

## Commissioning Brief (12/130)

### Evaluating new models of care for people with longterm conditions

Closing date: 17 January 2013

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

This call invites ambitious research studies assessing the **effectiveness and cost-effectiveness of new and innovative models of care or clinical pathways for people with longterm conditions**. The aim is to generate high-impact research which will provide commissioners and providers with useful evidence when re-designing services across a whole care pathway.

Substantial national funds are available to support research which has the capacity to make a major difference to long term care in the NHS. We seek to evaluate innovative models of care which have potential for widespread application at scale. Examples of such studies could include a controlled before-after impact study of a new service for the frail elderly in one health and social care system; a contemporaneous evaluation of a major service redesign for people with musculo-skeletal conditions; a cluster trial of practices delivering new forms of case management for people with depression and a physical condition; or a simulation study comparing different models for delivering care for disabled children across regions. These examples are solely illustrative of the principles of innovation, generalisability and scalability and do not indicate that these areas are particular funding priorities.

There is no defined budget cap for this call, but studies will need to demonstrate value for money and fully justify costs. Funding is directed to the evaluation and research effort, rather than service development. However, close partnerships will be needed between research teams and service initiatives. We have therefore extended the usual period for developing proposals to allow time for building these relationships. **Researchers will have seven months to develop outline proposals, in collaboration with service partners. There will be a webinar and a workshop during this period to help those working up bids. Information will be on our website.** Successful candidates will have further time to develop full applications at the next stage.

Studies will be considered which meet the following criteria:

- Led by research teams with track record in complex service evaluations across settings
- Focused on plausible models of care or service redesigns
- Designed to address important questions on service delivery and organisation (with a strong focus on quality, service activity and costs)
- Potentially scaleable to the wider NHS
- Generating durable findings, which would remain relevant in 3-5 years time.

This call will not fund studies which set out to research the clinical effectiveness of particular diagnostic or therapeutic interventions, even though they may be focused on long term conditions. Studies of clinical effectiveness fall within the remit primarily of the NIHR Health Technology Assessment programme.

Particular clinical conditions are not specified in this call, but preference would be given to those with substantive disease burden. Moreover, new evidence on the prevalence of multi-morbidity in people with longterm conditions underlines the need for services to address this reality. Service redesigns to support people with three or more conditions (such as chronic kidney disease, heart failure and diabetes) or care groups such as the frail elderly are priority topics for this call.

Service models are not specified, but may include some dimensions of good practice for accountable care organisations cited by QIPP Right Care ([www.rightcare.nhs.uk](http://www.rightcare.nhs.uk)), including:

- Broad programme of care, with a defined population base
- Spans a number of sectors (i.e. tertiary, secondary, primary/community and social)
- Service partners share a clinical lead or network

In order to demonstrate relevance to the wider NHS, single-site studies set in one institution (for instance, redesign of diabetes outpatient clinics within one hospital) are unlikely to be supported. However, a study in a single locality covering hospital, practices, community and social services might generate generalisable findings if it was well designed. Given the complexity of these service interventions, any study would need to pay close attention to context, culture and factors affecting implementation to generate useful national learning.

## **2. Purpose of call**

The topic of evaluating models of care for longterm conditions was the top knowledge gap identified by service managers, clinical leaders, patients and researchers advising the HS&DR programme in a priority-setting exercise at the start of 2012.

Over 15 million people have a longterm condition, such as diabetes, congestive heart failure, asthma or depression. These conditions account for about 70% of NHS spend, about half of all general practice activity and two thirds of hospital outpatient activity. Not only do longterm conditions make up the bulk of NHS activity, there is also concern that current services are not centred on patient needs, being largely reactive with organisational divisions of specialist and generalist care. There is also need for close working with a range of social care providers, which can prove difficult in current systems.

Research in the US has emphasised the importance of integrating services and health systems such as Kaiser Permanente have developed influential models of chronic care and case management. In this country, there have been initiatives such as programme budgeting to integrate and redesign services in broad clinical areas, such as asthma or epilepsy, for a given population. Related work includes stepped and stratified models for chronic conditions, such as anxiety and depression, where the least resource-intensive treatment is delivered first and escalated where needed. However, not enough is known about how best to deliver this across a population or to address the needs of people with more than one chronic condition. Overall, we need more evidence on the effectiveness and cost-effectiveness of different models of care across settings.

Evidence to date has tended to be small-scale and often of poor quality. Rather than fund many local projects, the aim of this call is to invite a few ambitious studies which deliver robust evidence on care pathways and models of care for people with longterm conditions. These are likely to be mixed-methods studies, led by health service researchers with experience of complex service evaluations in partnership with service partners engaged in review and redesign in broad programme areas. These are likely to be substantive projects, comparable to studies within the current HS&DR portfolio such as assessment of stroke configuration in London and Manchester; assessing the impact of introducing new forms of pay for clinical

performance in 24 hospitals in the North West; and comparing the quality, safety and cost of different birth settings in England.

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](mailto: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 17 January 2013**. 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 March 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 August 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.ogc.gov.uk/policy_and_standards_framework_transparency.asp)

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