



PROGRAMME OF RESEARCH ON NURSING, MIDWIFERY AND HEALTH VISITING SERVICE DELIVERY AND ORGANISATION (NMHVSDO)

NM96 - A Scoping Exercise: The contribution of nurse, midwife and health visitor entrepreneurs to patient choice

NM97 – Empirical Study: Evaluating the nursing, midwifery and health visiting contribution to professional and clinical networks

NM98 – Empirical Study: Evaluating the nursing, midwifery and health visiting contribution to models of chronic disease management

Introduction

The Nursing and Midwifery and Health Visitors Service Delivery and Organisation (NMHVSDO) Commissioning Group was established in April 2002 as a specific stream of funding to support research into the SDO aspects of nursing, midwifery and health visiting services. It is intended to build synergy with research already commissioned and planned under the remainder of the SDO Programme. As with the other SDO Commissioning Groups, the NMHVSDO Commissioning Group draws its representation from policy, practice, and patient communities as well as researchers.

The SDO Programme is inviting proposals to evaluate the nursing, midwifery and health visiting contribution to the clinical and cost-effectiveness of clinical networks and models of chronic disease management and to scope the contribution of nurse, midwife and health visitor entrepreneurs to patient choice.

Current call for proposals

The current call for proposals relates to: the nursing, midwifery and health visiting provision of appropriate, timely and effective interventions; continuity of care; staff capacity and quality; individualized services; and user involvement and participation. These important issues were all identified in a priority-setting exercise commissioned by NMHVSDO [1].

This call for research is part of a wider examination of organisational performance by the SDO within its Studying Healthcare Organisations Programme. The studies of nurse, midwife and health visitor entrepreneurs, clinical networks and chronic disease management to be commissioned are, therefore, part of a wider examination of the performance of organisations that cuts across, and relates closely to, the other themes in the SDO Programme such as evaluating models of health care delivery,

continuity of care, access to health services, change management and patient choice (for further details please see the SDO web site).

The SDO Programme is prepared to fund **one scoping exercise** on nurse, midwife and health visitor entrepreneurs **and up to three empirical research projects** on the nursing, midwifery and health visiting contribution to professional and clinical networks and chronic disease management. Applicants are encouraged to select their own fields of enquiry, but proposals should be based on an in-depth empirical examination of existing or newly developing networks and models of chronic disease management.

The scoping exercise will be commissioned using a one-stage application process, whereas a two-stage process will be used for the empirical studies (see further details under 'Application Process' below). The first stage of application for the empirical projects requires an outline proposal only. Successful short-listed applicants will then be invited to submit full proposals for stage two. Up to three proposals will be funded, and these projects should take a maximum of three years to complete. Given the range of possible settings in which clinical networks and chronic disease-management-based care have been introduced, the SDO Programme does not want to be prescriptive at this stage. However, full account should be taken of previous research commissioned by the NMHVSDO in protocol-based care and innovative models of service delivery.

NM96 - A Scoping Exercise: The contribution of nurse, midwife and health visitor entrepreneurs to patient choice

Patient choice has become increasingly central to government policy concerning the delivery of NHS services in the last few years [2-4]. The earlier policy statements tended to focus on choices by patients concerning *where* they would receive elective services, but the most recent policy document, *Building on the Best* [4], has extended the notion of choice to include choices for patients about *who* should deliver services (such as direct access to midwives) and *how* services should be delivered.

The Secretary of State for Health recently encouraged a new generation of entrepreneurial nurses and midwives to extend the availability of choice and to help patients to exercise that choice [5]. *Building on the Best* [4] also recognised that the provision of appropriate information to patients and their carers is crucial to allow real choice to be exercised. Thus, more recent articulations of choice extend the notion to empowering people to take greater responsibility in clinical decisions about their own care. In addition, increased investment, together with greater contractual freedoms, potentially enable new models of health care organisation and delivery to emerge.

It can be argued that current government policy can be seen as intending both that patient choice should be a goal in its own right, as well as being instrumental in achieving other goals such as increasing technical efficiency or quality in the delivery of services (for example, by the use of patient choice as the stimulus for competition between providers). The latter goal can only be achieved if an appropriate institutional context exists in which such choices are made [3]. Increasing the availability of choice may however lead to tensions and conflicts, and an

understanding of how people are prepared to trade off between different choices should underpin how choice is arranged, presented and implemented [4, 6].

Nurses, midwives and health visitors may take leading roles in delivering this extended choice agenda, yet little is known about the extent and nature of activities. For example we know little about: the numbers of nurse, midwife or health visitor entrepreneurs; the range of services provided; how they are perceived by patients; other professionals and managers; the conditions and contexts which facilitate their development and how such developments can be encouraged; the settings in which they operate; the models used to organize and deliver services; the manner in which they involve users or patients, carers and their families in care; and the impact of their activities on the costs, quality, outcomes and organisation of care. The complexity of these concerns reflects the breadth of the concept of patient choice, which can encompass such questions as *where* patients receive treatment or care, *who* provides that care, *when* and *how*.

It is because of the importance of these concerns that the SDO Programme is now commissioning a scoping exercise to explore current knowledge.

The SDO scoping exercise on “The contribution of nurse, midwife and health visitor entrepreneurs to patient choice” (NM96)

The SDO Programme is now inviting proposals to conduct a scoping exercise on the topic of the contribution of nurse, midwives and health visitor entrepreneurs to patient choice. The purpose of the scoping exercise is to identify topics for further research to be commissioned by the SDO Programme. The scoping exercise should consider how nurses, midwives and health visitors can contribute to entrepreneurial approaches to health services and the design and delivery issues that may promote better outcomes, including choice, for patients, carers and families. The scope will inform the SDO’s nursing, midwifery and health visiting commissioning sub-group about research priorities in this area, and enable it to commission appropriate secondary and empirical research.

Up to **£90,000** is available for funding **one** project in this area.

Nature of the scope

The aim of this scope is to advise the SDO Programme what research should be commissioned in this area. The scope should therefore include the following:

1. A conceptual mapping exercise to discover in what ways nurses, midwives and health visitors are behaving entrepreneurially around service development and extended choice.
2. A review of the available published and grey research literatures (theoretical and empirical) concerning nurse, midwife and health visitor entrepreneurs in relation to choice. The Department of Health has recently undertaken and commissioned some studies about various aspects of choice, not all of which have yet been published. All of these should however be included in the review. The review should also include literature about both private and public sectors where appropriate.

A comprehensive literature review is not required at this stage. However the review should be sufficiently comprehensive and rigorous to be able to identify the research that has been carried out, gaps in the field, and relevant methodological issues that may be important to consider in future commissioning of research on patient choice. Future commissioning may include full literature reviews of specific areas of interest.

3. A policy mapping exercise on nurse, midwife and health visitor entrepreneurs, indicating guidance and instructions given by the Department of Health and other NHS organisations, providing an analysis of the current NHS context.
4. A policy analysis spelling out the implications of the findings from the scoping exercise for the promotion of nurse, midwife or health visitor entrepreneurs and its implications for patient choice within the NHS.
5. Identification of areas for further research, and how these might be addressed.

Applicants should demonstrate that they have an excellent understanding of models of entrepreneurship utilised by nurses, midwives and health visitors and patient choice developments in the NHS, and should indicate how they will take account of developments occurring during the course of the scoping exercise. Applicants should also explicitly state how their proposed scoping exercise adds to our generalisable knowledge of the management, organisation and delivery of health services.

The proposed scope should take no more than 9 months to complete.

Methods

Applicants should clearly outline their proposed methods for the scope.

1. They should indicate how conceptual, definitional and methodological issues are to be approached.
2. In mapping the literature the following areas should be covered:
 - The theoretical bases of the review.
 - Methods for identifying relevant published and grey literatures. It is expected that applicants will plan to use a variety of methods including the research team's prior knowledge; search of electronic databases; and advice from key researchers and practitioners in the field.
 - Methods for judging the quality of the literature available and for summarizing the results should also be made explicit.
3. Methods for providing an analysis of the current and changing NHS context should also be stated.

Applicants should demonstrate that they have assembled a team of researchers whose knowledge and skills are appropriate.

Outputs

The principal output of the scope will be a detailed report, providing a map of the literature and policy context that should:

- contain a short and coherent executive summary;
- critically describe the methods used and the available literature;
- provide an authoritative, thorough and substantive map of the available literatures (both theoretical and empirical) and their implications;
- provide rigorous and detailed conclusions about what is currently known in this area and the strength of the evidence on which this is based;
- provide a full exposition of current NHS policy concerning contractual freedoms, stimulating entrepreneurship in nursing, midwifery and health visiting in relation to patient choice;
- clearly identify areas for further research and how they might be addressed. This could include both full reviews of the literature and/or primary research; and
- contain an analysis which clearly indicates how the findings are relevant to developing policy and practice in the NHS.

Successful applicants may be required to present their completed work to the SDO Programme Board.

New Empirical Studies in Two Areas

To complement the above scoping study, the SDO Programme is also prepared to commission up to three substantial empirical studies. These will be in the areas of the nursing, midwifery and health visiting **contribution to professional and clinical networks**, and the nursing, midwifery and health visiting **contribution to chronic disease management**. These two substantive areas, and the demands of the empirical work, are outlined below; subsequent sections clarify the nature of the application process and outputs expected that are common to both areas. Up to **£300,000** is available for each of up to three empirical projects (in total) in these two areas; projects are expected to last up to a maximum of three years.

NM97 – Empirical Study: Evaluating the nursing, midwifery and health visiting contribution to professional and clinical networks

Background

Clinical networks are increasingly being used to link primary, secondary and tertiary care. The purpose of such networks is to streamline patient care and promote the flow of knowledge between professionals and organisations. The use of networks has been piloted in neurology, diabetes and cancer care in Scotland. Networks are emerging in such areas as diabetes and coronary heart disease in England. The impact of such networks upon the cost, quality of services for patients and carers has however been subject to relatively little evaluation. In 2003, under its 'rapid response' commissioning mode, the SDO R&D Programme commissioned a comprehensive review of the literature on managing across diverse networks of care to derive key lessons for the management, governance, leadership and policy of networks in health care. The results of this literature review demonstrated that no

ideal network solution existed and that there was little empirical evidence on the clinical and cost effectiveness of emerging clinical networks in the UK. The need for in-depth empirical research into both the management process and effectiveness of these networks was highlighted [7].

In developing its research commissioning strategy, the SDO R&D Programme is keen to ensure that its commissioned research is both rigorous and relevant and grounded within sound theoretical frameworks. Moreover, the research Programme aims to complement, but not copy or unnecessarily overlap, research commissioned by other major funding agencies. In this regard, potential applicants should be made aware of a number of research activities and ongoing projects. Applicants who may wish to examine the field of cancer care, for example, should be made aware that the SDO Programme has recently commissioned research examining measures of quality for improving cancer services which is undertaking its analysis within local cancer networks [8], whilst a project on the process and performance of five London Cancer Networks has also recently been completed [9]. Applicants considering the examination of networks in the field of mental health care should be aware of an SDO Programme call for proposals for research into models of mental health liaison services [10] and they may also wish to consider the Mental Health Service Improvement Partnership being established by NIMHE that aims to guide the delivery of best practice and bespoke service support to local mental health communities [11].

In sum, applicants should familiarise themselves with all relevant research already commissioned by: the SDO Programme (in particular the recent call for the management and effectiveness of professional and clinical networks [12]); the DH Policy Research Programme; and the NHS R&D programmes (such as the Health Technology Assessment Programme). **Applicants should demonstrate that their proposals do not duplicate other ongoing and recently commissioned research.**

New empirical study on Networks

The SDO Programme is inviting proposals to evaluate the nursing, midwifery and health visiting contribution to professional and clinical networks, their organisational, patient, carer and staff outcomes, and the quality and costs of care.

Questions to be addressed by this study include:

- what are the settings in which networks involving nurses, midwives and health visitors emerge?
- how are such networks defined and delineated?
- what role do nurses, midwives and health visitors play in the configuration and operation of networks?
- what are the conditions under which successful networks involving nurses, midwives and health visitors are set up and sustained?
- what is the impact of the nursing, midwifery and health visiting contribution on the cost, quality, effectiveness and organization of care provided and on the user or patient, professional and carer experience?
- what is the impact of that contribution upon the decision-making processes of

clinicians and on the relationships between users or patients, professionals and carers?

In essence proposals are invited that examine three key aspects to network development – network origins, network processes and network outcomes.

NM98 – Empirical Study: The nursing, midwifery and health visiting contribution to models of chronic disease management

Background

Chronic disease management (CDM) presents a major opportunity to deliver improvements in patient care and service quality, with reductions in costs across primary, secondary, tertiary and social care [13]. Within chronic disease management, nurses, midwives and health visitors have much to contribute to high quality and effective service delivery for users, patients, carers and their families. A range of models for delivering CDM have emerged and are being implemented and tested throughout the NHS. Some of these have been supported by policy drivers such as *Liberating the Talents* [14], outlining the strategic direction for the development of primary care nursing, as well as *Freedom to Practice* [15], which provides guidance on the CNO's ten key roles. The advent of the National Service Framework on Long Term Conditions adds to the focus on joined-up delivery, including prevention and patients' roles in managing their own care in the NSF's more generally.

Other drivers towards better disease management include: the new GMS contract [16] and associated *Quality and Outcomes Framework* [17], that provide financial incentives for primary care to enhance focus on CDM; developments in IT through the National Programme for IT; and the introduction of choice at the point of GP referral, which presents the opportunity to respond flexibly to patient needs and preferences in terms of providers and place of service delivery. New models for delivering CDM are currently being implemented through, for example: the Expert Patient's Programme; the National Primary Care Collaborative; and the Healthy Communities Collaborative. Lessons are being learned from working with organizations with expertise in the area such as Evercare, Kaiser Permanente and programmes such as *Pursuing Perfection* [18]. Some of these models have been subject to some preliminary evaluation [19], and new roles and ways of working are emerging as programmes are rolled out across a range of settings.

New empirical study on Chronic Disease Management

The SDO Programme is inviting proposals to evaluate the nursing, midwifery and health visiting contribution to models of chronic disease management and consequent impacts upon organisational, patient, carer and staff outcomes, quality and costs of care. Questions to be addressed by this study include:

- what are the factors that stimulate the development of models of chronic disease management?
- how do different models of chronic disease management emerge and evolve over time?

- what are the factors that support the sustainability of models of chronic disease management?
- what mechanisms are used to capture, share and exchange learning between professionals, patients, carers, families and other service providers?
- what roles do nurses, midwives and health visitors play in different models of chronic disease management?
- what are the conditions under which nurses, midwives and health visitors can contribute most effectively to chronic disease management?
- what are the impacts of nursing, midwifery and health visiting upon the cost, quality, effectiveness and organization of care provided on the user or patient, professional and carer experience?

In essence proposals are invited that examine three key aspects to the development of chronic disease management models – model origins, model processes and model outcomes.

General guidance relating to empirical projects

Outline proposals in either of the above areas should address the following issues:

1. The SDO Programme generally wishes to commission large-scale, multi-centre studies but smaller-scale evaluations may also be considered.
2. Applicants should explicitly state how their proposed research adds to our generalisable knowledge of the organisation and delivery of health services. Thus applicants should take care to explain any underlying conceptual frameworks and the use of theory that will assist in developing messages of wider applicability.
3. Applicants will need to make explicit the policy relevance for the NHS of the likely findings.
4. Applicants should demonstrate that they have established appropriate partnerships between researchers and health service managers, professionals and users for their proposed study.
5. Applicants should show that they have identified measures of patient and staff outcomes relevant and practicable for this proposed study.
6. Applicants should specify measures of quality of care and identify measures for costing service design innovations.

For proposals in both studies (networks and chronic disease management) it will be necessary to:

- Critically review the existing literatures including published and grey literatures.
- Identify the contexts in which clinical networks or models of chronic disease management have been introduced.
- Define and analyse models of successful working.

Methods

Applicants should clearly outline their proposed methods. Methods described should include both qualitative and quantitative methods, where appropriate. Applicants should describe clearly what process and outcome indicators they propose to use.

In addition, applicants should indicate how they will:

- ensure that their team includes researchers whose knowledge and skills are sufficiently broad to deal with the variety of topic areas and methodologies which will need to be deployed.
- demonstrate the policy relevance of the research.
- build in an active programme for disseminating results, in discussion with the SDO Programme and relevant stakeholders.

Outputs

Outline proposals should demonstrate awareness that the principal final product will be a detailed report capable of:

- critically reviewing the background and available relevant literature.
- critically describing the methods used in the study.
- providing a rigorous analysis of the data gathered.
- drawing appropriate and policy relevant conclusions.

Application process

The process of commissioning NM96 will be in **one stage** and applicants should submit **scoping exercise proposals**.

The process of commissioning the studies NM97 and NM98 will be in **two stages** and applicants should submit **outline proposals**.

Applicants must submit proposals using the **A4 Outline Proposal application form**, which is available as a Word 97 file or Rich text format from:

- the SDO Programme website: <http://www.sdo.lshtm.ac.uk/nmhv.htm>, or
- by Email from: Michael.Yates@LSHTM.ac.uk

Please do not use any previously obtained version of an SDO Programme application form.

Applicants are asked to submit proposals by **7th December at 1pm** to:

Michael Yates

Commissioning Manager

NCCSDO

London School of Hygiene and Tropical Medicine

99 Gower Street

London
WC1E 6AZ

For NM96 TWENTY-FIVE HARD COPIES of the completed **Scoping Exercise application form** should be submitted together with a copy on disk or CD.

For NM97 and NM98 TWENTY-FIVE HARD COPIES of the completed **A4 Outline Proposal application form** should be submitted together with a copy on disk or CD.

Please note we will not accept electronic submissions or hand written proposals. **No late applications will be considered.**

Guidance notes for the completion of the **Outline Proposal application form** and the **Scoping Exercise application form** can be found at the front of the application forms.

Up to **£90,000** is available for funding **one** project under topic area **NM96**. Funding of up to **£300,000** is available for each of up to three projects (in total) under **NM97** and **NM98**. **Applicants should note that value for money is an important consideration in respect of this research.** Proposed costs of the project should not exceed the limits stated above.

Following submission of outline proposals (**NM97** and **NM98**) successful applicants will be notified no later than the **February 2005**. They will then be invited to submit a full proposal by **late March 2005**. The outcome of the review of full proposals will be notified by **late April 2005**. The project should take no longer than **3 years** to complete and start no later than **June 2005**. Please note that these dates are approximate and may be subject to change.

In addition, applicants should indicate how they will work with the SDO Programme and relevant stakeholders to build in an active program for disseminating their research findings in policy, practice and research contexts.

Please clearly label the outside of the envelope in which you submit your proposal with the following: **‘Tender Documents’** and the appropriate **reference number**. This will enable us to identify proposals and keep them aside so that they may all be opened together after the closing date and time.

Teams should ensure that their proposal complies with the Research Governance Framework, which can be found on the Department of Health website, or via a link on the SDO website under the ‘Call for Proposals’ page.

Before funding, successful teams will be required to provide proof of research ethics committee approval for their project, if this is required (information regarding this can be found on the SDO website under the ‘Calls for Proposals’ page).

We anticipate that there will be informal discussions with NCCSDO throughout the duration of the project regarding the final report.

Applicants should visit the SDO website: <http://www.sdo.lshtm.ac.uk> to familiarise themselves with the work of the SDO Programme in general and with previous scoping exercises in other topic areas.

References

1. Ross F, Mackenzie A, Smith E, Masterson A and Wood C (2002) *Identifying Research Priorities for Nursing and Midwifery Service Delivery & Organisation*. NCCSDO, London, 2003. Available at http://www.sdo.lshtm.ac.uk/pdf/nursingandmidwiferyscopingexercise_report.pdf
2. Department of Health (2001) *Extending Choice for Patients: A Discussion Document*. London: Department of Health
3. Department of Health (2002) *Extending choice for patients: Information and advice on establishing the heart surgery scheme: Draft for stakeholder consultation*. London: Department of Health
4. Department of Health (2003) *Building on the best: Choice, Responsiveness and Equity in the NHS*. London: Department of Health. Available at <http://www.dh.gov.uk/assetRoot/04/07/52/93/04075293.pdf>
5. Reid, J 'Nurses need to be all that they can be'. http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4062706&chk=7Y1%2Bpg
6. Ryan, M., Bate, A., Eastmond, C.J. and Ludbrook, A. (2001). Use of discrete choice experiments to elicit preferences. *Qual Health Care*, 10 Suppl 1, i55-60.
7. Goodwin N et al (2004). <http://www.sdo.lshtm.ac.uk/studyinghealthcare.htm> (ref: SDO/39/2002)
8. McCarthy, (ref: SDO/65/2003) <http://www.sdo.lshtm.ac.uk/studyinghealthcare.htm#mccarthy>
9. Ferlie and Addicott, 2004, see <http://www.clrgr.cf.ac.uk/events/ferlie%20and%20addicott.pdf>
10. See <http://www.sdo.lshtm.ac.uk/liaisonpsychiatrycall.htm>
11. See <http://www.nimhe.org.uk/priorities/mhip.asp>
12. See <http://www.sdo.lshtm.ac.uk/networkscall.htm>
13. Department of Health (2004) *Improving Chronic Disease Management*. London :Department of Health. Available at <http://www.dh.gov.uk/assetRoot/04/07/52/13/04075213.pdf>
14. *Liberating the Talents. Helping Primary Care Trusts and nurses to deliver the NHS Plan*. <http://www.dh.gov.uk/assetRoot/04/07/62/50/04076250.pdf>
15. Department of Health (2003) *Freedom to practise: dispelling the myths*. London: Department of Health. Available at <http://www.dh.gov.uk/assetRoot/04/06/15/25/04061525.pdf>
16. Department of Health (2003) *Investing in General Practice – the GMS contract*. London Department of Health. Available at http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/PrimaryCareContracting/PrimaryCareContractingArticle/fs/en?CONTENT_ID=4079003&chk=5nnqaM

17. Department of Health (2004) *Quality and Outcomes Framework Annual Reviews Visit: Visiting Teams and Competencies*. London: Department of Health. Available at <http://www.dh.gov.uk/assetRoot/04/08/13/95/04081395.PDF>
18. Pursuing Perfection (Department of Health, 2004) http://www.modern.nhs.uk/scripts/default.asp?site_id=40
19. Dixon J, Lewis R, Rosen R, Finlayson B, and Gray D (2004) *Managing Chronic Disease: What can we learn from the US experience?* King's Fund London. Available at <http://www.kingsfund.org.uk/PDF/chronic%20disease%20summary.pdf>

Addendum

This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene & Tropical Medicine.

The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk.