**Commissioning Brief**
**13/59 - Assessing alternatives to face-to-face contact with patients**
**Closing date: 12 September 2013**

## 1. Remit of this call: main topic areas identified

New technologies can provide more flexible, convenient ways for patients to have contact with health professionals. Over four in five households now have internet access and new channels of communication are now widely used for all aspects of everyday life, from retail to education. In health contexts, activities include the use of email, telephone, Skype and video by general practitioners or community nurses to triage patients and to replace face-to-face consultations. Video consultation or e-consultation is also used between general practitioners and specialists with and without patients present to check before onward referral.

This is a relatively new area of activity and recent Cochrane reviews confirm that there is little high quality research in this area. Existing evidence comes largely from the US, Australia and other countries containing large rural areas with dispersed populations where tele-consultation or alternatives to face-to-face contact are more established. In this country, there have been few robust evaluations of initiatives to replace face-to-face contact with other forms of communication. This includes studies to identify the costs and cost-effectiveness of interventions and wider impact, including patient satisfaction and use of other health services.

Two particular research gaps have been identified:

(1) **Primary research evaluating cost-effectiveness of non-face-to-face contact with health professionals**

There have been few high quality evaluations of new initiatives to replace face-to-face contact with other approaches. Existing studies are often small-scale, without robust costing or impact data. Research may include quasi-experimental studies with some form of control, to measure the effect of new initiatives. Care should be taken to allow for context and to understand the mechanisms of effect. Evaluation of particular schemes, such as Doctor First (telephone advice and triage by senior general practitioner, pioneered by a practice in Ormskirk), would be welcome, but research teams should consider the genealiseability of findings and scope for national learning. Economic and costing components are needed, as well as thoughtful measures to capture impact for patients in terms of appropriateness of care and satisfaction as well as use of other services. These studies should also measure the impact on clinician workload and practice, as this has been identified as a research gap. Existing evidence suggests that some new forms of communication may only delay, rather than substitute for, face-to-face consultations, so study design should take this into account. It would also be useful to add to the evidence base on the effectiveness and cost-effectiveness of role substitution, comparing the impact of doctor and nurse, for instance, in telephone advice.

(2) **Qualitative research on the impact of new forms on the clinician-patient dynamic and appropriateness for hard-to-reach groups**

Careful qualitative work is needed which explores changes in the clinician-patient dynamic and gains insight into elements of appropriateness and satisfaction for those using new services. This could help to identify particular risks in changed communication and suggest where new technologies could best be targeted, for instance for on-going management of patients with chronic conditions. One criticism of new approaches is that technologies may be less accessible or used by certain parts of the population, such as older people or more disadvantaged communities. Conversely, some have argued that new technologies may provide easier access for younger, more mobile or other transient populations. Studies with a substantive qualitative component which aimed to measure the impact of new forms of clinician-patient contact in particular sub-groups of the population would be welcome. This should also throw light on the acceptability of new forms of communication to staff as well as patients, as existing evidence suggests this is worth further exploration.

There are a number of related areas, which are **out of scope** for this particular call. These include the use of web-based information for patients and other forms of passive communication around conditions or management of disease; the use of text-based reminders or other form of communication around management of appointments and services; the use of mobile technology and other electronic management information systems to update patient records for peripatetic workers; broader questions of telemonitoring or telehealth, including use of devices to record health function in the home.

## 2. Purpose of call

This topic was selected because of the rapid increase in new forms of contact between the health professional and patient and the potential to provide cost savings and improved patient care. Increasingly, practices and outpatient departments are offering remote consultations or telephone/email advice from senior health professionals as a substitute for face-to-face contact. This includes consultation by phone, Skype, email and webcam. But little is known about how effective and cost-effective these are, what impact they have on patient satisfaction, working practice or use of services across the whole system.

## 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 supporting documents and application guidance notes 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 **12 September 2013**. All proposals will initially be checked for remit and competitiveness[1]. 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 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 **April 2014**. 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/

[1] '***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.