

## NIHR SDO programme NHS Evaluations funding stream

### Call for proposals for research into promising local innovations in healthcare delivery in the NHS

#### SPECIFICATION DOCUMENT (REF: SDO 10/1013): CALL FOR PROPOSALS

## 1. Introduction

The National Institute for Health Research (NIHR) Service Delivery and Organisation (SDO) programme has established a funding stream for research into evaluating innovative ways of working and delivery of service in the NHS, known as the NHS Evaluations workstream. This is its third call for proposals and applicants should note changes in sections 4 and 5 which have been revised. There is no formal cap per proposal on this call however, the programme has in mind that some projects could cost up to £500,000. Applicants should note we anticipate funding a range of projects in both size and duration, including shorter projects with potential for rapid transfer of learning to the service. Value for money will be an important consideration for all projects: Project costs will be carefully scrutinised and must always be well justified. Projects should also demonstrate timeliness of their proposed research and direct usefulness and transferability to the NHS.

The SDO NHS Evaluations Panel assesses proposals submitted to this work stream. The aim of this workstream is to commission research on ***promising local innovations in healthcare delivery which arise in the NHS***. We aim to promote closer links and partnership working between healthcare organisations, and local academic institutions/partners with expertise in researching health services delivery and organisation.

This call requires partnership between healthcare organisations and health service researchers with expertise in evaluation. For instance, a project evaluating a new form of diabetes care across a whole health economy might have input from an academic health services team, a lead clinician and the local diabetes network.

We are seeking **outline proposals** using the current online application form only. The deadline for submission is **16 December at 5pm**. Proposals should be submitted by a research organisation (usually an academic institution) and must include a letter of support from the relevant partner healthcare body.

Proposals submitted to the NHS Evaluations Panel will be checked that they are in remit of this call and the wider SDO programme remit and that they are competitive<sup>1</sup>. The proposed research question will then be assessed for its importance to the NHS and research-using community and then for scientific quality; more details of this process are given in Section 5. Section 4 of this call for proposals offers general guidance to applicants on what makes for a successful application to the SDO programme, while section 5 sets out our expectations in relation to research outputs and knowledge mobilisation, and section 6 explains how applications are assessed and selected.

## The SDO programme objectives

The NIHR Service Delivery and Organisation programme is funded by the NIHR, with contributions from NISCHR in Wales. 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 SDO commissioned research is decision makers in the NHS in England and Wales – 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 NIHR SDO programme, including a list of past, current and recently commissioned projects, can be found on the SDO website: [www.sdo.nihr.ac.uk](http://www.sdo.nihr.ac.uk)

## 2. Background to this call

Within the NHS, many innovations in service delivery would benefit from independent and rigorous evaluation. The findings from such evaluations can help the NHS decide whether and how to adopt such innovations. This work stream also promotes closer links between NHS organisations such as acute trusts and foundation trusts, local academic institutions and national bodies with relevant expertise. We are seeking proposals primarily from academic organisations<sup>ii</sup>, but **these proposals must have the support and involvement of the relevant NHS organisations or national body and must be explicitly signed off by the relevant body.**

Below are examples of research we are already funding. In each case the NHS organisation involved approached the SDO programme and requested that the programme commission an evaluation to run alongside the service initiative, pilot or programme:

- 09/1816/1021 – Analysis of Virtual Wards: a multidisciplinary form of case management that integrates social and health care (Dr Geraint Lewis)  
<http://www.sdo.nihr.ac.uk/projdetails.php?ref=09-1816-1021>
- 09/1801/1066 - Investigating the contribution of Physician Assistants to primary care in England (Professor Vari Drennan)  
<http://www.sdo.nihr.ac.uk/projdetails.php?ref=09-1801-1066>

### 3. Remit of this call: criteria for selecting projects

We are particularly interested in proposals to research or evaluate local innovations in healthcare delivery in the NHS in England and Wales.

The five criteria we are using to assess proposals are given below. An additional initial screening criterion is 'evidence of partnership between research and service' (i.e. we will not consider service development proposals where there is not a strong health service research/evaluation component). Research proposals which are not directly related to all or most of the areas and themes outlined below will be regarded as out of remit for this call, and will not be considered by the SDO panel. It is up to the applicants to demonstrate how their proposed research would contribute to all or most of these areas or themes through the narrative sections of the outline proposal. We are seeking research into innovations which have all or most of the following characteristics:

**3.1 Promising innovations in healthcare delivery** which have a substantial potential benefit and could be applied more widely in the NHS. Benefit might include greater efficiency and productivity, improved quality and safety, or better patient experience. The scale of potential impact is key, meaning that these innovations could be widely used in the NHS and have significant and ongoing benefits such as cash releasing or enhanced cost effectiveness. It is important that the innovation or intervention is well described, clearly identifying its distinctive features.

**3.2 Being piloted, tested or implemented in a number of healthcare organisations** so that there is an opportunity to evaluate the innovation in practice, preferably in a number or range of settings and to understand how they work. Evaluations of a promising innovation in a single organisation will only be considered if they can deliver generalisable/actionable findings to the wider NHS.

**3.3 Involving the application of ideas or approaches introduced or transferred from other countries, sectors or settings** because innovations are rarely wholly new and often involve the transfer of ideas or the application of new approaches or methods into the healthcare setting from elsewhere.

**3.4 Focused on service delivery and management issues in healthcare organisations.** This could include a new organisational tool or management technique (but not its development), a new model or process for care organisation and delivery or a new technology that changes organisational routines and behaviours. Policy evaluation is not in the remit of the SDO programme.

***NB: Evaluations of clinical, diagnostic or therapeutic technologies and interventions do not fall within the remit of the SDO programme. Applicants with this in mind should consider other NIHR programmes such as the Health Technology Assessment (HTA) programme.***

**3.5 AND have not already been well explored and tested through research** so knowledge is lacking on impact, effectiveness, optimal implementation or adaptation, relationship to organisational context and generalisability and sustainability in the NHS. Where an innovation has already been demonstrated to work well and its implementation is well understood, then the case for its evaluation would be less convincing.

No study design or evaluation approach is specified. Both formative and summative research will be considered including research to assess costs, benefits and impacts. The proposed evaluation should be appropriate in scale and method to the innovation to be researched. It should provide the evidence which decision makers in the wider NHS can

use both to decide whether to take up the innovation in their own organisations and to understand how to implement/deliver the innovation effectively. Applicants should therefore bear in mind how they are going to present their findings in the most user-friendly way.

#### **4. General guidance for applicants**

Our main concern is to commission research which is well designed; will be effectively carried out by the research team; will provide findings which meet the needs of the NIHR SDO programme and the NHS management and leadership community it serves; and will be used to improve health services. With these aims in mind, we offer the following general guidance to applicants. We do not prescribe or prohibit particular approaches to research, but we encourage applicants to take account of this guidance in their project proposals, and point out that the SDO Panels and Commissioning Board will take account of this guidance when they assess and select proposals.

##### ***Research team makeup and expertise***

Our key concern is that projects should have a research team with the right skills to undertake the research. It is important that the team has the necessary expertise, but is not so large that project management will be difficult. Projects are likely to use a team with significant input from diverse disciplines appropriate to the content and methods of the project. All applicants need to show that they will commit appropriate time and effort to the project, and the use of large teams of applicants with little or no apparent time commitment to the project is discouraged. Full proposals should make it clear what responsibilities and roles will be fulfilled within the project by each team member.

The chief investigator or principal applicant should generally be the person who has contributed most to the intellectual and practical development of the proposal, and who will take lead responsibility for its implementation. This is not necessarily the most senior investigator in the research team. Where the principal applicant has a limited past track record in holding grants, we will look for evidence that they will be supported and mentored by more experienced co-applicants.

##### ***NHS management engagement***

Our key concern is that NHS managers should be directly engaged or involved with SDO research projects because this will produce research that is more closely grounded in and reflective of their concerns and makes the subsequent uptake and application of research findings more likely.

We particularly welcome project proposals in which an NHS manager is formally part of the project team as a co-applicant, and in which they (and/or other NHS managers) play a significant part in the project. Their contribution may be to facilitate or enable research access to organisations, to be directly involved in research fieldwork, to comment on and contribute to emerging findings, and to be involved in knowledge mobilisation (see below). We think that direct NHS management involvement in proposals of this kind shows commitment to and support for the research from the NHS organisations involved. The time of NHS manager(s) as co-applicants can be costed into the proposal, as part of the NHS Support Costs.

There are other ways in which NHS management support for the proposed research can be demonstrated, such as co-opting managers to project advisory or steering groups, the inclusion with full proposals of a letter or statement of support from senior leaders in relevant NHS organisations.

### ***Gains for the service***

Not all research will individually result in potential savings or direct gains for the service. However it may lead to a better understanding of organisations, systems or services and contribute to that body of knowledge. Where it is appropriate, studies should include a cost-effectiveness component with a view to helping managers and service providers make decisions and identify potential for savings. As a publicly funded programme in a time of restraint, researchers should look to demonstrate potential savings and gains for the service, where appropriate. This includes setting out in broad terms the likely impact and implications of this work for the wider service at outline stage.

### ***Research methods***

Our key concern is that the research proposed is well designed, will be well conducted, and will add to knowledge in the area. It is not our intention here to specify particular research methods, but to highlight areas where we have found common weaknesses in the past.

Proposals need to make proper use of relevant theory and of the findings in the existing literature to frame their research questions. Although at outline stage, comprehensive referencing is not required, illustrative sources and indication of the grounding in a body of literature should be given. Atheoretical, descriptive evaluations, proposals which appear not to be informed by the existing literature and projects which appear to replicate rather than add to existing research are unlikely to be funded. Research questions need to be very clearly stated and framed – in terms which are sufficiently detailed and specific. This includes a clear description of the intervention which is being assessed (where relevant) and articulating the objectives and aims of the research.

The research methods proposed must be appropriate to the nature of the research questions and to the theoretical framework for the project. It is important that the proposal makes a clear link between the research questions and the intended empirical approach and fieldwork, showing what data will be gathered and how it will be used. The approach to data analysis must be clearly explained. The proposal needs to show that the research team has considered and addressed the logistics and practical realities of undertaking the research – gaining ethical and research governance approval, securing access, recruitment, data collection and management, etc. Studies should be realistically costed to take account of these activities. Where trial methodology is proposed, researchers would be advised to have got input from local trial taken advice from their local clinical trials unit or officer.

Researchers should be mindful of the need for generaliseability of results and the relevance of the outputs for the service as a whole. This may affect the study design – for instance, single case studies are only likely to be supported only exceptionally.

The plan of investigation should set out clearly and in some detail the proposed methodology. It should include a Gantt chart or project timetable showing clearly the planned dates of different project phases and of project outputs.

### ***Public involvement***

It is a core concern of the SDO programme that all commissioned projects should pay appropriate attention to the needs and experiences of all relevant stakeholders (including local communities, lay people, service users, carers and minority ethnic communities as well as healthcare practitioners and managers) during the design, execution and communication of the research. Proposed projects should be explicit in describing their arrangements for public and patient involvement and in communicating how the proposed work has potential implications for service delivery that could lead to enhanced public and community engagement. The application includes a section for the non-expert and care

should be given to 'pitching' the proposal at a lay audience, avoiding jargon and explaining clearly the expected benefits of the research.

### ***Research governance***

Applicants should show that they understand and that their proposal complies with the Research Governance Framework for the NHS. Successful applicants will be required to provide proof of research ethics committee approval for their project, if it is required, before funding commences. The project plan should take realistic account of the time required to secure ethics and governance approval.

### ***Costs and value for money***

Project costs will be carefully scrutinised and must always be well justified and demonstrate value for money. NIHR 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, NIHR may fund 100% of costs. However, the NIHR SDO programme reserves the right to award a grant for less than this maximum and for less than the amount sought by applicants.

## **5. Research outputs and knowledge mobilisation**

Our key concern is to ensure that projects funded by the SDO programme are designed from the outset to produce useful, timely and relevant research findings which are then used. Experience suggests that this is most likely if researchers collaborate with NHS managers throughout the life of a project, and aim to produce a variety of research outputs – not just a final report and one or more papers for academic peer reviewed journals.

All full proposals submitted to the SDO programme must include a detailed section on research outputs and knowledge mobilisation in the full plan of investigation which is attached to the proposal when it is submitted. We would expect to see that section and the project plan detailing the outputs and knowledge mobilisation activities which are planned across the life of the project and the resources section of the proposal showing that sufficient resources have been allocated within the project budget to undertake these knowledge mobilisation activities. In general terms, all projects which are longer than 12 months are expected to produce some interim outputs during the life of the project as well as those at the end of the project.

The outputs and knowledge mobilisation activities shown in the project proposal are likely to include some or all of the following:

- A final and full research report detailing all the work undertaken and supporting technical appendices (up to a maximum 50,000 words), an abstract and an executive summary (up to 2000 words). This is a required output. The executive summary must be focused on results/findings and suitable for use separately from the report as a briefing for NHS managers. Care should be given to using appropriate language and tone, so that results are compelling and clear. The report must use the layout template provided. Following scientific peer review and editing/revision, the report will be made available on the SDO programme website. This is a required output from all projects.
- A set of PowerPoint slides (up to 10 maximum) which present the main findings from the research and are designed for use by the research team or others in disseminating the research findings to the NHS. The slides must use the template provided. They will be made available alongside the report on the SDO programme website. This is a required output from all projects.

- Journal papers for appropriate academic peer reviewed journals, designed to ensure the research forms part of the scientific literature and is available to other researchers.
- Articles for professional journals which are read by the NHS management community and which will be helpful in raising wider awareness of the research findings.
- Seminars, workshops, conferences or other interactive events at which the research team will present and discuss the research and its findings with NHS managers
- Guidelines, toolkits, measurement instruments or other practical methods or systems designed to enable NHS managers to use the research findings in practice. We are looking for practical, innovative ideas – such as questions arising from the research that non-executive directors could raise at Board meetings or similar.

This list is illustrative rather than comprehensive, and we will welcome project proposals which include other forms of output and knowledge mobilisation activities. All projects are encouraged to collaborate in knowledge mobilisation with the SDO Network, which is hosted by the NHS Confederation and exists to enable managers to improve and develop the services they manage by facilitating their access to and use of the latest health services research. (<http://www.nhsconfed.org/networks/sdonet/Pages/SDONetwork.aspx>).

## 6. Process for proposal selection

The NIHR Service Delivery and Organisation programme is funded by the NIHR, with contributions from NISCHR in Wales. Researchers in England and Wales are eligible to apply for funding under this call. Researchers in Scotland and Northern Ireland should contact their Health Department Research and Development Office and Health and Social Care Research & Development, Public Health Agency respectively if they wish to discuss funding opportunities for this type of research.

Whilst we have not set a maximum duration or cost for projects, value for money will be scrutinised and all costs must be justified. Applicants should be aware that changes of costs between outline and full proposal will have to be fully explained, and we therefore encourage applicants to be as realistic as possible when costing their outline proposals. Realistic costs are also very important at commissioning as the SDO programme does not normally accept requests for variations to contracts for additional time or funding once projects have been contracted.

Applications for this call will be assessed in two stages once remit and competitiveness have been checked. Firstly, outline proposals will be sought and when they are submitted they will be checked to ensure they are within the remit of the call for proposals and will then be reviewed by the NHS Evaluations Panel. The primary criterion against which the Panel assesses outline proposals is that of **NHS need for the research** – 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.

Applicants whose proposals are shortlisted will be asked to develop a full proposal for assessment by the SDO Commissioning Board. This board's primary 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.

## 7. Application process and timetable

Should you have any questions or require any further clarification please refer to the NETSCC FAQs at <http://www.sdo.nihr.ac.uk/faqsnetsec.html>, if the answer to your question cannot be found please email your query to [sdofund@southampton.ac.uk](mailto:sdofund@southampton.ac.uk) with the reference number (10/1013) and title for the call for proposals as the email header. Applicants should be aware that while every effort will be made to respond to enquiries in a timely fashion, **these should be received at least two weeks before the call closing date.**

The process of commissioning will be in **two stages** and applicants should submit **outline proposals** via the SDO website by **5pm on 16<sup>th</sup> December 2010**. No late proposals will be considered. No paper-based only submissions will be considered.

Applicants will be notified of the outcome of their outline application in February 2011.

Shortlisted applicants will be invited to submit a full proposal via the SDO website (a link will be sent to shortlisted applicants). Applicants will be notified of the outcome of their full proposal application in July 2011. Please note that these dates may be subject to change.

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<sup>i</sup> '**Non-Competitive**' means that a proposal is not of a *sufficiently high* standard to be taken forward for further assessment in comparison with other proposals received and funded by the programme.

Elements when assessing competitiveness are:

- Whether on the face of it, the scientific quality of the proposal merits further assessment
- Cost of the proposal
- The size of the proposed project is likely to be adequate

The size of the project team is likely to be adequate

<sup>ii</sup> Non-academic organisations are not precluded from applying to the call, but are strongly advised to have academic partners