype framework, based on the previous phases, for subsequent evaluation in post-doctoral research).

Training plan:

Formal training:

Training will depend on the existing skills of the appointed student and will be supported by tailored course provision at Cambridge, with external courses as appropriate. The student will also be encouraged to attend national and international conferences.

The Cambridge Primary Care Unit, where the student will be based, has robust oversight procedures for research students. At the end of the first year the student submits a report outlining their progress and research plans, which is examined at a viva with an internal examiner and a second examiner external to the University. Students also give Departmental presentations at the end of their first year and in their third year. Termly reports from supervisors and regular student feedback are monitored by the Department and University to ensure progress.

All PhD students in the Primary Care Unit have access to the considerable research resources provided by the Unit and Department. This includes IT support, medical librarian support for literature reviews and methodological support from statisticians, health economists and qualitative researchers among others. The Clinical School's commitment to flexible, family-friendly career development for all staff has been recognised by our Silver Athena Swan award.

Informal training:

Meetings with supervisors will occur at least monthly, and more frequently as needed, focussing upon research study progress, project delivery, training needs and overall PhD progress.

PPIE:

The Cambridge Palliative and End of Life Care group PELiCam, in which the student will be based, has an established Patient and Public Involvement and Engagement group. Members' comments on this proposal include: *"Grief is painful and often debilitating, no one should suffer needlessly through lack of support. There is no better time than now to research this subject when we could be facing the greatest need we have ever known"* and *"I wish to heaven that I didn't know so much about grief, bereavement, love and loss. This is such important work"*.

The student will have the support of this group throughout their PhD. A small number of group members will be particularly engaged throughout the student's research, contributing to: study design, participant recruitment processes, patient-facing documents for research ethics committee applications, data analysis and dissemination.