

**NIHR Themed Call: Specification Document
Multimorbidities in Older People**

The National Institute for Health Research (NIHR) will issue a call for research into the evaluation of interventions or services delivered for older people with multimorbidity (defined as the co-occurrence of two or more chronic conditions in one person) in January 2015.

Throughout the UK, health and other public services are facing a growing challenge due to the ageing of the population and the increase in the numbers of people with multimorbidity. Although there is a strong evidence base for the use of interventions and services for the management of single conditions, there is little evidence relating to: the management of patients with multimorbidity, the delivery of safe and effective interventions and services and the risks associated with management of multimorbidity, e.g. due to polypharmacy.

This call is an initiative by the NIHR in recognition of the need for further research-based evidence to support the delivery of best care to people with multimorbidities and to enable them to maintain their capabilities and quality of life. This call supports:

- Capacity building across a wide range of primary care disciplines and,
- Increasing the volume of high-quality research on the effectiveness, delivery and organisation of specialist and community-based interventions and services.

The following seven NIHR managed research programmes will be participating:

- Efficacy and Mechanism Evaluation (EME)
- Health Services and Delivery Research (HS&DR)
- Health Technology Assessment (HTA)
- Invention for Innovation (i4i)
- Programme Grants for Applied Research (PGfAR)
- Public Health Research programme (PHR)
- Research for Patient Benefit (RfPB)

Research proposals must be within the remit of one of the seven participating programmes and applicants should carefully consider the remit described for each programme. We are particularly interested in applications that address the:

- management of multimorbidity or interventions that prevent acute admission to hospital.
- effectiveness of existing or new interventions.
- benefits of new approaches to the delivery of services to support a patient centred approach to care.
- best strategy for dealing with several management options, including both pharmaceutical options and multiple health related behaviours.
- promotion of health and active life in older age
- evaluation of interventions or services by utilizing pre-existing/routine data. Studies may include data linkage.

The inclusion of patient and public views and experiences are considered important by each participating programme.

In addition:

Applications to the **EME Programme** may test interventions used in the prevention, diagnosis or treatment of multimorbidities in older people, particularly those conditions which are systemically linked. Applications should concentrate on determining the efficacy of interventions and may also include the evaluation of mechanisms. Applications should have the potential to contribute work of significant benefit to the clinical management of patients. Applications may investigate novel or repurposed interventions and technologies, but studies of incremental or minor improvements to existing technologies or the discovery of new biomarkers are not within the remit of the EME Programme.

HS&DR Programme Robust mixed-method studies are encouraged with a focus on organisation and delivery of services, costs, quality and patient experience. Evaluation of new approaches include integrative clinical processes and pathways, one-stop shops, care planning, use of generic or link workers and other forms of coordinated care for people with multiple conditions. This should complement relevant HS&DR work, from assessing clinical guidelines for multiple conditions to new case management approaches in general practice.

Applications to the **HTA Programme** may be for primary research or evidence synthesis. Proposals that focus on 'affordable' interventions that are practicable to be delivered within the NHS are welcome; particularly those that;

- aim to improve the management of frailty and multi-morbidity in surgical patients, prior to admission or to facilitate discharge;
- improve physical, mental or cognitive function;
- increase or maintain the ability for independent living;
- reduce the likelihood of admission to hospital or care home;
- address issues concerning the applicability or interpretation of evidence or guidelines that are based on single diseases or organs.

Quality of life and the acceptability of interventions to patients and carers are important issues that should be considered in all applications.

For applications to the **i4i Programme**, the scientific evidence upon which the proposed project is based must have progressed beyond basic research. The project must be focused on a specific application, with the qualities, characteristics and advantages of the technology clearly defined. Project teams should have the demonstrable experience to carry out scientific, clinical and commercial aspects of developing the proposed technology.

Applications to the **PGfAR Programme** are likely to describe substantial programmes of research involving a number of discrete but inter-related components or activities which together have potential for benefits to patients and the NHS within 3-5 years of the end of the grant.

The **PHR Programme** evaluates non-NHS public health interventions intended to improve the health of the public and reduce inequalities in health. The programme would be pleased to consider applications evaluating the effectiveness and cost effectiveness of interventions to reduce health risks for developing multimorbidities and interventions which promote mental health and wellbeing in individuals with multimorbidities.

Applications to **RfPB Programme** should arise from daily practice in the NHS and must demonstrate a trajectory to patient benefit in the short to medium term. The programme supports applications which are regionally derived and applications for feasibility studies are welcome.

For further information on the participating programmes please visit:

www.themedcalls.nihr.ac.uk/multimorbidities

The call will open on **27 January 2015** and completed forms must be submitted by **20 May 2015**. Funding decisions will be made around March 2016. However, after this initial call has closed the participating programmes will continue to be interested in receiving proposals addressing multimorbidities in areas not otherwise well covered in their portfolios.

Please note that the **NIHR Fellowships Programme** is also participating in this particular call, welcoming applications for research on the evaluation of health care interventions or services delivered in primary care settings. The deadline for submission of applications to round 8 of the programme was 21 January 2015, however, round 9 of the programme will open in October 2015.

The **NIHR Clinician Scientist Scheme** will also be participating in the call, with applications to this scheme opening in April 2015 and closing in July 2015. For further information, please visit: <http://www.nihr.ac.uk/about/about-the-trainees-coordinating-centre.htm>