



**RESEARCH ON PRIMARY CARE AND COMMUNITY HEALTH SERVICES
RESEARCH BRIEF (REF: PC254)**

CALL FOR PROPOSALS

1 Introduction

The National Institute for Health Research Service Delivery and Organisation Programme (NIHR SDO programme) wishes to commission research on primary care and community health services. We are particularly interested in research that examines the range of community health care services including nursing, pharmacy, dental services, opticians and other allied health professional services where there has been limited research to date. With regard to general practice we are more interested in research that focuses on organisational changes and service delivery issues rather than clinical aspects of GP practice and other areas where there is already a substantial research literature. SDO will support both primary studies and secondary research where syntheses and reviews of the existing literature to Services such as accident and emergency, intermediate services and community hospitals are excluded from this call. The intention of this call is:

- To develop the research evidence base on the provision of primary care and community health services
- To examine current changes in the structure and organisation of primary care and community health services and their impact on service delivery and patient care

We have provisionally allocated a budget of up to £3 million for this call for proposals. At this stage we are seeking outline project proposals. Shortlisted proposals will be provided with feedback and full proposals will be sought. We anticipate that a number of projects will then be commissioned.

This brief sets out the context for this topic area and indicates issues that might fruitfully be investigated. For those interested in making an application the Outline Proposal Application form and associated guidance notes are available from the SDO website (www.sdo.nihr.ac.uk/ecashome.html) and should be read in conjunction with this Research Brief.

Section 2 of this call for proposals provides some background information on the SDO Programme's objectives. Section 3 outlines the NHS need for research in this area,

summarises the existing relevant research literature, and highlights other relevant research which is currently underway or has been commissioned by SDO or other funders. Section 4 sets out the main themes or areas for this call for proposals, and defines them in some detail. Section 5 explains the process and criteria by which outline and full proposals will be assessed. Section 6 provides some general guidance for applicants to the SDO programme. Section 7 sets out the timetable for applications to this call for proposals.

2 The SDO programme objectives

The Service Delivery and Organisation 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 research capability and capacity amongst those who manage, organise and deliver services – improving their understanding of the research literature and how to use research evidence.

The primary audience for the research which the SDO programme commissions is decision makers in the NHS in England – particularly managers and leaders in NHS organisations. We focus our research commissioning on topics and areas where we think research evidence can make a significant contribution to improving decision making, and so to improving the organisation and delivery of healthcare to patients.

Further information on the SDO 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

This programme of research will build on existing research on primary care and complement other work on community health services commissioned by the Department of Health in relation to the White Paper *Our Health, Our Care, Our Say* (DH 2006) and 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>). These programmes of work include several studies which are intended to investigate changes in the delivery and commissioning of care. In addition the National Primary Care Research and Development Centre at the University of Manchester has undertaken a number of studies examining the organisation and delivery of primary care. However, in the main, this previous and current research is limited given the range and volume of primary and community care services within the NHS. Furthermore, such services may now be delivered by a range of other public service, private and third sector agencies. The recent publication of the *Next Stage Review Final Report* (DH 2008a) highlights key changes in primary and community health services and outlines a number of potential future developments.

Primary care and community health services have been undergoing substantial expansion and change in the last 20 years. Since the mid 1980s, government has increasingly focused attention on primary care with a range of national initiatives attempting to support and develop primary care services and the role of primary care within the NHS (see Peckham and Exworthy 2003). There has been a rapid growth in the size and range of services delivered in general practice, key changes to contractual mechanisms, an expanding role for community health services, the development of children's trusts, the continuing changes relating to the organisation of service delivery with an increasing diversity of providers and an increasing emphasis on the commissioning of primary and community care services, including integrated commissioning (Peckham and Exworthy 2003, Starfield et al 2005, DH 2006, DH 2008b). These changes have been driven both by policy, by changes in secondary and tertiary care and through responding to local needs and changing epidemiological and demographic profiles. The re-evaluation of the contribution of primary care has also been led from within primary care itself with clinicians and local managers using new policy flexibilities to drive change (RCGP 2007). International comparisons of primary care suggest that there are particular strengths of the UK approach but studies also suggest that there remain some questions about quality and effectiveness (Coulter 2005, Schoen et al 2004, Starfield et al 2005, Wilson et al 2006).

More recently, changes to the GMS, pharmacy and dental contracts, changes to the role and functions of PCTs, the development of Children's Trusts and proposals contained in *Our Health, Our Care, Our Say* (DH 2006) have provided new tools and approaches for primary and community health services. The recent publication of the *Next Stage Review: our vision for primary and community care* (DH 2008b) with proposals for the further transformation of primary and community health services highlights the key developments being undertaken and the government's commitment to extending choice, restructuring general practice and community health services and extending the range of services available as well as types of provider. The paper also highlights the need to improve the quality of primary and community health services and proposes changes to the Quality Outcomes Framework as well as piloting new forms of clinical productivity and patient experience information tools. The *Next Stage Review* has also led to a number of national support programmes on, for example, practice based commissioning, commissioning general practice and patient choice.

These changes provide challenges for the delivery of services to meet the needs of patients, families and local communities. The changes are bringing new organisations into primary and community care, developing new roles for traditional services such as general practice and pharmacists and providing new opportunities and challenges for the primary and community care workforce. There is therefore, a need to undertake a wide range of research examining the roles, structure and activities of these services in order to support the development of primary care and community health services. SDO wishes to commission a programme of research that addresses different aspects of the organisation and delivery of services including their organisation and management, and implications for the workforce, and service quality. Applicants' attention is particularly drawn to the range of proposed pilot projects and interventions that are being developed as a result of *Our Health, Our Care, Our Say* (DH 2006) and *The Next Stage Review* (DH 2008a, 2008b). Evaluations of different models of services delivery and patient care, such as ways of

improving information for patients as an alternative to clinical intervention or new approaches to referral management would be welcome, as would research that examines the impact on contextual issues such as personal care (or the personalisation of care) and core principles of generalist and holistic care. However, applicants should note that while SDO programme is interested in funding research projects investigating current practices the proposed research should also contribute to the continued development of these services and provide, where possible, generalisable lessons for health care services in the future and provide appropriate ways of exploring the key themes identified in section 4.

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, studying health care organisations, public health and self care. Applicants should familiarise themselves with research commissioned under all of these research themes (<http://www.sdo.nihr.ac.uk/projbytheme.html>). Projects on relationships between health care 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>) are of particular relevance. SDO is also concurrently commissioning research on the health social care interface that includes calls for research on integrated services and direct payments and research on health care commissioning that will include research on primary care.

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) and also research being undertaken by other research groups such as the NPCRDC at the University of Manchester. Furthermore, the Policy Research Programme Health Reforms Evaluation Programme (<http://www.lshtm.ac.uk/hsru/hrep/>) 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, and studies on health care commissioning. The Department of Health is also commissioning research on integrated care pilots and the London Region SHA is commissioning research on the development of polyclinics.

4. Research topic areas

We have identified four main topic areas in which we are interested in commissioning research, which are:

- i) The organisation of primary and community health services
- ii) The management of primary and community health services
- iii) The implications for changing workforce roles
- iv) Developing quality and outcome measures

Key aims of current and proposed changes in primary care and community health services are to improve patient care and develop new approaches to the organisation and delivery. For example, the Next Stage Review highlights the importance of personal care tailored around the needs of individuals, new structures for primary care services and a diversification of the provision of community health services. SDO is particularly keen to

support projects that examine the impact of these changes on patient care or that evaluate new approaches to service delivery in areas where there is not already a substantial evidence base. However, we welcome syntheses or reviews of the existing evidence where this adds to existing knowledge and makes it more accessible to the practice community. In order to guide applicants we have identified four broad themes for research:

- 4.1 The organisation of primary and community health services. Key areas of interest relate to the form and function of primary care and community health services. This includes:
 - new forms of provider organisation, changing organisational roles, and changing structures
 - the implications for service organisation and efficiency of different approaches to integration of care across secondary and primary care sectors
 - the benefits and disadvantages of different governance arrangements such as general practices working within federations (RCGP 2007), horizontal and vertical integration within primary care or with across the primary-secondary care interface, and multiple points of access to primary care.
- 4.2 The management of primary and community health services within a context of changing organisational relationships and diversification of service delivery. Our interest here is in processes for managing organisations and patient care including:
 - examining the use of new contractual processes to manage service delivery and to strategically develop local primary and community health services
 - identifying what processes are effective in managing the new systems for rewarding and monitoring performance and quality
 - managing processes of care that meet the needs of people with complex needs and multiple health problems
 - the effect the changing ownership structure on the role of health practitioners (GPs, dentists, pharmacists, nurses etc) as managers of primary care services
- 4.3 Recent and current organisational changes and how patient care is delivered have important implications for changing workforce roles. Similarly developments and changes in skill mix and professional roles have an impact on service organisation. These are important areas for research and SDO is interested in examining the impact of these changes including:
 - the impact of integrated organisational models and new forms of provider organisation on the roles of medical, nursing and support staff
 - the impact of existing and emerging professional accreditation schemes on working practices and patient care
 - the impact of changing roles and new ways of delivering services on the relationships between professionals, managers, para-professionals and patients
- 4.4 With an increasing fragmentation of services and greater emphasis on primary and community based services there is a need for improved measures of quality and

performance. SDO would particularly welcome research that examines quality and outcome measures including:

- the development of clinical and outcome indicators for community health services
- research into 'metrics' which can be used as direct measures (or proxies) of success through which changes in process, organisation and impact on patient care can be assessed
- assessing impacts on access for patients, quality of care, co-ordination of care, equity of provision, patient experience, efficiency and effectiveness of different approaches to service delivery.

4.5 Linking the research topics

The research themes and suggested areas for research are only to provide guidance and SDO welcomes high quality research proposals that approach these themes in different ways. We are also interested in proposals that seek to explore their interaction in different contexts focusing on areas that cut across the themes such as integration and fragmentation and the relationship between developing different organisational forms and the roles and skill mix of staff. In addition, we would welcome proposals that explore these themes through studies of different areas that compare and contrast the dynamic relationship between changes in the organisation of services, processes for co-ordinating, managing and delivering services and outcomes in terms of performance, service quality and impact on patient care.

References:

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Peckham S and Exworthy M (2003) *Primary Care in the UK: Policy, Organisation and Management* Basingstoke: Palgrave.

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Schoen, C., R. Osborn, P.T. Huynh, M. Doty, K. Davis, K. Zapert, J. Peugh. (2004). Primary Care and Health System Performance: Adults' Experiences in Five Countries. *Health Affairs* W4: 487-503.

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Wilson T, Roland M and Ham C (2006) The contribution of general practice and the general practitioner to NHS patients, *Journal of the Royal Society of Medicine*, vol. 99, pp24-28

5 Criteria and process for proposal selection

The SDO Programme is now seeking outline applications in the areas outlined above. We have provisionally allocated £3 million to this call. Projects may be of up to three years duration and may be funded to a maximum of £475,000 per project. Applicants should note that this is an absolute upper limit, not a target, 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 always be well justified.

The application process will be in two stages. At the first stage, outline proposals will be sought. All outline proposals will be reviewed by an SDO Advisory Panel, and a number will be shortlisted. We normally shortlist around 2 to 3 times as many projects as we expect to be able to fund, taking into account the budget for the call and the typical cost of proposals. No individual feedback will be offered on outline proposals which are not shortlisted, but all applicants will receive general feedback notes on the response to the call for proposals.

Researchers whose proposals are shortlisted will be given the opportunity to develop a full proposal, and may be given feedback on their outline proposal to help inform that development. All full proposals will be subject to external peer review, and will then be reviewed by the SDO Research Commissioning Board which will then make recommendations to the director of the NIHR SDO programme on whether to fund each proposal. All proposals which are not funded will receive feedback from peer reviewers and the commissioning group.

The SDO Advisory Panel which reviews outline proposals and chooses which ones to shortlist is predominantly made up of practising managers working in the NHS and service users/lay representatives, though it includes some academics with relevant research expertise,. The primary criterion against which the Advisory Panel assesses outline proposals is that of **NHS need – in other words, whether the proposed research will be useful to research users in the NHS, and is likely to contribute to improving decision making**. It will use four main criteria to make this judgement:

- Relevance of the proposed research to the main areas or themes set out in this call for proposals.
- Relevance of the proposed research to the needs, interests and current and future challenges for the management community in the NHS.

- Likelihood that the proposed research will produce findings which are useful to and capable of application by the management community in the NHS.
- Likelihood that the proposed research will promote the greater engagement of the academic community of researchers and the practice community of healthcare managers, and the development of links between academic institutions and NHS organisations in this area.

Shortlisted applicants will be invited to develop a full proposal, which will be subject to external academic peer review and will then be presented to the SDO Research Commissioning Board. This Board is primarily made up of academics with relevant research expertise, but also contains some practicing managers and service users/lay representatives. Its main concern is the **quality of the proposed research**. It uses two main criteria to make this judgement:

- Scientific rigour and quality of the proposed research, and the expertise and track record of the research team.
- Value for money of the proposed research, taking into account the overall cost and the scale, scope and duration of the work involved

The SDO Research Commissioning Board will also draw upon the assessment of NHS need for a project made by the SDO Advisory Panel, where appropriate.

6 General guidance for applicants

Our main concern is to commission research which is well designed, will be effectively carried out by the research team, and will provide findings which meet the needs of the SDO programme and the NHS management and leadership community it serves. We do not require or expect any particular methodological approach, disciplinary background or expertise, research team structure or other constraints on applicants. However, experience of reviewing applications over a number of years leads us to make the following general points which we urge applicants to take into account:

- **Theoretical framing and empirical methods.** In addressing issues in a way likely to lead to the wide applicability of findings, we encourage applicants to demonstrate the sound theoretical and conceptual underpinnings of their proposals, and to show the theoretical and conceptual connections between their proposed research questions and empirical work. 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. Atheoretical, unfocused and poorly justified empirical investigations are unlikely to be funded.
- **Research team makeup and expertise.** Substantial empirical projects are likely to utilise broad teams with significant input from diverse disciplines and a commitment to developing robust inter-disciplinary approaches. However, applicants should bear in mind the difficulties of managing large and diffuse project teams across multiple

institutions, and the need to show that applicants will commit an appropriate amount of time and effort to the project. The principal applicant should generally be the person who has contributed most to the intellectual and practical development of the proposal, and who will take de facto responsibility for its implementation. The SDO programme will look favourably on proposals which include an element of research capacity-building.

- **Stakeholder involvement.** 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.
- **Linkage and exchange.** Given the core mission of the SDO Programme and our focus on knowledge mobilisation 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.
- **User involvement.** It is a core concern of the SDO Programme that all commissioned projects should pay appropriate attention to the needs and experiences of services users and their carers. 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.
- **Location of research.** 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. Research that addresses broader questions of international interest is particularly valuable. For example applicants may be able to show how learning from the NHS can inform debates about internationally important topics such as improving the quality or efficiency of care.
- **Research governance.** 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.
- **Costs and value for money.** The proposed costs of the project should not exceed the limits stated in this call for proposals. Applicants should note that this is an absolute upper limit, not a target, and that we fund 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 always be well justified. NHS R&D Programmes currently fund 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 and for less than the amount sought by applicants where appropriate.

7 Dissemination and knowledge mobilisation

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. Researchers should bear in mind the two main objectives of the SDO programme (see section 2), and recognise that the SDO programme seeks to fund projects which show a creative and proactive approach to engaging with the NHS management and leadership community.

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 Summaries* 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).

8 Application process and timetable

Any questions, queries or requests for clarification in relation to this call for proposals should be sent by email to marion.chaix@LSHTM.ac.uk by **Monday 19 January 2009** with the reference number and title for the call for proposals as the email header (**PC254 Primary Care & Community Health Services**). Responses to all questions received by this deadline will be posted on the SDO website alongside the call for proposals by **Monday 26 January 2009**.

The process of commissioning will be in **two stages** and applicants should submit **outline proposals** via the SDO electronic Commissioning and Appraisal System (eCAS) by **1pm on Thursday 19 February 2009**. No late proposals will be considered. No paper-based submissions will be considered. 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. More information is available at <http://www.sdo.nihr.ac.uk/ecashome.html>. Applicants will be notified of the outcome of their outline application in **April 2009**.

Shortlisted applicants will be invited to submit a full proposal via the SDO electronic Commissioning and Appraisal System (eCAS) in **June 2009**. Applicants will be notified of the outcome of their full proposal application in **August 2009**. Please note that these dates may be subject to change, and any changes will be notified to applicants and on the SDO website.

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.