

Commissioning Brief (12/128)

The organisation and delivery of 24/7 healthcare

Closing date: 13 September 2012

1. Remit of this call: main topic areas identified

This call invites researchers to address gaps in knowledge on how best to deliver NHS care around the clock to patients. This includes important questions on the patterns of current services and the impact of extending hours on patients and quality of care, staffing and staff deployment, organisational culture and costs. Four particular research gaps have been identified, but other relevant proposals on the organisation and delivery of 24/7 will be considered. Of the four identified knowledge gaps, three cover all settings recognising the interrelated nature of many services (for instance, the relationship between extended practice opening hours and use of emergency departments). However, one area is focused particularly on acute settings, in evaluating models of care for night and weekend working in hospitals.

High quality health services research is invited to address these key knowledge gaps and related research on delivering extended services in healthcare. Most of these will involve complex service initiatives and mixed-method approaches will usually be needed. Careful attention will need to be paid to design studies which give insight to context and generate findings which can be generalised to the wider NHS.

This is a time of great change in the health service and there is increasing pressure to deliver 24/7 care. There is however little good quality evidence on what works best or how to organise services to maximise quality at a time of financial constraints. Key research priorities in this area include:

- Mapping and evaluating existing models of care and activity for different staff groups

We do not know enough about how “out of hours” or extended services are currently organised. These include variation in shift patterns and rostering for different professional groups; extended hours in general practice and community pharmacies; community nursing and specialist teams offering out of hours care. This might include analysis of existing secondary data as well as generating new information from surveys and cross-sectional studies to understand current patterns of care.

- Assessing the effectiveness and cost-effectiveness of different models of organising acute care at nights and weekends

Research is needed to assess different models of extending services and their impact on service efficiencies, outcomes and morale. This will include studies of whole systems, including clinical support services (such as pathology, radiology or pharmacy services), as well as direct patient care. It might include robust external evaluation of Hospital at Night initiatives and initiatives to provide weekend physician cover for acute services. Methods might include well-designed

comparative organisational case studies and controlled before-after studies of particular initiatives. Care should be taken to capture contextual factors, including changes to ways of working and team roles within and across professions. Quantitative data is also needed in order to understand the effect of changes on measures like service activity (such as triage times, length of stay), staff absence as well as costs.

- Modelling future workforce needs and activity

A key question for service managers is how best to deploy staff to provide care 24/7, while allowing for constraints such as restricted hours for training grade doctors. Operational research can be useful in presenting various 'what-if' scenarios and looking at the impact of different workforce configurations on costs and quality of extending services – as well as the impact on in-hours care. Studies are needed which can work towards some of the bigger questions, such as what is the necessary or sufficient workforce to bring down mortality to acceptable daytime and weekday rates. Sophisticated modelling and analysis, with partnership between researchers and service managers, will be needed to address these complex and dynamic issues.

- Assessing impact of extending services on access and inequalities in health

More research is needed to understand whether extending services to provide more 24/7 care improves access and reduces inequalities in health. Although there is a substantial literature on equity of access, this does not address recent changes to services (such as extended practice openings, new forms of 24/7 district nursing or specialist outreach teams). Research is needed which looks at general and disadvantaged or high need groups and their use of different services within the context of 24/7 care.

2. Purpose of call

This topic was identified as a priority for service managers, clinical leaders and patients identifying key knowledge gaps for the HS&DR programme. There is increasing pressure for the NHS to make services available to patients beyond weekday 9-5 traditional patterns. This is part of a wider drive for greater access and flexibility in public service and efficiency - making better use of scarce resources, such as operating theatre capacity round the clock. Further impetus has come from evidence of poorer care at night and weekends, with greater risk of mortality at these times.

The service has responded in different ways, with initiatives ranging from extending radiology or physiotherapy services to providing seven day consultant-led acute care services. As well as these local initiatives, there are wider trends including longer nursing shifts or extended contracts for community pharmacies. Many service providers are working in new ways, but few of these changes have been evaluated in any rigorous way. Well designed research is needed which can address some of the key uncertainties around cost-effective ways of providing 12/7 or 24/7 care.

Further information on the background to this call, including knowledge gaps and relevant research is given in supporting information.

3. Notes to applicants

The NIHR Health Services and Delivery Research (HS&DR) programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health services,

including costs and outcomes in order to improve health and health services. It is focused on research to support decisions by frontline managers and clinical leaders on the appropriateness, quality and cost-effectiveness of care.

The NIHR Health Services and Delivery Research programme is funded by the NIHR, with contributions from NISCHR in Wales and CSO in Scotland.

The programme operates two funding streams (this call is under the commissioned workstream); Researcher-led and Commissioned. Researchers in England and Wales are eligible to apply for funding from either workstream under this programme. Researchers in Scotland may apply to the Researcher-led workstream but are not eligible to respond to the Commissioned workstream and should contact the CSO to discuss funding opportunities for healthcare delivery-type research. Researchers in Northern Ireland should contact NETSCC to discuss their eligibility to apply.

4. Application process and timetable

Please ensure you have read the commissioning brief supporting information and general guidance for applicants as well as the application form guidance notes that have been provided to support this call.

Should you have any questions or require any further clarification please refer to the NETSCC FAQs at [HS&DR programme - FAQs](#), if the answer to your question cannot be found please email your query to hsdrinfo@soton.ac.uk with the 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 HS&DR website by **1pm on 13 September 2012**. 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 November 2012.

Shortlisted applicants will be invited to submit a full proposal via the HS&DR website (a link will be sent to shortlisted applicants). Applicants will be notified of the outcome of their full proposal application in April 2013. Please note that these dates may be subject to change.

5. Transparency agenda

In line with the government's transparency agenda, any contract resulting from this tender may be published in its entirety to the general public. Further information on the transparency agenda is at:

<http://transparency.number10.gov.uk/>

http://www.ogc.gov.uk/policy_and_standards_framework_transparency.asp

<http://www.contractsfinder.businesslink.gov.uk/>