Commissioning Brief
13/01 - Self-care: a focus on the effectiveness of re-ablement interventions
Closing date: 16 May 2013

1. Remit of this call: main topic areas identified

This call invites research which focuses on re-ablement services and asks the question: How effective are they in enhancing self-care and independence in the population they are designed to cover and how are they best delivered?

The value of re-ablement services has been established to such a degree that re-ablement services were identified as a priority area for NHS expenditure from 2011. Whilst responsibility for such services has been transferred to the NHS from social care in the case of England, this call encompasses delivery of re-ablement interventions regardless of the responsible agency. Further research to answer specific questions (set out below) is needed to maximise outcomes for patients. Whilst the programme is particularly interested in these sub-topics, they are not exclusive and other proposals may be considered if they examine organisation, delivery and outcomes of re-ablement services.

For the purposes of this call, re-ablement services include services that focus on restoring independent functioning rather than resolving health care issues. Interventions are typically six to twelve weeks' duration. Research projects are likely to look at complex service initiatives, often involving a number of agencies and mixed-method approaches will therefore usually be needed. Careful attention will need to be paid to the design of studies so that they give insight to context and generate findings which can be generalised to the wider NHS: <u>Projects that look at the role of re-ablement services across the lifespan[1] are particularly welcome.</u>

Areas of focus (but not exclusively):
- What are the most effective and cost-effective models of care for re-ablement services??
     - Many differing forms of re-ablement exist. Most have grown organically from either supported discharge or admission prevention services. Research is needed on the optimal content, length of programme, timing of these services, key outcomes and identification of where costs are averted in other healthcare sectors such as out of hours or primary care as well as hospital admissions and re-admissions.
- What is the degree of personalisation and re-integration into community networks that is achieved?
     - Focus is needed on whether such a relatively brief intervention is sufficiently tailor-made to have enduring impact and whether any groups do not benefit. Specifically the degree to which re-ablement services can foster social re-integration and to the extent of a service is able to develop activities outside the home requires investigation.
- What is the impact on the individual and carers?
     - Previous research has tended to focus on the outcomes that services were originally set up to meet rather than whether they substantially enhance patients' lives.

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[1] Reablement services are provided to people of all ages. The programme is interested in all age groups receiving reablement interventions and services. If a particular age group is to be the population of research, generalisability needs to be taken into account.

The NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC), based at the University of Southampton, manages evaluation research programmes and activities for the NIHR

- What is the role of the third sector?

    The third sector delivers similar interventions often with differing models of delivery – is there any shared learning that can be more generically applied to NHS based re-enablement services?

- Does the offer of choice improve effectiveness of services?

    The ability to create a sense of autonomy by offering choice of setting or style of service may impact on their effectiveness – is there evidence for this?

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. The numbers of people with long term conditions that impact on their ability to live independently has risen dramatically over the past few years and is set to rise further. Many suffer from more than three long term conditions making disease specific interventions less helpful. This has had a significant impact on hospital admissions; many schemes exist to reduce this impact and have developed rapidly in response to service need. Re-ablement holds promise as it does not focus on a single condition and seems to address the significant issue of loss of independence. Evaluation has struggled to keep up with the growth of such services due to the high expressed need of the service.

A considerable body of research has been completed recently that has scoped out the area and reviewed various aspects of delivery. Therefore the programme is looking for large scale evaluative research that can answer the questions posed above and others if felt important.

Further information on the background to this call, including knowledge gaps and relevant research is given in the 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 HS&DR programme is funded by the NIHR, with contributions from NISCHR in Wales, the HSC R&D Division, Public Health Agency in Northern Ireland, and case by case contributions from the CSO in Scotland.

The programme operates two funding streams; researcher-led and commissioned. Researchers in England, Wales and Northern Ireland 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

4. Application process and timetable

Please ensure you have read the guidance notes and all documents 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 **16 May 2013**. All proposals will initially be checked for remit and competitiveness[2]. 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 **July 2013**.

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 **December 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/

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[2] '**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 HS&DR programme because it has little or no realistic prospect of funding. This may be because of scientific quality, cost, scale/duration, or the makeup of the project team.