Commissioning Brief
14/196 - Organisation and management of general practice
Closing date: 18 Dec 2014 (two stage – outline to full)

1. Remit of this call: main topic areas identified

As organisations, general practices are under-researched. More research attention to date has been focused on hospital organisations or, at an individual level, on general practitioners. But relatively little research effort has been devoted to the organisation and management of general practice, despite rapid and profound change.

A typical practice today will be purpose built, with multiple general practitioners working in tandem with a range of other clinical and clerical staff offering a wide range of services from chronic disease management to minor surgery. Some may even be polyclinics or health centres, where general practice services are co-located with a range of specialist services. There is increasing need for practices to align and, at times, integrate with the work of community and social care teams. General practices now provide more care, due to an ageing population with more complex health needs, a shift in services from hospital and a greater availability of diagnostic and other technology. Processes are more complex, with greater dependency on information systems for booking appointments, onward referral, prescribing and other clinical management activity.

At the same time, the staff profile has changed with more salaried doctors and part-time staff and a range of new roles, such as nurse practitioners. There are more demands on general practitioners, including involvement in commissioning and wider service development, and projected general practitioner shortages due to retirement and changes in working practice. Practice managers are key and foreground the nature of practices as businesses with a need to generate income and manage a complex range of staff, activity and estates. There are also more performance monitoring requirements for general practice, from the Quality Outcomes Framework and other contractual requirements to new inspection regimens from external regulators such as the Care Quality Commission.

General practices vary greatly in how they are configured, their interfaces with social care and other teams and how they manage clinical and administrative processes. More research is needed to understand better how organisational factors affect performance and quality of care.

Research should build on relevant work funded in the HS&DR portfolio ranging from studies on general medical contracting, advanced access, polyclinics, DoctorFirst and variation in prescribing. This call complements other policy-related work on organisational forms, such as practice federations and networked practices, funded outside the Programme.

Three broad areas have been identified as priority areas of research need:

i. Managing practice processes – appointments, referral, clinical management

Practices are complex organisations, managing a range of activity. Research can help to explore the different aspects of clinical and system management and identify the factors affecting performance. This includes both organisational efficiency and patient experience. Areas of focus may include relatively simple organisational tasks such as registering patients or back office functions such as accounting and payroll, towards more complex organisational routines required to manage repeat prescriptions, respond to the results of diagnostic tests, manage clinical correspondence, report and reflect upon adverse events, and manage hospital referrals. This work should build upon what is already known from research about

organisational routines in general practice. Research is also needed to understand how information systems are used which link practices to other systems, such as hospital results or out of hours services. This should incorporate learning from previous studies on technology adoption and `resistance' to information systems in health settings. Note that HS&DR has recently commissioned studies on new ways for practices to communicate with patients (email, web, phone), so this aspect of work practice is out of scope for this call.

ii. Changing practice workforce

There is an important research agenda – beyond workforce forecasting - around responses to general practitioner shortages and changing workforce profile. The picture has changed with retirement of experienced principals, rise in salaried staff, more sessional and part-time work, use of locums commissioning commitments and difficulties in recruitment and attracting trainees. Research could provide insights into why practitioners enter and leave practice and effectiveness of strategies to retain staff and return to work after career breaks. The practice manager is a pivotal role which has been under-studied. Given the expanded scope of practices, the manager is now required to have extensive strategic planning, human resource, finance and information management capabilities as well as understanding the complex policy and commissioning context. More work is needed to understand current scope of practice, professional identity and tensions, using social science and management theory and knowledge. Other kinds of skillmix changes include increasing use of healthcare assistants or 'direct patient carers' and other new roles, from paramedics and clinical pharmacists working in practices to care navigators and heath trainers. Studies should build on relevant work such as the recent HS&DR study of physician assistant in general practice. Another interesting area is the role of the specialist nurse or nurse practitioner role in general practice, with more robust cost-effectiveness studies needed to add to existing evidence (often from US and other health systems) on role substitution with general practitioners.

iii. Innovations in practices and interface with social and community care

The interactions between practices, social and community care services vary widely according to local context, configuration and historic patterns of joint working. Models range from community-based integrated teams for the frail elderly (district nurses, therapists, social workers and care staff) to forms of case management to pooled budgets and structures. Some innovations have led to community health organisations – often with local investment and ownership – drawing on long traditions of community-based health services in a number of countries. These are characterised by a population focus and attention to the social determinants of health, with the practice as a hub for a broad range of health and welfare services. Some of these are purposively sited in disadvantaged or rural areas. Models include the Northern Ireland community care and treatment centres and different forms of polyclinic and municipality-based centres in Germany, Finland, Belgium, Scandinavia and New Zealand. Some integrated forms of practice have developed in this country, but there has been little evaluation to date. Research is needed to assess different forms of innovative community-based practice, with some form of integration or alignment between health and social care. This includes forms of community governance and public input in difficult resource prioritisation decisions. In comparing different models and organisational forms, researchers might use tracer activity such as care of the frail elderly or people with multi-morbidity to assess impact across types of integrated practice. These should consider important differences in geography (with particular issues for rural areas) and demography.

2. Purpose of call

The topic of understanding the `black box' of general practice was identified as a priority by clinical leaders, managers, patients, researchers and commissioners in 2013. Policy and service imperatives have emphasised the importance of general practice in the twenty first century, representing nine out of ten patient contacts and providing a base for coordinated, patient-centred care. Practices have developed in different ways to meet growing demand for

an increased range of services, providing many diagnostic, treatment and monitoring which had previously been delivered in hospital outpatient settings. Research is needed to provide insight into the impact of different ways of managing and organising general practice, from appointment systems to clinical processes. And we do not know enough about key staff roles and how these are enacted, from practice managers to primary care nurse consultants. Given an ageing population, practices need to work with social care and other services to provide patient-centred care and evaluations of innovative forms of integrated practice-based care are needed. Robust health services research is needed to strengthen the evidence base on the organisation and management of general practice for the twenty first century.

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

This call for proposals should be read alongside further supporting information and general guidance from the HS&DR programme on applications.

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 **18 December 2014**. 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 Mar 2015.

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 Aug 2015. 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.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