

RESPIRE CARE FOR FRAIL OLDER PEOPLE

Introduction

The aim of the HTA programme is to ensure that high quality research information on the costs, effectiveness and broader impact of health technologies is produced in the most efficient way for those who use, manage and work in the NHS. Health technology assessment forms the largest portfolio of work in the NHS Research and Development Programme and each year about forty new studies are commissioned to help answer questions of direct importance to the NHS. The studies include primary and secondary research and cost about £10 million a year. Questions are identified and prioritised to meet the needs of the NHS and its patients.

Research Question

- What is the effectiveness and cost-effectiveness of respite care for frail and/or disabled older people?
 - 1 **Design:** Secondary research is required in the form of a systematic review and economic evaluation of respite care for older people, including those with dementia, cancer, disabilities and frailty. The research should explore the relative clinical and cost effectiveness of respite care according to different models and for different underlying diagnoses and disabilities. The following information is a guide to the minimum inclusion criteria of the review. Applicants may consider/justify further ways of doing the research.
 - 2 **Technology:** Respite care, including residential and social care.
 - 3 **Participant group:** Older people receiving respite care, including those with frailty, disability, cancer or dementia, and their carers.
 - 4 **Setting:** Community.
 - 5 **Control or comparator treatment:** Any.
 - 6 **Primary outcomes:** Quality of life and health status of carer and of recipient, delay or prevention of institutionalisation, and cost. Any other outcomes should be reported.
 - 7 **Study design:** Randomised controlled trials. Lower levels of evidence should be considered if insufficient randomised controlled trials are identified.

Summary of research need:

The older population is growing in number, and 18% of the 5.7 million carers in Britain care for someone who needs help because of ageing. Respite care aims to ameliorate some of the stressors associated with being a carer. Little secondary research has been undertaken into respite care, especially for people with some underlying diagnoses and disabilities, nor into their relative clinical and cost effectiveness. Therefore a systematic review and economic evaluation is required. The work should build on previous systematic reviews and include consideration of the applicability of existing research to the United Kingdom and of cost-effectiveness in the UK context.

Making an application

If you wish to submit a proposal on this topic, complete the electronic application form and return it to the Commissioning Manager at the National Coordinating Centre for Health Technology Assessment, Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX by *Thursday 17 June 2004*. Applications will be reviewed by the HTA Commissioning Board at its meeting in *September 2004*.

Applications received after 1300 hours on the due date will not be considered.

Guidance on applications

Methods

Applicants should demonstrate knowledge of current research in the field and of systematic review methods and state how these would apply to the question posed. Valid and reliable methods should be proposed for identifying and selecting relevant material, assessing its quality and synthesising the results. Guidance on choice of appropriate methods is contained in NHS CRD Report 4 *Undertaking systematic reviews of research on effectiveness* (www.york.ac.uk/inst/crd/report4.htm). Where policy implications are considered, the emphasis should be on assessing the likely effects of a range of policy options open to decision makers rather than a judgement on any single strategy. Where epidemiological modelling or economic evaluation is required, the range of uncertainty associated with the results should be assessed. In the assessment of cost-effectiveness, further data collection may be required to estimate resource use and costs. If there is evidence that the ratio of costs and benefits may differ between readily identifiable groups, applicants are encouraged to state how they will identify these differences.

Consumer involvement in research

The HTA programme recognises the increasing active involvement of consumers in research and would like to support research projects appropriately. The HTA programme encourages applicants to consider *how* the scientific quality, feasibility or practicality of their proposal *might* be improved by involving consumers. Research teams wishing to involve consumers should include in their application: the aims of active involvement in this project; a description of the consumers (to be) involved; a description of the methods of involvement; a budget for consumer involvement. Applications that involve consumers will not, for that reason alone, be favoured over proposals that do not but it is hoped that the involvement of consumers will improve the quality of the application.

Updating

In order to inform decisions on whether and when to update the review, researchers will be expected to give some indication of how fast the evidence base is changing in the field concerned, based on the nature and volume of ongoing work known at the time the review is completed. Applicants should note that they will not be expected to carry out updating as part of the contract to complete the review.

Communication

Communication of the results of research to decision makers in the NHS is central to the HTA Programme. Successful applicants will be required to submit a single final report for publication by the HTA programme. They are also required to communicate their work through peer-reviewed journals and may also be asked to support the NCCHTA in further efforts to ensure that results are readily available to all relevant parties in the NHS. Where findings demonstrate continuing uncertainty, these should be highlighted as areas for further research.

Timescale

There are no fixed limits on the duration of projects or funding. However, there is a pressing need within the NHS for the information and so the research would normally be expected to be completed as soon as possible – however it is for applicants to justify the duration and costs proposed.