

NHS SERVICE DELIVERY AND ORGANISATION R&D PROGRAMME

PROGRAMME OF RESEARCH ON CONTINUITY OF CARE

STAGE 1: COMMISSIONING OF SHORT TERM PROJECTS

Introduction

The NHS Service Delivery and Organisation (SDO) programme is a new national R&D programme that has been established to consolidate and develop the evidence base on the organisation, management and delivery of health care services.

The aims of the SDO R&D programme are to:

- ensure that good research-based evidence about the effectiveness, cost-effectiveness and equity of different models of service is available and accessible
- generate the evidence base to encourage managers and others to implement appropriate change
- identify and develop appropriate R&D methods
- promote the development of expert R&D capacity
- involve service users and other stakeholders in the R&D programme.

The National Co-ordinating Centre for NHS Service Delivery and Organisation R&D (NCCSDO) is inviting proposals to conduct a series of projects on the theme of continuity of care.

Preparatory work already undertaken by NCCSDO

During the autumn of 1999, the NCCSDO conducted a national listening exercise of those who use and deliver health care to inform the SDO programme¹. Continuity of care was one of the themes which emerged from this process.

Following the national listening exercise, the NCCSDO commissioned a scoping report from a team of researchers at Imperial College, Brunel University and the University of Southampton in order to understand the extent and quality of existing evidence in this area.² The scoping exercise was designed to advise the SDO programme what further R&D should be commissioned in this area. It was envisaged that this might include comprehensive literature reviews on aspects of continuity of care and primary empirical research. The scoping report indicated that continuity of care is a complex concept, and that a multi aspect definition involving six elements is required.

Potential applicants are advised to read the two documents referred to here for more detailed information on the listening exercise and the scoping report on continuity of care.

Current call for proposals

The current call for proposals will form part of a full programme of work on continuity of care and longer term projects will be commissioned in the spring of 2001. Following the scoping report, the SDO Programme wishes to commission a series of

four short term projects, each of which should take no longer than 6 months to complete. The SDO Programme will develop mechanisms for the various projects commissioned within the continuity of care programme to form a coherent stream of research. Successful applicants will be informed of these mechanisms.

1. Investigation of the factors promoting continuity of care for people with severe mental illness whose needs span primary, secondary and social care.

The scoping report indicated that it was appropriate to undertake a detailed literature review in the area of continuity of care for people with mental health problems. With the publication of the National Service Framework for Mental Health, it is clear that the issue is of current concern to the NHS. Two elements are required for this project. In respect of both parts, note should be taken of the broad range of the multi aspect definition of continuity of care in the scoping report:

- (a) A comprehensive review of both the published research literature and unpublished 'grey' literature concerning the factors which have been shown to promote continuity of care for this patient group. Such factors might include particular organisational structures and inter-organisational arrangements (including financial arrangements); particular clinical approaches; and particular ways in which different professions interact with each other. Evidence concerning the implementation of the Care Programme Approach will be particularly relevant.
- (b) An overview, using a series of case examples, of current relevant developments in services provided to this care group undertaken in accordance with the National Service Framework for Mental Health.³ The relevant service developments would be those which appear likely to enhance continuity of care for these patients.

Methods

We anticipate that literature would be identified using a variety of methods including: the research team's prior knowledge; search of electronic databases; and advice from key researchers in the field.

Current developments in services should be identified by a range of methods, including consultation with the Department of Health and use of local networks of mental health professionals and voluntary organisations. This should include an analysis and commentary on a number of case examples to draw out the factors which facilitate good practice.

Applicants should clearly outline their proposed methods and should include plans for the dissemination of their findings.

Output

A short report which should first, briefly and critically, describe the evidence on factors promoting continuity of care for people with severe mental illness and secondly, describe current developments in services for this care group in the light of that evidence and the analysis of case examples.

It should clearly set out the implications of the findings for continuity of care in current services delivered to people with severe mental illness, make recommendations for local action, and discuss any need for further research.

2. What are the current and future barriers to continuity of care in organisational and work force issues?

Recent policy developments in areas affecting human resource management in the NHS suggest that it is timely to consider their implications for continuity of care. Two elements are required for this project. In respect of both parts, note should be taken of the broad range of the multi aspect definition of continuity of care in the scoping report:

- (a) The production of a policy briefing paper on the effect of various human resources policy initiatives (such as the EU working time directive and recent NHS policy documents on the workforce) on the capacity of various parts of the NHS and social care to deliver continuity of care. This should include recommendations concerning how any problems identified could be resolved at local level.
- (b) A discussion, using a series of case examples, of good practice currently going on in the NHS and/or social care to deal with the issues raised in the briefing paper. This should include an analysis and commentary on a number of case examples to draw out the factors which facilitate good practice.

Methods

We do **not** anticipate that a comprehensive literature review will be required. Instead applicants should identify the relevant human resources policy initiatives and consider their relevance to the achievement of continuity of care in a broad range of health and social care settings.

Examples of good practice in health and/or social services should be identified by a range of methods, including consultation with the Department of Health and use of appropriate local networks. This should include an analysis and commentary on a number of case examples to draw out the factors which facilitate good practice.

Applicants should clearly outline their proposed methods and should include plans for the dissemination of their findings.

Output

A briefing paper which should first, critically evaluate the effect and potential effect on continuity of care of relevant human resource initiatives, and secondly, discuss examples of good practice which appear to be dealing with the problems identified.

It should clearly identify service delivery implications for continuity of care, make recommendations concerning how any problems identified could be resolved, and discuss any need for further research.

3. Transitions from child to adult health and social care services for people with disabilities or chronic diseases: what is good practice in ensuring continuity of care?

The scoping report indicated that it was appropriate to undertake a detailed literature review in the area of continuity of care for those experiencing illness from childhood into adulthood. Services for children are a matter of concern to the NHS: the NHS Modernisation Board has set up a taskforce to deal with services for children. Two elements are required for this project. In respect of both parts, note should be taken of the broad range of the multi aspect definition of continuity of care in the scoping report:

- (a) A comprehensive review of both the published research literature and unpublished 'grey' literature concerning the factors which have been shown to promote continuity of care for this care group. Such factors might include particular organisational structures and inter-organisational arrangements (including financial arrangements); particular clinical approaches; and particular ways in which different professions interact with each other.
- (b) A discussion, using a series of case examples, of good practice currently going on in the NHS and/or social care.

Methods

We anticipate that literature would be identified using a variety of methods including: the research team's prior knowledge; search of electronic databases; and advice from key researchers in the field.

Current developments in services should be identified by a range of methods, including consultation with the Department of Health and use of relevant local networks of professionals and voluntary organisations. This should include an analysis and commentary on a number of case examples to draw out the factors which facilitate good practice.

Applicants should clearly outline their proposed methods and should include plans for the dissemination of their findings.

Output

A short report which should first, briefly and critically, describe the evidence and secondly, discuss any examples of good practice in achieving continuity of care for people making the transition from child to adult services in the light of that evidence and the analysis of case examples.

It should clearly identify both the implications of the findings for continuity of care in current services for people in transition from child to adult services, including making recommendations for action at local level, and discuss any need for further research.

4. Investigation of the factors promoting continuity of care for older people across the interface between health and social care.

The scoping report indicated that it was appropriate to undertake a detailed literature review in the area of continuity of care for older people. While much research has been undertaken concerning the interface between health and social care, it is not clear what the implications of that research are for all the elements in the definition of continuity of care set out in the scoping report. Two elements are required for this project. In respect of both parts, note should be taken of the broad range of the multi aspect definition of continuity of care in the scoping report:

- (a)** A comprehensive review of both the published research literature and unpublished 'grey' literature concerning the factors which have been shown to promote continuity of care for this care group across the health and social care interface. Such factors might include particular organisational structures and inter-organisational arrangements (including financial arrangements); particular clinical approaches; and particular ways in which different professions interact with each other.
- (b)** A discussion, using a series of case examples, of good practice currently going on at the interface of the NHS and social care.

Methods

We anticipate that literature would be identified using a variety of methods including: the research team's prior knowledge; search of electronic databases; and advice from key researchers in the field.

Current developments in services should be identified by a range of methods, including consultation with the Department of Health and use of relevant local networks of professionals and voluntary organisations. This should include an analysis and commentary on a number of case examples to draw out the factors which facilitate good practice.

Applicants should clearly outline their proposed methods and should include plans for the dissemination of their findings.

Output

A short report which should first, briefly and critically, describe the evidence and secondly, discuss any examples of good practice in the light of that evidence and the analysis of case examples.

It should clearly identify both the implications of the findings for continuity of care in current services for older people across the health and social care divide, make recommendations for services at local level, and discuss any need for further research.

Proposals for each project

For each of these four projects, applicants are asked to submit proposals by **Wednesday 13th December 2000 at 12pm** to:

Dr Sandra Anglin,
Commissioning Manager,
NCCSDO,
London School of Hygiene and Tropical Medicine,
99 Gower Street,
London
WC1E 6AZ.

Ten copies of the proposals should be submitted (minimum font 10pt), including:

- A Cover sheet, (stating title of project, ref. of advert, names & contact details of the lead researcher and all other applicants)
- Research Proposal, (Maximum of 5 sides of A4 paper, stating the aims & objectives, background, methods and project timetable)
- CVs, (Brief CV of all applicants, stating relevant knowledge & experience to undertake the work)
- Costing, (Complete with staff input, equipment, consumables, travel & overheads)

Proposals should cost no more than £60,000 per research project.

Each project should be completed in 6 months, and begin no later than 1st February 2000. The successful applicants will also be required to make a short oral presentation of their completed report to the SDO Commissioning Board.

We anticipate that there might be informal discussions with NCCSDO during the six-month period to clarify issues as they arise.

¹ Fulop N, Allen P. *National listening exercise: a report of the findings*. London: NCCSDO, 2000.

² Freeman G et al. *Continuity of Care: report of the scoping exercise for the SDO programme of NHS R&D*

³ Secretary of State for Health. *Modern Standards and Service Models: National Service Frameworks for Mental Health*. London: Department of Health, 1999

Addendum

This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene & Tropical Medicine.

The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk.