



University of Glasgow, Scotland

Project leads, Scotland:

[Prof. Catherine O'Donnell, PhD, MPH, BSc \(Hons\), FHEA](#)

Professor of Primary Care Research & Development

Kate.ODonnell@glasgow.ac.uk

[Prof. Frances Mair, MD, DRCOG, FRCGP](#)

Professor of Primary Care Research

Frances.Mair@glasgow.ac.uk

Project researcher:

[Dr Nicola Burns, PhD, BA \(Hons\)](#)

Nicola.burns@glasgow.ac.uk

Project administrator:

[Michelle McKelvie](#)

Michelle.McKelvie@glasgow.ac.uk

The RESTORE team at the University of Glasgow consists of Professor Kate O'Donnell and

Professor Frances Mair and Dr Nicola Burns, with administrative support provided by Ms Michelle McKelvie.

Professor Kate O'Donnell (BSc (Hons), MPH, PhD, FHEA), is a highly experienced health services researcher, with interests in health care policy evaluation and analysis; primary care structure and organization; the normalization and sustainability of policy into practice; and health care for underserved populations, especially asylum seekers and other migrant populations. She has been PI or co-investigator on grants worth over €3,400,000. Recent work has included two projects exploring the perceptions of asylum seekers and refugees to health care in the UK; a study exploring the impact of the 2004 family practitioner's contract on primary care in England and Scotland; and a study examining the impact of a major health prevention initiative in primary care in Scotland, funded by the Scottish Government (worth €1,268,000).

New work on migrant health involving Kate O'Donnell includes supervision of a family physician undertaking a PhD exploring the views of African migrants and health care professionals in relation to the recognition and treatment of medically unexplained symptoms; a new project designed to test innovative training methods to enable health care practitioners to work with interpreters; and through participation in the University of Glasgow's Refugee, Asylum and Migrant Network (<http://www.gla.ac.uk/departments/gramnet/>). This Network spans many departments and interests both within the University and externally and aims to bring together researchers and practitioners, NGOs and policy makers working with migrants, refugees and asylum seekers in Scotland. Along with Nicola Burns and Frances Mair, Kate is also supervising another family physician undertaking an MD which will explore media representations of health care for asylum seekers and refugees in the UK and the impact that has on use of preventive health care services.

Selected recent publications:

- McEvoy R, Ballini L, Maltoni S, **O'Donnell CA**, Mair FS, MacFarlane A. A qualitative systematic review of studies using the Normalization Process Theory in research implementation processes. BMC Implementation Science (accepted for publication).
- MacFarlane, A., O'Reilly-de Brún, M., de Brún, T., Dowrick, C., O'Donnell, C., Mair, F., Spiegel, W., van den Muijsenbergh, M., van Weel Baumgarten, E., Lionis, C., Clissmann, C, on behalf of the RESTORE Consortium. Healthcare for migrants. Participatory health research and implementation science – better health policy and practice through inclusion. European Journal of General Practice (accepted for publication).
- O'Donnell C, Burns N, Dowrick C, Lionis C, MacFarlane A, on behalf of the RESTORE Consortium 2013. Health care access for migrants in Europe. The Lancet, 382, 393-394.

- Van den Muijsenberg M, van Weel-Baumgarten E, Burns N, **O'Donnell C**, Mair F, Speigel W, Lionis C, Dowrick C, O'Reilly-de Brun M, de-Brun T, MacFarlane A and the RESTORE Team 2013. Communication in cross-cultural consultations in primary care in Europe: the case for improvement. Primary Health Care Research & Development : (doi: 10.1017/S1463423613000157).
- Cooper M, Harding S, Mullen K, **O'Donnell C** 2013. Chronic disease risk perception and explanatory models among French and Swahili speaking African migrants. Ethnicity and Health ; 17. (on-line DOI: 10.1080/13557858.2012.740003).
- MacFarlane A. **O'Donnell C**, Mair F, O'Reilly-de Brun M, de-Brun T, Van den Muijsenberg M, van Weel-Baumgarten E, Speigel W, Lionis C, Dowrick C 2012. RESTORE: REsearch into implementation STRategies to support patients of different OR igins and language background in a variety of European primary care settings: A study protocol. BMC Implementation Science, 7, 111.
- Mackenzie M, Conway E, Hastings A, Munro M, **O'Donnell CA** 2012. Is "candidacy" a useful concept for understanding journeys through public services? A critical interpretive review of the literature. Social Policy & Administration (in press).
- Finch T, Mair F, **O'Donnell C**, Murray E, May C 2012. From theory to "measurement" in complex interventions: Methodological lessons from the development of an e-health normalisation instrument. BMC Research Methodology, 12, 69.
- Murray E, Treweek S, Pope C, MacFarlane A, Ballini L, Dowrick C, Finch T, Kennedy A, Mair F, **O'Donnell C**, Ong BN, Rapley T, Rogers A, May C 2010. Normalization Process Theory: A framework for developing, evaluating and implementing complex interventions. BMC Medicine, 8, 63.
- **O'Donnell CA**, Higgins M, Chauhan R, Mullen K 2008. Asylum seekers expectations of and trust in general practice: a qualitative study. BJGP, **58**, 870-876.
- **O'Donnell CA**, Chauhan R, Higgins M, Mullen K 2007. "They think we're OK and we know we're not". A qualitative study of asylum seeker's access, knowledge and views of health care in the UK. BMC Health Services Research, **7**, 75.

Professor Frances Mair (MD, DRCOG, FRCGP), is a family practitioner and Head of the Academic Unit of General Practice and Primary Care at the University of Glasgow and will be supporting Prof O'Donnell and providing support relating to the use of NPT within the project. Since her arrival in Glasgow in 2005 she has been PI or co-investigator on grants worth almost €8M (€1.1M of this from MRC or ESRC). She has a well established track record of implementation research and has been a key player in the "road testing" and development of the Normalization Process Model and subsequent Normalization Process Theory. She currently leads a programme of research that uses Normalization Process Theory (NPT) as its conceptual underpinning which includes seven active research projects funded by CSO, British Heart Foundation and Marie Curie. Most recently she has been exploring the scope for new

applications of NPT and is currently leading novel work looking at the utility of NPT as a means of exploring the impact of chronic disease on patients' lives. She has used NPT as the conceptual framework for a number of large scale multi-centre projects, for example a study funded by NIHR UK on e-Health implementation and integration (Mair FS et al. Understanding the implementation and Integration of e-Health Services. SDO Project - 08/1602/135. NIHR 2009. London). She was also a co-investigator on an ESRC knowledge transfer grant which has recently succeeded in developing a NPT toolkit. This is particularly timely for the RESTORE project.

Selected recent publications:

- Gallacher K, May CR, Montori VM, **Mair FS**. Understanding Patients' Experiences of Treatment Burden in Chronic Heart Failure Using Normalization Process Theory. *Ann Fam Med* 2011 9: 235-243.
- May CR, Finch TL, Cornford J, Exley C, Gately C, Kirk S, Jenkins KN, Osbourne J, Robinson AL, Rogers A, Wilson R, **Mair FS**. Integrating telecare for chronic disease management in the community: What needs to be done? *BMC Health Services Research* 2011, 11:131.
- May C, Murray E, Finch T, **Mair F**, Treweek S, Ballini L, MacFarlane A, Rapley T. (2010) Normalization Process Theory On-Line Users' Manual and Toolkit. Available from <http://www.normalizationprocess.org> (Accessed on 28 May 2011).
- May CR, **Mair F**, Finch T, MacFarlane A, Dowrick C, Treweek S, Rapley T, Ballini L, Ong BN, Rogers A, Murray E, Elwyn G, Legare F, Gunn J, Montori VM. Development of a theory of implementation and integration: Normalization Process Theory. *Implementation Science* 2009; 4(1): 29. doi:10.1186/1748-5908-4-29.
- Boddy D, King G, Clark J, Heaney D, **Mair F**. The influence of context and process when implementing e-health. *BMC Medical Informatics and Decision Making* 2009; 9(1):
- **Mair, F.S.**; Hiscock, J.; Beaton, S. Understanding factors that inhibit or promote the utilisation of telecare in chronic lung disease *Chronic Illness* 2008 4 (2) 110-117
- May,C.; **Mair,F.S.**; Dowrick,C.; Finch,T. 'Process evaluation for complex interventions in primary care: understanding trials using the normalization process model' *BMC Family Practice* 2007 ;8: 42. doi: 10.1186/1471-2296-8-42.
- May C, Finch T, **Mair FS**, Ballini L, Dowrick C, Eccles M et al. Understanding the implementation of complex interventions in health care: the normalization process model.

BMC Health Services Research 2007; 7(148).

Dr Nicola Burns (BA (Hons) PhD) is an experienced qualitative researcher who has worked across a range of subject disciplines, including geography, sociology, housing studies and disability studies. Engaging critically with the social model of disability, she has conducted a number of research projects including disabled people's experiences of the housing system; disabled people's access to woodlands and children's experiences of medical technology. A consistent research interest throughout her career has been mental distress. Initially focusing on mental health service users experiences in inclusion and exclusion in rural and remote areas; more recently, she has engaged in work around professionals understanding and application of mental health law and policy in their everyday practices.

Selected publications and reports

- O'Donnell C, **Burns N**, Dowrick C, Lionis C, MacFarlane A, on behalf of the RESTORE Consortium 2013. Health care access for migrants in Europe. *The Lancet*, 382, 393-394.
- Van den Muijsenberg M, van Weel-Baumgarten E, **Burns N**, O'Donnell C, Mair F, Speigel W, Lionis C, Dowrick C, O'Reilly-de Brun M, de-Brun T, MacFarlane A and the RESTORE Team 2013. Communication in cross-cultural consultations in primary care in Europe: the case for improvement. *Primary Health Care Research & Development* : (doi: 10.1017/S1463423613000157).
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