

**Commissioning Brief**

**12/177 - New research on community hospitals – activity, appropriateness and cost-effectiveness**

**Closing date: 17 January 2013**

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

This call invites research to review current activity, appropriateness and effective delivery of services by community hospitals. Community hospitals are not well defined and range hugely in form and services provided. Medical care is usually provided by general practitioners, with dedicated beds. Staff work in multi-disciplinary and multi-agency teams to provide services including rehabilitation, acute medical care, diagnostic services, palliative and terminal care. More recently, these also include step-up (admission avoidance) and step-down (after discharge) care schemes to relieve pressure on beds in acute trusts. Distribution is uneven, with most serving rural areas, and their development has been largely historic and ad hoc. There has been recent renewed interest in community hospitals, given a shift towards care closer to home, and numbers appear to be increasing. But their role in an increasingly complex health and social care system is not clear.

Current evidence on community hospitals is largely descriptive and dated. It does not provide a robust base for decisions about the strategic direction or future provision of community hospitals. New research is needed to understand better how community hospitals can operate within complex health and social care systems. A key focus is on the effectiveness and cost-effectiveness of care of community hospitals. Some comparative UK-wide studies would be welcome, given important differences across the four countries which could be explored. Work is also needed to extract key learning from other countries on parallel forms of community provision.

***Four areas of research need have been identified for this call and only proposals addressing one or more of these areas will be considered:***

**• Mapping community hospitals**

Although most evidence to date is descriptive, we still do not know exactly what is provided and where. A fairly recent high-level profile of community hospitals in England suggested a decrease in classic community hospitals with beds and increased diversity of local community facilities. But not enough is known about the nature of this activity and services are changing rapidly. *A national survey or census of community hospitals* is needed to determine current provision for general and particular populations. This would be focused on provision in England and Wales (with some scope for cross-border comparisons). A national mapping exercise of this kind could bring similar benefits to the recent national descriptive survey of maternity care, which identified the newly emerging trend for alongside-midwifery units on hospital sites. Researchers should make best use of existing data from national organisations and sources, although this may not be complete. Information will be needed in such areas as occupancy levels and activity, as well as the range of services provided (and hosted) and models of ownership and management. In addition to this mapping exercise, *well-designed comparative case studies* are needed. These should illuminate distinctive forms and explore how community hospitals are sited within the context of their local health and social care systems. This would include an examination of integrated care and multi-agency working within community hospitals.

Studies which could be funded under this part of the call might include: a national mapping study (survey and organisational case studies) of community hospital forms and activity; a comparative case study of models of integrated care in community hospitals; or a theory-rich taxonomy of community hospitals with options for future deployment.

- **Effectiveness and efficiency of care provided by community hospitals**

Little is known about the effectiveness or cost-effectiveness of care provided by community hospitals. There is some limited, but conflicting, evidence on the ability of community hospitals to reduce pressure on acute medical beds. Studies are needed which consider both general populations (for instance, in minor injury services) and particular patient populations (such as those with longterm neurological conditions). To measure impact, these would include information on bed use, length of stay, staffing levels and other cost/input measures as well as markers of patient outcome and satisfaction. Studies are also invited (as part of wider effectiveness studies or as stand-alone projects) assessing patient experience, including tracking pathways and interfaces with other service providers. This is needed, given the lack of robust studies of patient experience beyond small-scale satisfaction surveys. The lack of clarity on the role of community hospitals and appropriateness of admission (in relation to alternative provision) makes it difficult to construct comparative studies. Care will be needed to design studies which account for the heterogeneity of models and range of provision in each locality, while generating robust evidence for those planning and commissioning future services. Research could also usefully compare services for defined populations in areas with high and low provision of community hospitals, compared with other forms of care. Studies which could be funded under this part of the call might include: a multi-centre cost-minimisation study comparing community hospital with district general care or home-based care for post-acute rehabilitation; a pragmatic trial of community hospital versus alternative provision for intermediate care for the frail elderly; a mixed-methods evaluation of the productive community hospital initiative; a modelling study comparing use, costs, activity and impact of day care for frail elderly in regions with high and low provider density community hospitals; a bottom-up costing study of step-up (admission avoidance) schemes in community hospitals.

- **Understanding patient experience and community engagement**

More high quality research is needed on patient experience, given the lack of robust studies in this area beyond small-scale satisfaction surveys and the like. Research might include designs to track patient pathways and interfaces with other service providers as well as measure satisfaction with services and settings in a meaningful way. These might be stand-alone studies or form part of the comparative effectiveness studies above. Another key research gap is the role of volunteers and the wider community in supporting their local hospitals. This includes financial support and volunteering (through League of Friends and similar agencies) as well as involvement by other third sector organisations in cultural, therapeutic and support services. Research is needed to understand better the interface between the voluntary sector and NHS in community hospitals and identify effective models of partnership. Studies which could be funded under this part of the call might include: a qualitative study of patient use and experience of step-up care for older people; an observational study of continuity and patient experience in six community hospitals; a comparative case study of models of third sector/NHS partnership in community hospitals.

- **Review of evidence from other countries**

There is much learning from comparative health systems on the use of community hospitals or like organisational forms or functions. While there are differences in the way care is delivered and remunerated, there is still useful learning from other countries on models of intermediate care and other services similar to those provided by community hospitals here. An international study would need to take into account the complexities of comparisons across systems and settings and consider evidence against plausible mechanisms of effect. Literature is likely to be drawn largely from European and other health systems with comparable GP-led or community hospitals. Studies which could be funded under this part of the call would include an international evidence synthesis of models similar to community hospitals, considering descriptive and evaluative research.

## **2. Purpose of call**

This topic emerged as a priority for service managers, clinical leaders and patients considering key knowledge gaps for the HS&DR programme. Community hospitals continue to play a key role in providing intermediate care for local populations. Services range from minor injury

services to rehabilitation and day care for the frail elderly. But not enough is known about the appropriateness, use, impact and cost-effectiveness of community hospitals as part of the health and social care system. Research is needed to address uncertainties around current services and to inform the planning and delivery of future care. 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, 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 (this call is under the commissioned workstream); 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 by potential applicants alongside the brief further supporting information and the 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](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**. All proposals will initially be checked for remit and competitiveness<sup>1</sup>. 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/>

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<sup>1</sup> '**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.