

Commissioning Brief

**15/77 – Evidence Syntheses to support emerging new models of care
Closing date: 3 September 2015 (one stage - straight to full application process)**

1. Remit of this call: main topic areas identified

The NHS Five Year Forward View outlined the need for new, flexible models of service delivery tailored to local populations. There was an emphasis on integration between services and working beyond traditional organisational boundaries. There was no single blueprint but recognition of the need to adapt systems to local needs and configurations. The original guidance specified seven new care models, with details given on the first four areas. These included multispecialty community providers; primary and acute care systems; viable smaller hospitals; and enhanced health in care homes. In March 2015, 29 vanguard economies were identified as priority projects for service transformation.

Evidence reviews are needed for these new models to understand preconditions for success, learning from other countries and related organising principles. This should provide useful underpinning evidence for demonstrator sites and the wider service. It complements central support and evaluation of vanguard sites.

Researchers can carry out reviews around particular models or may identify relevant themes which span a number of models. As an indication, related themes might include:

- identifying mechanisms of action for how such models might work,
- understanding how models might work in different contexts
- ways in which these models might be evaluated, including capturing different types of impact
- forms of horizontal and vertical service integration,
- new multidisciplinary or interdisciplinary clinical workforce models or shared and devolved services.

Some models outlined in Five Years Forward View include:

Multispecialty community providers [14 vanguard sites]

Key features include: Clustered around primary care but spanning services such as community nursing, pharmacy, dentistry, intermediate care and social care; could also include GP in-reach services to community and other hospitals and community-based specialist roles, with aims of shifting some outpatient services out of hospital; Foundation of registered patient population of at least 30-50,000.

Primary and acute care systems [9 vanguard sites]

Key features include: Extended form of multispecialty community provider, but including full vertical integration of hospital and mental health services as well as primary, community and potentially social care services; Likely to operate at a larger geographical scale with a population similar to a small general hospital i.e. 200 - 250,000 people.

Enhanced integration with care homes and social care [6 vanguard sites]

Key features include: Partnerships between care homes, NHS, social care services, local community and voluntary services to improve care for residents. Could include in-reach services by health and social care professionals and use of multidisciplinary teams for medication reviews and coordinated care. Inventive forms of intermediate care, including supported discharge and respite care plus use of new technologies to access specialist input.

Acute care collaboratives*

Key features include: Options for sustaining smaller acute hospitals, from shared clinical support and other services across sites to hub and spoke models with specialist centres to multi-service chains or foundation groups to integrating with local primary and community services.

*Note that HS&DR has already commissioned an overview of secondary evidence on community hospitals (including comparative models <http://www.nets.nihr.ac.uk/projects/hsdr/1217714> – Ling) and on models of urgent and emergency care <http://www.nets.nihr.ac.uk/projects/hsdr/130512> – Turner), so work is not required on these topics. This call does not cover two other areas specified in Five Years Forward View – namely, specialised services (which relates to higher level commissioning decisions) or maternity care, awaiting a central review of future models for maternity units.

2. Scope

Research teams may have expertise in particular settings, such as care homes, or in broad areas relevant to all models such as organisational change, continuity of care or integrated services. Teams may put in one or several applications. This work should be done fairly rapidly over 9-12 months. Review and funding decisions will be streamlined where possible, with a one-stage commissioning process for evidence syntheses.

Applicants may find it helpful to review studies in the HS&DR portfolio which relate to complex and rapidly evolving services. These include, among others, completed and ongoing evaluations of pay-for performance schemes ([HS&DR 08/1809/250](#) - McDonald), care home in-reach services ([HS&DR 08/1809/231](#) - Goodman), seven-day working ([HS&DR 12/128/17](#) - Bion), virtual wards ([HS&DR 09/1816/1021](#) - Lewis), stroke configurations ([HS&DR 10/1009/09](#) - Fulop), psychiatric liaison services ([HS&DR 13/58/08](#) - House), integrated care hub ([HS&DR 12/130/33](#) - Bower) and reablement services ([HS&DR 13/01/17](#)- Aspinal). Protocols and final reports of commissioned evidence syntheses are also available, including reviews of intermediate care ([HS&DR 10/1012/07](#) - Anderson - published), primary care and outpatient services ([HS&DR 12/135/02](#) - Roland – live), patient voice and service reconfiguration ([Dalton](#) - published), centralising cardiac services ([Booth](#) - published) and community diagnostic services (Chambers – live).

This work will complement operational research and evaluation of vanguard sites and other relevant activity funded by the Department of Health.

3. Purpose of call

In March 2015, 29 vanguard sites were identified to lead the first wave of the new care models set out in the Five Year Forward View for the NHS¹. These cover a range of approaches, but all show elements of innovative integrated and patient-centred care across a system. These sites will be supported by NHS England and others with a £200 million transformation fund and a wider support and learning package so that lessons from this early work can be shared across the service. This includes some descriptive mapping of new models, logic modelling to understand likely mechanisms and components and their intended effects and work to identify appropriate measures of impact in improving care for patients.

At the same time, the NIHR Health Services & Development Research Programme held a workshop for service leaders, policymakers and researchers at the end of February 2015 to consider what wider research and evaluation might be helpful for rapidly changing services to complement central support for vanguard sites. The HS&DR Programme had already identified through its annual priority-setting exercise with stakeholders a priority on evaluating new models of health and social care across a whole system. Participants reflected on the core mission of the NIHR HS&DR Programme to fund high quality research on the organisation, delivery and quality

¹ <http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models>

of services. This has included studies in the past around coordination and integrated care, intermediate care and reconfiguration of services.

A key gap identified at this workshop was the collection of helpful underpinning evidence around emerging and diverse service models. In line with the HS&DR mission, the programme would like to commission a series of related evidence syntheses around new care models. This could use different kinds of review methods to clarify what we already know from evidence for particular designated models of care, including descriptions of similar models in other countries and healthcare systems. Each model is deliberately defined quite loosely and may adopt a number of overlapping approaches, driven by local configurations and partnerships.

4. 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

5. 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 one stage and applicants should submit **full proposals** via the HS&DR website by **1pm on 3 September 2015**. All proposals will initially be checked for remit and competitiveness². No late proposals will be considered. No paper-based only submissions will be considered.

Applicants will be notified of the outcome of their full proposal application in December 2015. Please note that these dates may be subject to change.

6. 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/>

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