CALL FOR PROPOSALS:
RESEARCH ON THE ORGANISATION AND DELIVERY OF SERVICES FOR OLDER PEOPLE

RESEARCH BRIEF (REF: PCC198)

1 Introduction

The SDO programme wishes to commission empirical research about the organisation and delivery of health services for older people. Although there has been a great deal of research about the health services which older people require and receive, there is a need for a new SDO programme which takes service provision as its starting point and key focus, and asks whether the organisation and delivery of services and service configurations are effective and whether they are meeting the needs of older people. Of particular importance is the match or mismatch between services or service processes and users' experiences and needs, and some of the key transition points in these processes and experiences.

This call seeks proposals from researchers in relation to a number of specific topic areas concerning services for older people. It sets out the context for these topic areas and indicates the type of research questions that might fruitfully be addressed.

For those interested in making an application Outline Application forms and associated guidance notes are available from the SDO website (http://www.sdo.lshtm.ac.uk/ecashome.html) and should be read in conjunction with this Research 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 (www.sdo.lshtm.ac.uk).

3 Research on Healthcare Services for Older People

The health care of older people is a subject of growing importance, not just because of increased longevity and the ageing of our society but also because of: increasing expectations among users of healthcare services; advances in technology and science; changes in family behaviour; growing pressure upon publicly funded services.

As people age they are increasingly likely to have health problems and to need both health and social support in order to maintain independence (Breeze et al 2006). Government policy is concerned with fostering independence and promoting active old age; thus two of its key themes as far as older people are concerned are (i) supporting older people with significant levels of disease or disability to remain living at home and/or to return home after an institutional stay; (ii) to provide integrated services in order both to close gaps in provision and to prevent overlap of services. Both approaches are motivated by the need to contain costs, to provide high quality and cost-effective services and to suit the preferences of the users.

In this climate, studies on the consequences of specific policy implementations, evaluation of service initiatives and research to inform the development of particular policies have burgeoned. What we know less about, however, is the general experience of older health service users and their carers as they move through the complex patchwork of services and service settings and how at the local level of planning and service configurations services come about, respond to local needs and are in turn experienced by older users within the changing structures of today's health and social care services.

The SDO programme wishes to commission a series of studies addressing the foregoing issues. These will be divided into the following themes:

Theme A. Health and care services in institutions (hospitals and care homes)
Theme B. Transitions between services and sectors

Theme A. Health and care services in institutions (hospitals and care homes)

There is a good deal of policy emphasis on delaying or preventing older people's admission to care homes or hospital and on speedy discharge from hospital (Baumann et al, 2007), but not enough evidence about the organisation and delivery of care services received when they are in the institutions and how the organisation and delivery of these services may affect either discharge or well-being.

The SDO Programme would therefore like to commission one or more empirical research studies in three key areas. These concern:

- integration of health and social care services;
- institutions as part of a process of care or support; and
- the way in which mental health issues are handled in institutions.

The SDO Programme is planning to commission at least one study in respect of each of these issues, but, if they wish, applicants may submit proposals concerning one or more of these issues.

Topic 1. Integration of health and social care services in care homes and general hospitals

On the question of integration of services, or the provision of both health and social care, there is a need to examine both how health care is provided in care homes and how social care is given in general hospitals (in respect of the latter, particularly for older people with dementia).

The SDO Programme wishes to fund studies which identify and measure problems in the organisation and delivery of care services, and assess organisational interventions or investigate the factors which make for more or less effective organisation of care. Older people in hospital – as at home – are likely to have social as well as healthcare needs.

Applicants should address some or all of the following specific questions;
- Are staff trained to give this care (for example, over feeding or interaction with other patients) and how can it best be incorporated into the work of a ward or department? (CSIP, 2005)
- In nursing and residential homes, how is healthcare organised and what patterns of relationship with local general practices, pharmacies, chiropody services, etc, exist (Worden et al, 2006; Goodman et al, 2005).
- To what extent are residents and/or their family members and carers involved in their own health care decisions and able to

influence their receipt of health services both within and from outside the care home?

Topic 2. Institutions as part of the care process

On the issue of institutions (which include both a variety of types of hospitals and of care homes, including those for people with dementia) as part of the care process, the SDO programme wishes to fund studies which examine the following issues:

- <u>when</u> a stay in an institution is most beneficial,
- <u>what</u> sort of support received in that institution is most beneficial and
- <u>how</u> it is best integrated with other services.

For the purposes of this research, the care process should be understood to include the processes of health promotion, care (including respite), treatment and rehabilitation.

For instance, regarding a process of care such as intermediate care, questions which could be addressed include:

- When is an intermediate care service in hospital or in a care home better than intermediate care in the community?
- For whom? (This question should include consideration of carers, as well as service users themselves.)
- And what part does it play in the process of rehabilitation or maintenance of independence? There is some evidence that there is an optimal – and a less than optimal - time for a person to be admitted to a community hospital for intermediate care (Young et al, 2007).

Applicants may select other processes of care, such as continuing care or any other relevant process.

Topic 3. Mental health issues in institutions

On the topic of caring for older people in institutions, not enough is known about the best way of organising care for older people with dementia or other mental health problems who are admitted as an in-patient or attend an Outpatients Department or an Accident & Emergency Department because of a medical problem (NAO, 2007; Royal College of Psychiatrists 2005).

Therefore the SDO Programme wishes to commission a study or studies about how the provision of care for such people should be organised.

'Provision' here should be taken to mean not only the type of setting, but also the staff involved, their expertise, and the particular services offered.

Applicants should address the following questions in respect of each type of provision:

- How do different kinds of provision compare in respect of various aspects including outcomes, dignity issues, staff motivation, timely discharge?
- And what factors affect the successful attainment of these aspects?

Theme B. Transitions between services and sectors

Although an underlying theme of this whole programme of research on services for older people is service 'transitions', two topics have been selected for particular attention. They are:

- Transitions from the perspective of service users; and

- The relationship between how older people make transitions between services and how changes occur in older people's health and well-being.

Topic 4. Transitions from the perspective of service users

The SDO Programme wishes to commission one or more studies which focus on transitions from the perspective of service users.

Studies should address the following questions:

What is the best way of preparing and supporting older people who have (a) been discharged from hospital or other institutional setting, or (b) completed a course of treatment as an outpatient or in primary care, or (c) ended a period of transitional support such as intermediate care (Martin et al, 2007; Moore et al, 2007; Young & Stevenson, 2006), so that they (and their carers) may most effectively take control of their own follow-up care and condition-management and obtain appropriate support from the relevant healthcare professionals (e.g. on pain relief, gradual return to active life, medication)?

This is likely to involve investigating the following issues:

- What information and advice do they and their carers need?
- Can they initiate appropriate services when they need them?
- What kinds of ongoing support do they require – for example, from their general practitioner - and in what circumstances?

Topic 5. The relationship between how older people make transitions between services and how changes occur in older people's health and well-being

There are a number of research questions which focus on services and service providers. One important issue is whether the transition points implicit in service configurations map well onto transitions in older people's health and well-being. The models used by professionals in categorising older patients will influence the services considered appropriate for them.

The SDO Programme therefore wishes to commission a study or studies investigating how the underlying models (systemic, organisational or professional) by which older people are categorised affect service delivery, receipt and transitions between services, and whether there is a difference of view between service providers themselves, or between a provider and the older person (and/or his or her carer) about what is an appropriate service transition.

Examples of this process might be taken from a range of service transitions including intermediate care; or the age categorisation model (with its distinction between adults' services and services for older people); or the chronic disease management model (Department of Health, 2004); or the distinction between active management and palliative care.

Applicants should address some or all of the following questions:

- Does there (and should there) come a point when someone is, or is deemed, no longer suitable for intermediate care?
- Do and can people move between 'care management' and 'case management'?
- How are decisions about an older person moving from active treatment to palliative care taken and on the basis of what evidence?

References

Baumann M, Evans S, Perkins M, Curtis L, Netten A, Fernandez J-L & Huxley P (2007) 'Organisation and features of hospital, intermediate care and social services in English sites with low rates of delayed discharge', *Health & Social Care in the Community*, 15, 4, 295-305

Bramley-Harker E & Lewis D (2005) *Commissioning in the NHS: Challenges and Opportunities*, London, NERA Consulting/Norwich Union Healthcare

Breeze E, Cheshire H & Zaninotto P (2006) 'Self-reported physical health', in Banks J, Breeze E, Lessof C & Nazroo J (Eds) *Retirement, Health and Relationships of the Older Population in England: The 2004 English Longitudinal Study of Ageing*, London, IFS

CSIP (2005) *Everybody's Business: Integrated Mental Health Services for Older People*: A Service Development Guide, London, Department of Health/Care Services Improvement Partnership

Department of Health (2004) *Improving chronic disease management*, London, Department of Health

Department of Health (2006) *Commissioning Framework for Health and Well-Being*, London, Department of Health

Goodman C, Robb N, Drennan V & Woolley R (2005) 'Working in parallel: district nurses and care home staff providing care for older people', *Health & Social Care in the Community*, 13, 6, 553-562

Martin G, Hewitt G, Faulkner T & Parker H (2007) 'The organisation, form and function of intermediate care services and systems in England: results from a national survey', *Health & Social Care in the Community*, 15, 2, 146-154

Moore J, West R, Keen J, Godfrey M & Townsend J (2007) 'Networks and governance: the case of intermediate care', *Health & Social Care in the Community*, 15, 2, 155-164

National Audit Office (2007) *Improving Services and Support for People with Dementia*, London, The Stationery Office

Royal College of Psychiatrists (2005) *Who Cares Wins: Report of a Working Group*, London, Royal College of Psychiatrists

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*, London, The Health Foundation

Worden A, Challis d & Pedersen I (2006) 'The assessment of older people's needs in care homes', *Ageing & Mental Health*, 10, 5, 549-557

Young J, Forster J, Green J & Bogle S (2007) 'Post-acute transfer of older people to intermediate care services: the sooner the better?', *Age & Ageing*

Young J & Stevenson J (2006) 'Intermediate care in England: where next?', *Age & Ageing*, 35, 4, 339-341

4 Call for Proposals

The SDO Programme is seeking applications for innovative research that builds on previous SDO and other work and addresses the topics described above. Projects of up to three years' duration may be funded to a maximum of £450,000 per project. Applicants should note that these are upper limits and that SDO anticipates funding some projects of shorter duration and lower cost. Value for money will be an important consideration in decision making and all costs must be justified.

The application process will be in two stages, with outline proposals being invited in the first instance. A maximum of £2.5 million over three years is available for research in this area.

In developing new projects, proposal applicants are invited to take into consideration the following important points of guidance.

5 Appropriate areas of investigation

- Proposed projects should be clearly linked to the objectives of the services for older people programme.
- Projects should develop work clearly located within one or more of the key topic areas identified above.
- Applicants should familiarise themselves with relevant earlier work by the SDO Programme, including previous Research Findings Briefs, Scoping Papers, Research Reviews and completed and ongoing empirical research projects. Work that builds on, extends and deepens the ideas explored in the current SDO portfolio will be welcomed(www.sdo.LSHTM.ac.uk).
- 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 (PRP) 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.

6 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 public health practitioners) 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 partnerships working between experienced academic teams, 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.

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

- Empirical work will need to address complex issues of service design, delivery and management, paying attention to inputs (including costs), processes, outputs and outcomes. Processes and outcomes should be addressed from varying perspectives including, importantly, those of front-line staff and those of patients and carers.

8 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 with clearly identified policy, managerial and practice implications; a full report detailing all the work undertaken; supporting technical appendices.

- 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 Findings* already developed from many completed SDO projects; www.sdo.LSHTM.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 may be expected to deliver interim reports on progress and provisional findings (approximately annually).

9 Application process and schedule

- The process of commissioning the study 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: www.sdo.lshtm.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 barbara.langridge@LSHTM.ac.uk with the words '**Research on services for older people' – (Ref: PCC198)** in the subject/header. Questions received by **26 November 2007** will have generic answers posted on the SDO website (www.sdo.LSHTM.ac.uk) by **3 December 2007**. No other correspondence about this research call can be entered into.

- **Outline proposals should be submitted by 1.00 pm on Thursday, 20 December 2007.** No late proposals will be considered. No paper-based submissions will be considered.

- Following submission of outline proposals successful applicants will be notified no later than **February 2008.** They will then be invited to submit full proposals by **mid-April 2008.** The outcome of the review of full proposals will be notified by **June 2008.** The project should start no later than **end September 2008. Please note that these dates are approximate and may be subject to change.**

- **Projects of up to three years' duration may be funded up to a maximum of £450,000 per project.** 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. Where appropriate consideration should be given to linking your study with the appropriate Topic Specific Clinical Research Networks. Further information on these can be found at http://www.ukcrn.org.uk/.

- 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.lshtm.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.

- The successful applicant's final report will consist of three components. NCCSDO will provide templates and guidance notes for:
    - a 500-word executive summary
    - a 5000-word summary (content for a publishable SDO research summary)
    - a main report (plus appendices) which should not exceed 80,000 words.