



RESEARCH ON THE PRACTICE OF HEALTH CARE COMMISSIONING

RESEARCH BRIEF (REF: COM238)

CALL FOR PROPOSALS

1 Introduction

Studying health care organisations to understand the most effective ways to organise health care services is a fundamental programme of work for the SDO Programme. The research programme has to date covered broad themes examining the relationship between form, function and organisational performance. The most recent review undertaken by the SDO Programme of priority research needs included research on commissioning as a key area. Therefore, the SDO Programme now wishes to develop the programme of research on the practice of health care commissioning.

This programme of research will complement the research recently commissioned by the Department of Health (DH) Policy Research Programme Health Reforms Evaluation Programme (<http://www.nihr-ccf.org.uk/site/docdatabase/prp/default.cfm>). That programme of work includes several studies which are intended to investigate commissioning of care. The two main studies which focus specifically on commissioning are designed to evaluate the impact of commissioning on the outcomes of services for patients. Consequently, this SDO call for proposals will be focussing on other aspects of commissioning as outlined in this brief.

2 The SDO Programme

The Service Delivery and Organisation Research and Development Programme (SDO) is one of the national research programmes of the NHS in England and is a constituent programme of the National Institute for Health Research (NIHR). The NIHR SDO Programme improves health outcomes for people by:

- Commissioning research and producing research evidence that improves practice in relation to the organisation and delivery of health care, and

- Building capacity to carry out research amongst those who manage, organise and deliver services and improve their understanding of research literature and how to use research evidence.

Further information on the Programme, including a list of past, current and recently commissioned projects, can be found on the SDO website (<http://www.sdo.nihr.ac.uk>).

3 Current call for proposals

The development of purchasing and commissioning in the UK since the 1990s has produced a range of research that has examined specific initiatives such as GP Fundholding, Total Purchasing and the role of Primary Care Groups and Primary Care Trusts (PCTs). The health reforms in England currently emphasise the need to develop world class commissioning to enable PCTs, practice based commissioners (PBC) and others to fulfil their potential (DH, 2007). The recent NHS Next Stage Review Final Report (DH, 2008) has re-emphasised the importance of the commissioning function in improving health and health services. There are a number of challenges in implementing world class commissioning, including the need to engage GPs and other clinicians fully in the commissioning of services, the shortage of skills and expertise in PCTs, and the imbalance of power and information between commissioners and providers.

In order to support the development of stronger commissioning, SDO wishes to commission a programme of research that addresses different aspects of the practice of commissioning, including how commissioning is organised, the processes of commissioning, the incentives and mechanisms used in commissioning, commissioning for patients with long term conditions and commissioning for health and well being. The SDO programme is interested in funding research projects about these topics which not only investigate current practices, but which also draw conclusions from their findings that can help in improving the practice of commissioning in England.

In addition to the SDO themes concerning studying health care organisations, this programme of research is also closely related to other SDO themes on continuity of care, access to health services, public health and self care. Applicants should familiarise themselves with research commissioned under all of these research themes (see <http://www.sdo.nihr.ac.uk/projbytheme.html>). Of particular relevance are projects on relationships between organisations (<http://www.sdo.nihr.ac.uk/positionpaper.html>) and the relationship between organisational forms and performance (SDO/55/2003: <http://www.sdo.nihr.ac.uk/sdo552003.html>).

Applicants should also familiarise themselves with relevant research already commissioned by other NHS R&D programmes (such as the DH Policy Research Programme (PRP) and the Health Technology Assessment Programme) to ensure that they can demonstrate that their proposals do not duplicate other research. For example, work is already underway at York CHE (<http://www.york.ac.uk/inst/che/research/hpolicy.htm>) and Manchester NPCRDC

(<http://www.npcrdc.ac.uk/r5.82>) looking at the impact of PBC on the pattern of providers chosen to provide specialist services by local commissioners (e.g. whether PBCs use a wider range of providers than their predecessors) and on the development of PBC and the characteristics of PBCs (e.g. in terms of size of population, scope of commissioning, commissioning processes). The King's Fund has also commenced a qualitative evaluation of PBC (http://www.kingsfund.org.uk/current_projects/practicebased_commissioning/index.html). Furthermore, the Policy Research Programme Health Reforms Evaluation Programme has commissioned a number of projects examining the current health systems reform programme examining patient choice, diversity of providers, systems reform in local health economies and competition, in addition to the two studies of commissioning mentioned earlier.

The SDO's programme of research is intended to be complementary to these programmes and will focus mainly on the *practice* of commissioning in the NHS.

4. Research topic areas

4.1 Review of the literature on commissioning

While the primary focus of this call for proposals is on new primary research, the SDO programme is also interested in commissioning one or more literature reviews which synthesise existing knowledge about commissioning. These reviews may focus on experience of commissioning in the NHS, in other health care systems, and in other sectors. Examples of questions of interest to the programme are:

- What lessons can be drawn from experience of commissioning health services in other countries, building on previous reviews (Ham, 2008)?
- What evidence exists about how commissioning and procurement are undertaken in sectors outside health care e.g. in manufacturing, and how relevant is this evidence to health care?

Applicants should indicate clearly how their proposed review builds on and extends the work undertaken by Smith et al (2004) and any other relevant reviews of health care commissioning. Applicants should set out the methods they will use for undertaking the review, including how they will identify the relevant evidence and how they will synthesise the material they analyse.

This review should take no longer than one year to complete and the maximum budget is £100,000.

4.2 The organisation of commissioning

Reviews of lessons from purchasing in the 1990s and more recent research on commissioning (Dusheiko et al 2006, Le Grand et al 1998, Smith et al 2004) have described and analysed the organisation of commissioning at different levels. These reviews indicate the need to combine commissioning for patients at the population level (for example, through PCTs) with patient centred commissioning (for example, through practice based commissioning). There is also a need for population based commissioners to work together to commission specialist services, and to share scarce

skills and expertise. The SDO Programme is therefore interested in funding studies that examine how commissioning is organised and the relationships that develop between commissioners at different levels:

Examples of questions of interest to the programme are:

- How does PCT commissioning relate to and interact with other forms of health care commissioning, such as PBC and specialist services commissioning, in different local health system contexts?
- How do PCTs undertake joint commissioning with local authorities and what are the facilitators of effective joint commissioning and the barriers to achieving it?
- How do PCTs collaborate with each other to undertake commissioning e.g. by establishing agencies to act on their behalf in undertaking commissioning functions which are best performed on behalf of a number of PCTs?
- How do PCTs and PBCs organise themselves to undertake their provider and commissioning functions and to avoid conflicts between the two?
- What use is made of private sector expertise to support NHS commissioners e.g. through the organisations included in the FESC? What is the experience of using these organisations?
- How do PCTs and their PBCs ensure 'voice' and community engagement as set out in both *Our Health, Our Care, Our Say White Paper* (DH 2006c) and *World Class Commissioning* (DH 2007) is achieved? And, in particular, how are disadvantaged communities engaged?

4.3 The processes of commissioning

The processes by which commissioning is undertaken are also important. In this context, the relationships between the various types of commissioner and the providers of care are central. These relationships consist most importantly of contracts (whether legally binding or 'NHS contracts' – Allen, 1995). There has been extensive research on the nature of contracts for healthcare (e.g. Hughes et al, 1996; Bennett and Ferlie, 1996; Ashton, 1997; Allen, 2002; Vincent-Jones, 2006) which indicates that socio-legal (Macneil, 1981) and new institutional economic theories (Williamson, 1985) provide good explanatory frameworks by identifying phenomena such as relational contracting, where trust between the parties can help mitigate the difficulties associated with the absence of complete contracts. The SDO Programme has commissioned a study comparing the contractual governance regimes of the NHS in Wales and England (SDO/127/2006), but further research is needed (using appropriate theoretical frameworks) to understand the processes of commissioning in the increasingly complex NHS context of multiple commissioners and a broadening range of providers (including NHS Foundation Trusts, independent for profit providers and third sector organisations).

Examples of questions of interest to the programme are:

- What is the nature of the contractual relationships between commissioners and providers of all types? How complete are the contracts and how are they monitored? How are disputes over contracts handled and resolved?

- What differences are there in the processes of commissioning in different contexts e.g. urban areas in which commissioners are in theory able to switch contracts between providers compared with rural areas where the ability of commissioners to use the market is much more limited?
- What impact does commissioning at different levels (e.g. by PCTs and PBC) have on the providers of care e.g. in relation to transaction costs and the need to accommodate the priorities of different commissioners?
- What roles do clinicians play in the negotiation and monitoring of contracts in both commissioning and provider organisations?

4.4 The incentives and mechanisms used in commissioning

The objectives of commissioning include the provision of high quality, safe care that is responsive to the needs of patients and provides value for money. The final NHS Next Stage Review report (DH 2008) has emphasised the importance of improving quality and safety of services for NHS patients. In particular, the report has suggested that financial incentives concerning the quality of care should be included in contracts. It is therefore important to understand how commissioning can best produce improve care. The SDO Programme is in the process of commissioning a study focussing specifically on the Pay for Performance initiative in the North West region (<http://www.sdo.nihr.ac.uk/currentcalls.html>) so applications under this commissioning call should not duplicate that research.

Examples of questions of interest to the programme are:

- How do commissioners use the processes of commissioning to improve the quality and safety of care provided to NHS patients?
- How do commissioners incentivise providers to improve the quality of care e.g. in relation to reducing MRSA and C difficile rates?
- What currencies (broadly defined) are used in contracts to enable commissioners to achieve their objectives?
- What kinds of rewards and sanctions do commissioners include in their contracts, and how are these applied in practice?
- How do commissioners utilise performance data e.g. from the NHS Institute for Innovation and Improvement, Dr Foster and others, and information on quality and safety to improve performance?
- What types of outcomes (including intermediate outcomes, such as reductions in readmissions) do commissioners take account of when incentivising providers?
- What use do commissioners make of the data on patient reported outcomes?

4.5 Commissioning for long term conditions

The SDO Programme wishes to commission research that examines the role of health and social care commissioners in relation to long term conditions (including support for self care). It has become increasingly recognised that managing chronic health problems (including mental health problems) is crucial to the commissioning role as patients with such problems are not only substantial consumers of health care services but also have different needs. It is also recognised that supporting self care could have substantial benefits for patients, carers and the NHS and thus *Our Health, Our Care, Our Say* places a strong emphasis on the support role of commissioners for individuals

(DH 2006c) The introduction of PBC and the new GMS contract (via the Quality and Outcomes Framework, QOF) provide key tools in developing NHS approaches to developing services for long term conditions and supporting self care (DH 2006b). To date, however, there is little evidence to demonstrate how commissioners are addressing long term conditions and self care. There is also a need to examine the way in which health and social care commissioners can develop strategic commissioning approaches to long term conditions and self care that change professional practice and lead to improved outcomes for patients, users and carers.

Examples of questions of interest to the programme are:

- What are the roles of different health and social care commissioners in respect of commissioning services for people with long term conditions and to support self care?
- What use is being made of Health Act flexibilities and Care Trusts in this area, and with what results?
- What is the nature of the contracts that commissioners use to improve performance in relation to long term conditions, and how do these contracts differ from contracts for planned and elective care?
- What evidence is there to demonstrate the benefits of such commissioning mechanisms in terms of improved health outcomes, improved quality of life, increased satisfaction and changes in service use (e.g. reduced emergency admissions)?

4.6 Commissioning for health and well-being

The publication and consultation on the *Commissioning Framework for Health and Wellbeing* (DH,2006a) has focussed attention on the broader aims of commissioning for PCTs and PBCs. This has been further emphasised in the final NHS Next Stage Review report (DH, 2008). The SDO Programme wishes to commission research that examines the application and impact of the 2006 framework. Applicants should be aware that SDO has commissioned a study on the governance and incentive frameworks for PCTs and public health which aims to identify the impact of governance structures and incentive arrangements on commissioning for health improvement and tackling inequalities (<http://www.sdo.nihr.ac.uk/currentpublichealth.html>) and that proposals under this current call should not duplicate that work.

Examples of questions of interest to the programme are:

- How are PCTs and PBCs interpreting and applying the health and wellbeing framework?
- How do commissioners work together and with local authorities to address health and wellbeing issues e.g. through local area agreements?
- How are commissioners using contracts to address health and well being issues, including health inequalities?
- What role is being played by voluntary and third sector organisations in commissioning and providing in this area?

- What resources are commissioners putting into commissioning for health and well being compared with the resources allocated to other areas of commissioning?

4.7 Linking the research topics

While this research brief has outlined possibilities for research in relation to a number of topics, the SDO would welcome proposals that seek to explore their interaction in different contexts e.g. through case studies of different areas that compare and contrast the dynamic relationship between the organisation of commissioning, the processes of commissioning and the incentives and mechanisms of commissioning.

For the avoidance of doubt, applicants should note that any applications primarily focussed on topics 4.2, 4.3 and 4.4 may include the investigation of commissioning for health and well being and commissioning for long term conditions.

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Smith, J., Mays, N., Dixon, J., Goodwin, N., Lewis, R., McClelland, S., McLeod, H., Wyke S. (2004) *A Review of the Effectiveness of Primary Care-led Commissioning and Its Place in the NHS* The Health Foundation, London

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5 Call for Proposals

The SDO Programme is seeking applications for innovative research that builds on previous SDO work and that is linked to the priority area of commissioning and the topics described above.

Projects of up to three years duration may be funded to a maximum of £475,000 per project. Applicants should note that these are the upper limits, and that we anticipate funding a range of projects in both size and duration. For larger projects, value for money will be an important consideration and project costs will be carefully scrutinised and must be well justified.

There will be approximately £3 million available over three years for research in this area.

SDO funds research that is primarily of relevance to the NHS in England. However, there is no restriction on where researchers are based, or as to where empirical studies are undertaken.

6 Appropriate areas of investigation

- Proposed projects should be clearly linked to the objectives of the Health Commissioning Programme
- Projects should develop work clearly located within one or more of the key topic areas identified above.
- Proposed projects should be fully cognisant of current policy priorities, managerial concerns and practice-level preoccupations. They should draw on

and clearly relate to, for example, National Service Frameworks (NSFs), national implementation programmes, pressing and emergent policy issues, and the research priorities as articulated by other important national bodies such as the Department of Health's Policy Research Programme (specifically the Health Systems Reform Evaluation Programme) and The National Institute for Health and Clinical Excellence (NICE).

- Although there is no restriction on where in the UK funded work can take place, all work proposed should have clear and demonstrable relevance to the English health care system.

7 Involvement of stakeholders

- SDO research is largely stakeholder-driven. Applicants should demonstrate clear involvement of all relevant stakeholders (including where relevant, local communities, lay people, service users, carers and minority ethnic communities as well as health care practitioners and managers) during the design, execution and communication of the research.
- A core issue is the practical application, communication and uptake of research findings. Applicants are invited to consider the nature of expected research outputs and how these might be better communicated to important policy, managerial and practice audiences in ways that are likely to enhance impact.
- Given the core research concerns of the SDO Programme, and the need to build robust bodies of knowledge, successful projects are most likely to involve partnership working between experienced academic teams and those more closely involved in the design and delivery of services.
- It is a core concern of the SDO Programme that all commissioned projects should pay full attention to the needs and experiences of services users and their carers. Thus proposed projects should be explicit in communicating how the proposed work has potential implications for service delivery that could lead to enhanced public and community engagement.

8 Nature of the investigations

- In addressing issues in a way likely to lead to the wide applicability of findings, **firm theoretical and conceptual underpinnings in tandem with substantial empirical work are likely to be important features.** Approaches that utilise and take forward wider social science theories are encouraged.
- Empirical projects are likely to use a wide diversity of methods, including both qualitative and quantitative approaches, carefully matched to study questions and with clear understandings as to how findings from different empirical approaches will be integrated.
- Substantial empirical projects are likely to utilise broad teams with significant input from diverse disciplines and a commitment to developing robust inter-disciplinary approaches. It is frequently necessary to involve researchers with skills in organisational issues, although skills in human resource planning,

economics, sociology, psychology or other disciplines may also be required depending on the proposed study.

9 Outputs from the proposed work:

- In outlining their research plans, the applicants should make clear how findings will be communicated effectively to a wide variety of academic, policy and service audiences.
- At a minimum, researchers will be expected to deliver the following written outputs from any proposed research: an executive summary (500 words) and research summary (5000 words) with clearly identified policy, managerial and practice implications; a full report detailing all the work undertaken; supporting technical appendices (up to a maximum of 80,000 words).
- In addition, on completion of projects, successful applicants should be prepared to work with the SDO to develop summaries of their work for wider audiences (for example, see the *Research Briefs* already developed from many completed SDO projects; <http://www.sdo.nihr.ac.uk>).
- Applicants should outline plans for conference, seminar and other forms of dissemination to go alongside written communications.
- Where appropriate, the proposed work should be designed and delivered in a way that is likely to lead to significant high-quality peer-reviewed publications.
- Projects lasting more than one year will be expected to deliver interim reports on progress and provisional findings (approximately annually).

10 Application process and schedule

- The process of commissioning the study for **COM238** will be in **two stages** and applicants should submit **outline proposals** via the SDO electronic Commissioning and Appraisal System (eCAS).
- Applicants must submit proposals online via the SDO website: <http://www.sdo.nihr.ac.uk/ecashome.html>
- Further guidance regarding online submission is available on the eCAS website using the help guidance on each page. If you are a first time applicant you will need to register with eCAS. All applicants are advised to familiarise themselves with eCAS before the deadline for proposals.
- To ensure the efficient and equitable answering of additional queries, all questions about this research call should be sent by e-mail only to Phillip.Restarick@LSHTM.ac.uk with the words '**Health Commissioning issues**' – (Ref:COM238) in the subject/header. Questions received by **15 September 2008** will have generic answers posted on the SDO website (<http://www.sdo.nihr.ac.uk>) by **22 September 2008**. No other correspondence about this research call can be entered into.

- **Outline proposals should be submitted by 1pm on 16 October 2008.** No late proposals will be considered. No paper-based submissions will be considered.
- Following submission of proposals, shortlisted applicants will be notified no later than **December 2008. Please note that the date is approximate and may be subject to change.**
- **Empirical projects of up to three years' duration may be funded up to a maximum of £475,000 per project. The literature review should take no longer than one year and the maximum funding will be £100,000.**
- The proposed costs of the project should not exceed the limits stated. NHS R&D Programmes are currently funding Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NHS R&D may fund 100% of costs. However, the SDO Programme reserves the right to award a grant for less than this maximum where appropriate.
- The SDO Programme will look favourably on proposals that include an element of research capacity building.
- 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.
- Applicants should ensure that their proposal complies with the Research Governance Framework. Successful applicants will be required to provide proof of research ethics committee approval for their project, if this is required. Further guidance on requirements can be found on the SDO website <http://www.sdo.nihr.ac.uk/proposalresources.html>
- Successful applicants will be expected to attend at least one meeting with the SDO Programme at their central London offices during the project lifetime and, as such, should ensure that travel costs are appropriately costed within the proposal budget. We anticipate that there will be informal discussions with NCCSDO throughout the duration of the project regarding the final report.

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.