**INCLUSIVE REMOTE CARE**

**Study title:** Identifying the best ways to deliver health care for people from ethnic minority groups living with chronic obstructive pulmonary disease (COPD) and other health conditions.

**Research Ethics Committee Ref:** **23/EE/0149**

Study invitation and participant information sheet (Carer)

Date

Dear

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| **1. Invitation to take part in a research study** | |
|  | Hello, my name is Ratna Sohanpal. |
|  | I want to better understand about people’s experience of supporting their family member or friend being offered and receiving health care by telephone, smartphone, apps, video link or online platforms. |
|  | * I would like to invite you to take part in an interview. * I may also invite you to take part in a photography activity, optional to take part in. |
|  | You can talk to someone you trust about this if you would like to. |

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| **2. Why have I been invited?** | |
|  | * You have been invited because you may have supported your family member or friend with COPD by sitting in a remote consultation with them or on their behalf. |
|  | * I want to speak to you and hear your views on what worked well, what the challenges were and how can we improve remote care delivery. |

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| **3. What are the benefits of taking part?** | |
| Information Feedback Exchange Of · Free vector graphic on Pixabay | * Taking part may help to improve delivery of remote care to people with COPD. |

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| **4. What will happen if I am interested in taking part?** | |
|  | * I will chat to you about the study and ask you a few study-related questions. * You can ask me any questions if you want. |

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| **5. What will happen to me if I take part?** | |
| Nurse Keith's Digital Doorway: Spinning It Positive in Nursing Job ... | I will arrange to speak to you:   * At a date and time suitable to you. * At a location of your choice. * By telephone, online (via Zoom or MS Teams) or face to face as you wish. * In a language you prefer speaking. |
|  | * A family member or friend can be there at the interview with you if you wish. |
| **What will happen if I am interested to take part in the photography activity after the interview?** | |
|  | Within 3 months of the interview:   * I will provide you with a camera and will ask you to take pictures of for example * where you sit to have your remote consultation, * what equipment you use to carry out the consultation, * preparing for a remote consultation. |
|  | * When you are ready, I will arrange to speak to you again about your pictures (with your friend/family member there if you like). * You can choose to share and discuss the pictures with me or in a small group with 3 other people in the study. |
|  | Speaking to me or in a group with others will be:   * At a date and time suitable to you. * At a location of your choice. * By telephone, online (via Zoom or MS Teams) or face to face as you wish. * In a language you prefer speaking. |
|  | * I will arrange your travel, if needed. |
|  | * I will ask for your permission to take part in the interview and the photograph activity. |
|  | * I will record the discussion so that I can remember what you tell me. * The recording will be deleted at the end of the study, and you will not be identifiable. |
|  | * A £30 voucher each will be given to say thank you for your time to take part in the interview and photograph activity. |
|  | * If you change your mind and don’t want to take part at any time, that is OK too. * You don’t have to tell me why. |

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| **6. Do I have to take part in the study?**   |  |  | | --- | --- | |  | * You do not have to take part. * If you say ‘No’ then that is ok. * It is your choice. | | Please be aware that if you are taking part in research, or information about you is used for research, your rights to access, change or move information about you are limited under the UK General Data Protection Regulation  <https://www.hra.nhs.uk/information-about-patients> https://understandingpatientdata.org.uk/introducing-patient-data | |

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| **7. Will my taking part be kept confidential?** | |
|  | * The information collected from you will not have your name or personal details. * The information will be given a code number. * The information will be kept safely and securely for 5 years at the end of the study. |

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| **8. What will happen to the results?** | |
|  | * The results will be produced as written or verbal outputs to share with you, other carers of people with COPD and health professional audiences. * No one will know the output is from you. |
| * The information collected may be used in future research projects. * No one will know the information is from you. |

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| **9. What if there is a problem?** | |
|  | * You can talk to me or someone   you know about it.   * You can ask questions. * You can tell me you don’t want to take part anymore. |
| For independent advice and support, you can contact the NHS Patient Advice and Liaison Service:  The Royal London & Mile End Hospitals - 0203 594 2040 RLHpals.bartshealth@nhs.net  Whipps Cross Hospital - 0208 535 6438 WXpals.bartshealth@nhs.net  Newham University Hospital - 0207 363 9292 nuhpals.bartshealth@nhs.net  St Bartholomew's Hospital - 0203 465 5919 SBHpals.bartshealth@nhs.net |

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| **10. Who has reviewed this study?** |
| This study has been reviewed by an independent NHS research ethics committee and approved by the East of England - Cambridge Central Research Ethics Committee. Reference number. The reference number is 23/EE/0149. |

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| **11. Contacts for further information** |
| Dr Ratna Sohanpal  Centre for Primary Care  Queen Mary University of London  58 Turner Street  London, E1 2AB  ratna.sohanpal@nhs.net  r.sohanpal@qmul.ac.uk  079 3929 6667 |