Health Services and Delivery Research Programme

NHS National Institute for Health Research

Commissioning Brief
15/144 - Improving the quality of care in care homes by care home staff
Closing date: 17 December 2015 (two stage – outline to full)

1. Remit of this call: main topic areas identified

This call is concerned with the organisation and delivery, and cost to commissioners and providers of healthcare in care homes. Studies commissioned under this call should produce outputs of immediate practical use to the NHS and social care commissioning and provision systems.

Care homes provide a complex mix of care including residential, nursing, intermediate care, and end of life care. They are an essential part of NHS provision throughout the UK by providing care on a 24 hour basis for people who are no longer able to live in their own home because they have complex healthcare and/or social care needs. Care homes are therefore serving a population most likely to be living with multiple long-term conditions, with significant disability and frailty, and for whom hospital-based interventions are not appropriate.

A significant proportion of care homes are only residential with no nursing input. For all of these homes, it is important to make sure residents are provided with good quality personal care and access to health services. Some residents with unmet healthcare needs are seen to be at risk of becoming a drain on limited NHS resources because of unplanned hospital admissions and preventable failures in care. By contrast, homes may experience variable quality and access to regular NHS services, so compounding the problem.

Particular areas have been identified as priority areas of research need. Whilst applicants may want to address more than one area in their proposals, and this is acceptable, these are the only topics in remit of this call:

i. **Measuring quality of care in nursing and residential care homes that translate into measures of use by care home providers and commissioners**.
Some measures used by the CQC are based on research measures, but are designed for regulation not improvement and service evaluation. Research evidence shows residents, staff and commissioners have differing views of what constitutes quality, and research is needed to design measures of use for commissioning outcomes and care home improvement, reflecting outcomes in care homes that matter to residents, relatives and staff. Health outcomes should be interpreted to include wellbeing measures since this is the scope of the responsibilities of Local Authorities to promote well-being under the Care Act (2014).

ii. **Evaluating organisational interventions in care homes to improve quality of care.**
Stand-alone training interventions by healthcare staff of nursing home staff have a poor evidence base, and are excluded from the remit. Training may be a component of complex organisational interventions and intra-organisational care models. Studies must show a clear pathway to provision at scale, and how they can be effective on care quality for residents, and on staff and organisational measures relevant to implementation and sustaining change. Models of nursing home care may include innovations in intermediate care, end of life care, and for people with dementia. The cost to commissioner budgets and providers should be evaluated.

iii. **Measuring the provision of healthcare inputs from the NHS and evaluating models of integration with care home provision.**
Research is needed to add to the existing evidence base on the type of services (generic or specialist for example) available to care homes. NHS providers often define these

services locally. Studies of the incentivised provision of primary care by GPs /GP federations into care homes to improve proactive care planning are of interest. Studies of dental, pharmacy and other primary healthcare care services to nursing homes are in remit.

A previous review and case studies found that integration was mainly at the micro level, meaning that not all residents would be impacted unless they had a specific condition or were on a pathway. Little is known about how services can provide integration for all residents: what capacity is required by both sectors; at what cost; its effect on the quality of care, and its impact. Studies need to involve members from all relevant sectors ensuring that that new models of care are truly co-designed. Studies under this sub-topic need to include process evaluations and be designed to produce models of healthcare input that are transferable, within the constraints of context and resources, within the care home sector.

iv. **Studies to gain a better insight into the relationship between care home staffing and quality of care in homes**.
NICE in 2015 highlights the importance of care homes employing nursing staff with the right knowledge, attitude and approach to ensure staffs are competent, appreciate the challenges of working in the sector and understand how to promote quality of care. The evidence to link models of home staffing and management to the quality of care is weak.

Longitudinal studies of the contribution to care home quality of the care home workforce are needed, including the organisation and governance, skill-mix, competences, training and support for evidence based practice of care home staff and volunteers. Studies should consider the structure of the workforce, process of care delivery, staff outcomes, and use defined indicators of care quality. Studies may also include the cost and use of health and social care resources.

Studies are also required which include using secondary sources such as the Skills for Care datasets to model the relationships between workforce variables including costs, and sources for care quality to inform commissioning plans and quality improvement, and which will provide a basis for resources for decisions by commissioners.

2. Purpose of call

Concerns about quality of care in nursing homes have been raised by many agencies including the CQC and NAO. The care home sector provides a wide and growing range of care for around 400,000 people in the UK, including 291,000 people in care homes in England at the 2011 census. The NAO in 2014 reported the sector faces many financial challenges, referring also to the problems others have reported of reliance on a largely low paid and high turnover workforce (National Care Forum, 2015), and high vacancy rates particularly among qualified nurses (Skills for Care, 2014).

Healthcare provision into care homes is often locally defined, and has received relatively little attention from commissioners throughout the UK until recently. In England the policy context was set out in 2014 the Five Year Forward View. Initiatives in England funded under the second wave of Vanguard sites and the Prime Ministers' Challenge have included some incentivised provision by primary care and models of intra-organisational working.

View. In Northern Ireland the policy context has been set out in *Transforming Your Care (TYC)* policy report in 2012 and subsequent Vision to Action report in 2013, in Wales a five strategy called for *Together for Health* was issued in 2011, and Scotland the policy is described in *Reshaping Care for Older People: A programme for change 2011–2021.*

In order for commissioners to work with local care home managers and healthcare managers to identify appropriate inputs of care and models of working in the care home with NHS providers for their local context, they need robust tools and measures to decide how best to organise

services and specific interventions for the different client groups in care homes. Descriptive studies of current provision are not required. Studies that include longitudinal measurement, and which test evidence based models at scale, and provide evidence of impact on care quality and costs to commissioners and providers are required.

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 **17 December 2015**. 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 March 2016.

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 October 2016. 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