



**University of Brighton**

**Information Sheet  
(Patient)**

***Evaluation of physiotherapist and podiatrist independent prescribing***

Dear Sir/Madam

You are being invited to take part in a research study. Your participation in the project is entirely voluntary. Before you decide to participate it is important that you understand why the research is being done and what it will involve. Please take the time to read the following information carefully. Talk to others about the study if you wish. If there is anything that is not clear, or you would like to know more about, please contact Nicola Carey using the details provided at the end of this sheet. Thank you for reading this information.

**What is the purpose of the study?**

Since 2013, physiotherapists and podiatrists have been able to undertake training so that they can prescribe medicines. It is hoped that by taking on the prescribing role, patients will be able to access medicines faster and so be provided with a better service. This research project, carried out by the University of Surrey and the University of Brighton, sets out to evaluate this change in provision.

**Aim of the study**

The aim of this study is to see if there are any differences in the cost or quality of care between physiotherapists and podiatrists who are trained to prescribe medicines and those who have not received this training. The findings of this research will help inform the future development of physiotherapy and podiatry prescribing.

**Why have I been chosen?**

You have been chosen to take part because you are receiving care from a physiotherapist or podiatrist who is involved in the research project. We are interested in your experiences of this care. The research is taking place in up to 14 clinics in different locations across England.

**Do I have to take part?**

It is up to you whether or not to take part in this research. You are free to withdraw from the research at any time and without giving a reason. Your decision about this will not affect the standard of care you will receive.

**What will happen to me if I take part?**

The research nurse will answer any questions you may have and if you then decide to take part in the study, he/she will ask you to sign a consent form. During this process you will be asked if you are willing to participate in any of the following;

1. Having your consultation with the physiotherapist or podiatrist observed by an experienced researcher from Surrey University.
2. Having your consultation with the physiotherapist or podiatrist audio-recorded. If during the consultation a prescription is made, the researcher will make a copy of this for research purposes. Only a small number of consultations will be recorded and you may not be asked to do this.
3. Completing a questionnaire after your consultation. This should take 10-15 minutes and includes questions about the care you received from the physiotherapist or podiatrist. Once complete, please either hand the questionnaire to reception or post it back to us using the stamped envelope provided.
4. Having a researcher contact you in two months' time to ask about your health service use since your consultation.
5. Having a researcher look at relevant sections of your medical notes to collect data for research purposes. Only a random selection of patient notes will be looked at in this way.

You may decide that you are happy to participate in some of these activities but not others. This is OK, just let the researcher know.

**Will my taking part in this study be confidential?**

All information collected during the course of the research will be kept strictly confidential and secured against unauthorised access in accordance with the Data Protection Act 1998.

**What are the possible benefits and disadvantages of taking part?**

There are no direct benefits for you, however the information from this study will help us to see if physiotherapists and podiatrists who prescribe medicines for children provide an effective service.

There are no disadvantages other than the time it takes to complete the questionnaire. The researcher will ensure that interference with the consultation is kept to a minimum, however if you feel uncomfortable at any time during the consultation please ask the researcher to leave the room. Remember that you can withdraw from the study at any time without needing to give a reason.

**What happens when the research project stops?**

If you need to come and see the physiotherapist or podiatrist again, your care and treatment will continue in the usual manner.

**What will happen to the results of the research study?**

The study will take 2 years to complete and the findings will be published in academic journals for healthcare professionals and presented at conferences. No identifying information about you will be included in any reports or papers. In line with university policy, data collected for the purposes of this research will be kept securely at the University of Surrey for 10 years before being destroyed.

We will provide a summary of the findings to the clinic to display and we are happy to provide you with a written copy of the findings if you request this.

**Ethical Review**

This project has been reviewed and given a favourable opinion by the University of Surrey Ethics Committee, and NRES Committee London-Surrey Borders (REC).


**What if there is a problem or something goes wrong?**

If you have any complaint about the way you have been dealt with during the study or any possible harm you might suffer, you should speak to the Professor Sara Faithfull on Tel 01483-682468 or email [s.faithfull@surrey.ac.uk](mailto:s.faithfull@surrey.ac.uk)

**Contact for further information**

If you have any questions regarding this study please contact Nicola using the contact details below. Thank you for taking the time to read this information.

Yours Sincerely



**Nicola Carey (Principal Investigator)**

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**Please indicate how you prefer to be contacted by the researcher in two months' time about your health service use:**

Telephone  Email  No Preference

*Best weekday and time to be contacted* \_\_\_\_\_

**Please indicate if you would like to receive a summary of the overall results of this survey:**

Yes  No

*Please provide your contact details in the space provided:*

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Postcode** \_\_\_\_\_

**Email** \_\_\_\_\_

**Mobile** \_\_\_\_\_

**Landline** \_\_\_\_\_

*Your name and contact information will be kept separately from any other information that you have provided. All information will be processed in the strictest confidence in line with the data protection Act (1998).*