CALL FOR PROPOSALS:
THE HEALTH AND SOCIAL CARE WORKFORCE – CURRENT ISSUES

RESEARCH BRIEF (REF: WRK240)

1 Introduction

The successful organisation and delivery of health and social care services is dependent on maintaining a productive and efficient workforce. The investigation of workforce issues was an original theme for the NIHR Service Delivery and Organisation Programme at its inception, and since 2004 a co-ordinated programme of empirical research has been developed. The theme continues to be a 'Top 5' priority area for SDO research following a recent review of its commissioning priorities.

This call seeks proposals from researchers in relation to a number of specific topic areas within the workforce theme. It sets out the context for these topic areas and indicates the type of research questions that might fruitfully be addressed.

For those interested in making an application Outline Application forms and associated guidance notes are available from the SDO website (http://www.sdo.lshtm.ac.uk/ecashome.html) and should be read in conjunction with this Research Brief.

2 The SDO Programme

The Service Delivery and Organisation Research and Development Programme (SDO) is one of the national research programmes of the NHS in England and is a constituent programme of the National Institute for Health Research (NIHR). The NIHR SDO Programme improves health outcomes for people by:

- Commissioning research and producing research evidence that improves practice in relation to the organisation and delivery of health care, and
- Building capacity to carry out research amongst those who manage, organise and deliver services and improve their understanding of research literature and how to use research evidence.

Further information on the Programme, including a list of past, current and recently commissioned projects, can be found on the SDO website (www.sdo.lshtm.ac.uk).

3 Workforce Issues Research

Maintaining a healthy, efficient and productive workforce is a key aspect to the successful organisation and management of care delivery in the NHS. In response to the need for a structured programme of research in this area, the SDO R&D Programme prioritised a series of investigations in this field which began with three scoping studies examining the impact of local labour factors on the organisation and delivery of health services (Elliott et al, 2004); the relationship between health services workforce and health outcomes (Hewitt et al, 2004); and an examination of skill mix in secondary care (Carr-Hill et al, 2004). As a result of these reviews the SDO has, since 2004, developed a co-ordinated programme of empirical research. There are 9 ongoing empirical projects examining the impact of changing workforce patterns in primary/intermediate care, as well as the role and impact of support staff in secondary/tertiary care (see: http://www.sdo.lshtm.ac.uk/cpworkforce.html). In addition to the work commissioned by the SDO, NIHR Policy Research Programme (PRP) has commissioned a great deal of work specifically examining human resource needs such as issues related to recruitment, retention, pay, and training and education as well as workforce configuration and operational performance and productivity (http://www.info.doh.gov.uk/doh/rd2policy.nsf).

Despite this wide body of work, a recent review of research needs and priorities conducted by the SDO identified that further workforce research was required to understand the impact of a range of under-researched and emerging workforce issues on the quality of patient care - the desire to establish the impact of workforce redesign on the quality of care provided to patients. To this end, the SDO R&D Programme is now seeking to commission further studies on workforce issues to add to its co-ordinated programme of research in this area and to build on the body of work that has been done. We are seeking applications for innovative proposals related to the following topics:

1: The effectiveness of multi-professional team-working
2: The contribution of the health and social care workforce in maintaining patient dignity
3: The impact and implications of new technologies on workforce reconfiguration and the educational and training needs of managers and professionals
4: The impact of staff motivation and wellbeing on patient care
5: The public health workforce

Topic 1: The effectiveness of multi-professional team-working

Much of health care is delivered by multi-professional teams, whether within primary, secondary, tertiary, community or social care, or by individual health and social care professionals working together across organisational boundaries. Indeed, the health and social care workforce is increasingly being required to work in multi-disciplinary teams to address the care needs of people in a more integrated fashion (for example, for people with multiple long-term or chronic

care needs). The effectiveness of such teams can make an important difference to clinical outcomes, to staff morale, and to the patient experience. More effective inter-professional working is implicit for the future needs of the Service, yet relatively little is known about the managerial tools and processes that may enable better integration between health and social care professionals.

A great deal of research and commentary on the issues involved in developing 'partnership' and 'team-working' has been undertaken in health and social care settings (e.g. Glendenning et al, 2002; West and Markiewicz, 2004) though most empirical research has examined issues of multi-agency integration (e.g. Glasby and Peck, 2004; Reed et al, 2005). However, relatively little research has explicitly examined the efficacy of multi-professional team-working in health and social care. The nature of evidence to assess inter-professional workforce effectiveness remains unclear (El Ansari et al, 2001).

The SDO Programme wishes to take this research agenda forward through the commissioning of a number of empirical studies evaluating and drawing lessons from effective models of multi-professional working in the health care setting for more effective service delivery to patients. Specifically, the SDO Programme would like to see research that develops and tests diagnostic tools and measures of effectiveness in inter-professional working as well as researching interventions and/or management processes that improve such team-working.

Proposals are invited describing studies of inter-professional team-working in a wide range of settings. Examples of possible settings include the following, but these should not be taken as either prescriptive or exclusive.

a) Multi-professional team-working in clinical priority areas
National Service Frameworks and other policy statements place great emphasis on effective team-working, yet we know relatively little about the impact that the clinical context has on their effectiveness.

b) Inter-professional arrangements in primary/community care
Effective team-working becomes more problematic when the members of the team are not co-located and/or work for separate care providers.

c) Inter-professional arrangements at the inter-sectoral level
Health care teams increasingly include members working in different sectors. These include health and social care but also the voluntary and private sectors.

Proposals should address one or more of the following questions:

- What aspects of the 'context' within which team-working operates (e.g. clinical, professional, geographical, diverse providers) have an impact on the effectiveness of teams?
- What impact do professional and institutional incentives (such as varied contractual frameworks and/or practice-based commissioning) have on inter-professional working to deliver services in a collegiate or seamless fashion that meet local priorities (e.g. as detailed in Local Strategic Partnerships and/or Local Area Agreements)?
- What is the impact of new technologies on improving team-working (e.g. in information sharing or creating networks across dispersed teams)?

- What characteristics of a particular multi-professional team have an impact on the effectiveness of teams?
- What are the facilitators and barriers to effective team-working?
- How might multi-professional team-working be improved?

Topic 2: The contribution of the health and social care workforce in maintaining patient dignity

The capacity of the NHS to maintain the dignity of vulnerable patients was an emerging theme from the recent SDO survey. Maintaining the dignity of Older People has become a key policy issue following growing concern to the lack of respect shown to older people in care settings (Lothian and Philp, 2001; Philp, 2002; Jacelon, 2002). Such concern was a key factor behind many of the standards developed in the NSF for Older People (Department of Health, 2001) and subsequent 'Dignity in Care' agenda (Department of Health, 2006). Maintaining patient dignity is also a key issue in mental health care and to those individuals with a variety of chronic illnesses.

The Department of Health has taken a number of steps to promote the Dignity in Care agenda at a national level. These include:

- announcing the intention to register all social care workers;
- setting up a review of the National Minimum Standards for care;
- introducing new regulations allowing the Commission for Social Care Inspection to focus their efforts on service providers that cause most concern;
- publishing 'A New Ambition for Old Age' (DH, 2006), which includes clear priorities for improving services caring for older people with complex needs and improving dignity both in care and at the end of life; and
- asking health and social care regulators to put older people's dignity at the centre of their inspections.

Dignity and respect have frequently been invoked as an integral aspect of ethics and professionalism in health and social care and it is clear that the contribution of the health and social care workforce is a crucial factor in the maintenance of patients' dignity. Conceptually, professional behaviours that maintain patient dignity involve both a cognitive dimension (believing that patients have value) and a behavioral dimension (acting in accordance with this belief), but it is unclear how such relationships interact (Beach et al, 2007). There have been some investigations into the connection between the behaviour of the workforce in promoting dignity and/or preventing elder abuse (e.g. Manthorpe 2006) and some analysis of the importance of professional education in this process (e.g. Askham, 2005). However, relatively little empirical work has been undertaken to examine the relationship between professional behaviour (such as respect) and the maintenance of patient dignity.

In this current call for research focussing on the workforce, the SDO Programme would like to commission research on the contribution of health and social care staff in maintaining the dignity of the patients for whom they care. This research could be undertaken in a variety of fields of care where this is provided to vulnerable patients (for example, care for older people, mental health care, and care for those with acute chronic illness).

Proposals should address one or more of the following questions:

- What mechanisms (e.g. advice, education or other process) enable health and social care staff improve their contribution to the maintenance of patient dignity?
- What contributes to improving the attitudes and behaviour on the part of staff, thereby fostering dignity, and deterring lack of dignity, in care?
- How does the culture of a ward (or other delivery unit) in respect of its staff's attitude impact on the ability to maintain the dignity of patients?
- What is the contribution of education and training on the ability of health and social care staff to maintain dignity? Do different categories of staff require different approaches to education and training about dignity in care? Can education and training help counteract ageist values?

Topic 3: The impact and implications of new technologies on workforce reconfiguration and the educational and training needs of managers and professionals

The management and delivery of care is being heavily influenced by the introduction of new technologies. Professionals and patients are increasingly using, or being required to use, computerised information networks and various telemedicine/telecare innovations and procedures that facilitate the process of 'care at a distance' - such as remote-monitoring processes. However, there is a lack of diversity in the sources of high-quality evidence regarding the impact of new information technology on workforce issues including the resources required for staff training (such as time and skills) and workflow redesign (Chaudry et al, 2006). In particular, reviews on the effects of computerised mechanisms to offer decision-support to clinicians show there is a lack of understanding of the most optimal interfaces (e.g. Garg et al, 2005) leading to a call for identifying key, successful decision support technologies that tackle barriers to adoption (Kawamoto et al, 2005; Kaushal et al, 2003). An ongoing 2007 systematic review of the impact of IT on the quality and safety of health services, undertaken on behalf of the Connecting for Health Evaluation Programme, also concluded that more needs to be known about the standards and skills required by staff in working with new technologies, and the extent to which existing educational and training programmes engage with these needs (Sheikh et al, 2006).

The SDO Programme, through its e-health commissioning theme, has previously identified the need to assess the acceptability and applicability of e-health strategies in the NHS and three empirical research projects are currently examining e-health approaches to advancing the quality of clinical care (Potts SDO/131); the appropriate use of the internet by professionals and patients (Laing SDO/130); and a study looking at barriers to adoption by professionals by assessing 'states of readiness' (Mair SDO/135). There is also an ongoing two-year Department of Health funded investigation led by the University of York's Department of Health Sciences looking at the role of IT and decision-making and consultation processes amongst nurses.

However, little research is ongoing on the wider impact of new technologies in supporting professional roles, workforce performance, and patient care. More

pertinently, there is a need to examine the impact and implications of new technologies on workforce planning and redesign. The focus of any proposed research under this theme should concentrate on the workforce implications in the use of new technologies to access information sources and to obtain help and support in day-to-day tasks (decision support, including clinical assessment and self care). Examining the role and effect of 'knowledge champions' and 'super-users' in creating a culture of technology engagement and experimentation is encouraged. Studies under this theme might highlight needs regarding access to training and technologies, confidence and skill in their use, technological support (both managerial and from colleagues), and organisational culture.

Proposals should address one or more of the following questions:

- What is the impact and what are the implications of new technologies on workforce reconfiguration and planning processes?
- What are the education and training needs of managers, professionals and users in the use of new technologies?
- How can the NHS develop appropriate decision-support tools using new technologies?
- How can the barriers to adopting new technologies be overcome?

Topic 4: The impact of staff motivation and wellbeing on patient care

There is continuing interest in the link between staff motivation and wellbeing and the quality and effectiveness of patient care. The area was highlighted in the recent research needs assessment exercise undertaken by SDO and issues of motivation and its link to quality of care have been highlighted in previous research for the SDO Programme (Sheldon et al 2005 [SDO/50/2003], Carr-Hill et al 2003 [SDO/51/2003], Elliott et al 2003 [SDO/52/2003]). It is recognised that the work environment – both physical and organisational - impacts directly on staff functionality with knock-on effects to the quality of patient care.

Reviews of the organisational performance literature suggest that innovative human resources practices, good communication, participation and conflict resolution are keys to how staff experience working in an organisation (linked to their job satisfaction, motivation and wellbeing) and that this contributes to an organisation's ability to recruit and retain staff (West, 2001). Since 2000, the *Improving Working Lives Standard* has been a Government initiative to embed good human resource practices at the heart of service delivery through accreditation (Department of Health, 2000). More recent initiatives have introduce stronger human resource management in NHS organisations through processes such as *Agenda for Change* and the *Knowledge and Skills Framework* and the introduction of new contracts and work practices for doctors have attempted to address issues of reward and working practices. However, changes in work patterns, job restructuring, extending roles and staff shortages contribute both negatively and positively to staff wellbeing (Sibbald et al 2004).

The relationship between staff practice and patient care is complex but is clearly affected by organisational factors, psychosocial factors and external factors. All

of these are likely to impact on staff wellbeing and patient care. Theory and evidence for the links between staff experiences and patient outcomes have led to an understanding that levels of staff health, stress, motivation and behaviour are inextricably linked to patient outcomes (Michie and West, 2002) – though the evidence-base for this connection is limited. For example, some studies suggest job satisfaction of nurses can lead to higher patient satisfaction (Weisman and Nathanson, 1985; Leiter et al, 1998) whilst others show how high levels of stress, depression, tiredness and alcohol abuse lead to poor patient care (Firth-Cozens and Greenhalgh, 1997). Whilst much of the research on the relationship between staff wellbeing and patient care is focussed in the USA (e.g. Gerrity, 2001; Shanafelt et al, 2002), the issue is clearly relevant to the current organisational changes within the English NHS and research is needed to examine this relationship.

In this current call for research focussing on the workforce, the SDO Programme would like to commission empirical research on how health care organisations can best support staff to improve patient care. Ethno-methodological approaches to the investigation are encouraged.

Proposals should address one or more of the following questions:

- What is the evidence, and how strong is the link, between staff motivation, staff wellbeing and the quality of patient care?
- How do different types of organisational arrangements, culture or climate contribute to staff wellbeing and patient care?
- What organisational strategies and structures should be adopted by health care agencies to support staff wellbeing?
- What tools and methods are available to managers to promote a healthy and productive workforce within a changing workforce environment?

Topic 5: The Public Health Workforce

A key area highlighted in the Wanless Report (Wanless 2004) is that much of the focus in Department of Health policy documents, workforce reports, and research papers has been on the professional or specialist public health workforce, resulting in less being known about the wider public health workforce as defined in the report of the Chief Medical Officer for England's project to strengthen the public health function (Department of Health 2004). Roles undertaken by the wider public health workforce are changing significantly, so a key priority for the SDO workforce issues research programme is to gain an understanding of the impact of such changes on patient experiences and outcomes. Proposals are invited that place a specific emphasis on the impact of the public health workforce on community and population health outcomes.

Proposals should address one or more of the following questions:

- What kind of roles does the wider workforce play, what do they provide and to whom do they provide it?
- What is known about the standards and skills required by the non-specialist workforce, and the extent to which existing training programmes engage with this public health resource?

- What has been the impact of programmes such as Communities for Health in terms of supporting and developing a wider public health workforce?;
- To what extent have changes in the nature of the public health workforce impacted on the effectiveness of care delivery?
- How is the wider workforce recruited from local communities and what kinds of role can such public health workers play (e.g. Health Champions)?
- What are the key issues with regard to the supply and retention of the public health workforce?

(Note: Unsuccessful applicants to the recent SDO Programme's Public Health Limited Open Call under the workforce sub-theme are invited to re-submit their proposals but should take note of reviewer feedback from that research call before revising and re-submitting).

References

Askham J (2005) The role of professional education in promoting the dignity of older people, *Quality and Ageing,* 6(2): 10-16

Beach MC, Duggan PS, Cassel CK, Geller G (2007), What Does 'Respect' Mean? Exploring the Moral Obligation of Health Professionals to Respect Patients, *J Gen Intern Med.* 2007 May; 22(5): 692-695

Carr-Hill R, Currie L and Dixon P (2003) *Skill Mix in Secondary Care: A scoping exercise* London: NCCSDO. (http://www.sdo.lshtm.ac.uk/sdo512003.html)

Chaudhry B et al (2006) Systematic review: impact of health information technology on quality, efficiency and costs of medical care, *Ann Intern Med,* 144(10):742-752

Department of Health (2000) *Improving Working Lives Standard*, London: Department of Health

Department of Health (2001) *National Service Framework for Older People*, London: Department of Health

Department of Health (2004) *On the State of Public Health: annual report of the Chief Medical Officer 2004*, London: Department of Health

Department of Health (2006) 'A new ambition for old age: Next steps in implementing the National Service Framework for Older People' April http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133941

El Ansari W, Phillips C and Hammick M (2001) Collaboration and partnerships: developing the evidence base, *Health and Social Care in the Community,* 9(4):215-227

Elliott B, Scott A, Skatun D et al (2003) *The Impact of Local Labour Market Factors on the Organisation and Delivery of Health Services,* London: NCCSDO. (http://www.sdo.lshtm.ac.uk/sdo522003.html)

Firth-Cozens and Greenhalgh (1997) Doctors' perceptions of the links between stress and lowered clinical care, *Soc Sci Med,* 44(7):1017-1022

Garg A et al (2005) Effects of computerised clinical decision support systems on practitioner performance and patient outcomes: a systematic review, *JAMA*, 293(10):1223-1238

Gerrity M (2001) Interventions to support physicians' well-being and patient care: a commentary, *Soc Sci Med,* 52, 2: 223-225

Glasby J and Peck E (Eds) (2004) *Care Trusts: Partnership Working in Action*, Abingdon: Radcliffe Medical Press

Glendinning C, Coleman A, Shipman C, Malbon G (2001), Progress in partnerships, *BMJ,* 323(7303): 28-31.
Jacelon C (2002) Attitudes and behaviours of hospital staff toward elders in acute hospital settings, *Appl Nurs Res,* 15(4): 227-234
Kaushal R et al (2003) Effects of computerised physician order entry and clinical decision support systems on medication safety: a systematic review, *Arch Intern Med,* 163(12): 1409-1416
Kawamoto K et al (2005) Improving clinical practice using clinical decision support systems: a systematic review of trials to identify features critical to success, *BMJ*, 330(7494):765
Leiter M, Harvie P and Frizzell C (1998) The correspondence of patient satisfaction and nurse burnout, *Soc Sci Med*, 47:1611-1617
Lothian K, Philp I (2001) Care of older people: Maintaining the dignity and autonomy of older people in the healthcare setting, *BMJ*, 322: 667-670
Manthorpe, J., 2006, Local Responses to Elder Abuse: Building Effective Prevention Strategies, in: A. Wahidin and M. Cain (Editors), *Ageing, Crime and Society*, Willan Publishing, Cullompton, pp. 139-153.
Michie S and West M (2002) Managing people and performance: a evidence-based frameowkr applied to health service organizations, *Int J Management Reviews,* 5-6(2):91-111
Philp I (2002) Developing a National Service Framework for older people *Journal of Epidemiology and Community Health*; (56):841-842
RCN (2006) *At Breaking Point? A Survey of the Wellbeing and Working Lives of Nurses in 2005* London: RCN.
Reed J, Cook G, Childs S and McCormack B (2005) A literature review to explore integrated care for older people, *Int J Integr Care*, Jan–Mar; 5: e17.
Shanafelt T, Bradley K, Wipf J and Back A (2002) Burnout and self-reported patient care in an internal medicine residency program, *Annals Internal Medicine,* 136,5:358-367
Sheikh A et al (2006) A systematic review of the impact of IT on the quality and safety of health services, 1st Project Progress Report to External Steering Group, 30th October
Sheldon T, Hewitt C, Lankshear A et al (2005) *Health Service Workforce and Health Outcomes: A Scoping Study* London: NCCSDO. (http://www.sdo.lshtm.ac.uk/sdo502003.html)
Sibbald B, Shen J, McBride A (2004) Changing the skill-mix of the health care workforce, *J Health Serv Res Policy,* 9(S1):28
Wanless D (2004) *Securing Good Heath for the Whole Population,* London: HMSO
Weisman C and Nathanson C (1985) Professional satisfaction and client outcomes: a comparative organizational analysis, *Med Care,* 23(10):1179-1192
West M and Markiewicz L (2004) *Building Team-Based Working: A Practical Guide to Organizational Transformation.* Oxford: Blackwell Publishing Inc.

4 Call for Proposals

The SDO Programme is seeking applications for innovative research that builds on previous SDO work and that is linked to the priority area of workforce and the topics described above. Projects of up to three years duration may be funded to a maximum of £450,000 per project. Applicants should note that these

are upper limits and that SDO anticipates funding some projects of shorter duration and lower cost. Value for money will be an important consideration in decision making and all costs must be justified.

The application process will be in two stages, with outline proposals being invited in the first instance. A maximum of £3 million over three years is available for research in this area.

In developing new projects, proposal applicants are invited to take into consideration the following important points of guidance.

5 Appropriate areas of investigation

- Proposed projects should be clearly linked to the objectives of the Workforce Issues Programme
- Projects should develop work clearly located within one or more of the key topic areas identified above.
- Applicants should familiarise themselves with relevant earlier work by the SDO Programme, including previous Research Funding Briefs, Scoping Papers, Research Reviews and completed and ongoing empirical research projects. Work that builds on, extends and deepens the ideas explored in the current SDO portfolio will be welcomed, but applicants should avoid duplication of studies in the areas of skill-mix, substitution, and the contribution of support staff (www.sdo.LSHTM.ac.uk).
- Proposed projects should be fully cognisant of current policy priorities, managerial concerns and practice-level preoccupations. They should draw on and clearly relate to, for example, National Service Frameworks (NSFs), national implementation programmes, pressing and emergent policy issues, and the research priorities as articulated by other important national bodies such as the Department of Health's Policy Research Programme (PRP) and The National Institute for Health and Clinical Excellence (NICE).
- Although there is no restriction on where in the UK funded work can take place, all work proposed should have clear and demonstrable relevance to the English health care system.

6 Involvement of stakeholders

- SDO research is largely stakeholder-driven. Applicants should demonstrate clear involvement of all relevant stakeholders (including where relevant, local communities, lay people, service users, carers and minority ethnic communities as well as public health practitioners) during the design, execution and communication of the research.
- A core issue is the practical application, communication and uptake of research findings. Applicants are invited to consider the nature of expected research outputs and how these might be better communicated to important policy, managerial and practice audiences in ways that are likely to enhance impact.
- Given the core research concerns of the SDO Programme, and the need to build robust bodies of knowledge, successful projects are most likely to

involve partnership working between experienced academic teams and those more closely involved in the design and delivery of services.

- It is a core concern of the SDO Programme that all commissioned projects should pay full attention to the needs and experiences of services users and their carers. Thus proposed projects should be explicit in communicating how the proposed work has potential implications for service delivery that could lead to enhanced public and community engagement.

7 Nature of the investigations

- The research proposed can be literature-based (e.g. scoping study or systematic review), secondary analysis of existing data, or new primary empirical research. Combinations of these and projects with multiple strands of work are also welcomed.
- In addressing issues in a way likely to lead to the wide applicability of findings, firm theoretical and conceptual underpinnings in tandem with substantial empirical work are likely to be important features. Approaches that utilise and take forward wider social science theories are encouraged.
- Empirical projects are likely to use a wide diversity of methods, including both qualitative and quantitative approaches, carefully matched to study questions and with clear understandings as to how findings from different empirical approaches will be integrated.
- Substantial empirical projects are likely to utilise broad teams with significant input from diverse disciplines and a commitment to developing robust inter-disciplinary approaches. It is frequently necessary to involve researchers with skills in organisational issues, although skills in human resource planning, health economics, sociology, psychology or other disciplines may also be required depending on the proposed study.
- Empirical work will need to address complex issues of service design, delivery and management, paying attention to inputs (including costs), processes, outputs and outcomes. Processes and outcomes should be addressed from varying perspectives including, importantly, those of front-line staff and those of patients and carers.

8 Outputs from the proposed work:

- In outlining their research plans, the applicants should make clear how findings will be communicated effectively to a wide variety of academic, policy and service audiences.
- At a minimum, researchers will be expected to deliver the following written outputs from any proposed research: an executive summary with clearly identified policy, managerial and practice implications; a full report detailing all the work undertaken; supporting technical appendices.
- In addition, on completion of projects, successful applicants should be prepared to work with the SDO to develop summaries of their work for wider audiences (for example, see the *Research Briefs* already developed from many completed SDO projects; www.sdo.LSHTM.ac.uk).

- Applicants should outline plans for conference, seminar and other forms of dissemination to go alongside written communications.
- Where appropriate, the proposed work should be designed and delivered in a way that is likely to lead to significant high-quality peer-reviewed publications.
- Projects lasting more than one year may be expected to deliver interim reports on progress and provisional findings (approximately annually).

9 Application process and schedule

- The process of commissioning the study will be in **two stages** and applicants should submit **outline proposals** via the SDO electronic Commissioning and Appraisal System (eCAS).

- Applicants must submit proposals online via the SDO website: www.sdo.lshtm.ac.uk/ecashome.html

- Further guidance regarding online submission is available on the eCAS website using the help guidance on each page. If you are a first time applicant you will need to register with eCAS. All applicants are advised to familiarise themselves with eCAS before the deadline for proposals.

- To ensure the efficient and equitable answering of additional queries, all questions about this research call should be sent by e-mail only to Donna.Cox@LSHTM.ac.uk with the words '**Workforce Issues' – (Ref: WRK240)** in the subject/header. Questions received by **12 July 2007** will have generic answers posted on the SDO website (www.sdo.LSHTM.ac.uk) by **19 July 2007**. No other correspondence about this research call can be entered into.

- **Outline proposals should be submitted by 1pm on Thursday 26 July 2007.** No late proposals will be considered. No paper-based submissions will be considered.

- Following submission of outline proposals successful applicants will be notified no later than **beginning September 2007.** They will then be invited to submit full proposals by **mid October 2007.** The outcome of the review of full proposals will be notified by **mid November 2007.** The project should start no later than **end December 2007. Please note that these dates are approximate and may be subject to change.**

- **Projects of up to three years' duration may be funded up to a maximum of £450,000 per project.** Proposed costs of the project should not exceed the limits stated. NHS R&D Programmes are currently funding Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NHS R&D may fund 100% of costs. However, the SDO Programme reserves the right to award a grant for less than this maximum where appropriate.

- The SDO Programme will look favourably on proposals that include an element of research capacity building.

- Applicants should indicate how they will work with the SDO Programme and relevant stakeholders to build in an active program for disseminating their research findings in policy, practice and research contexts.

- Applicants should ensure that their proposal complies with the Research Governance Framework. Successful applicants will be required to provide proof of research ethics committee approval for their project, if this is required. Further guidance on requirements can be found on the SDO website http://www.sdo.lshtm.ac.uk/proposalresources.html

- Successful applicants will be expected to attend at least one meeting with the SDO Programme at their central London offices during the project lifetime and, as such, should ensure that travel costs are appropriately costed within the proposal budget. We anticipate that there will be informal discussions with NCCSDO throughout the duration of the project regarding the final report.

- The successful applicant's final report will consist of three components. NCCSDO will provide templates and guidance notes for:
    - a 500-word executive summary
    - a 5000-word summary (content for a publishable SDO research summary)
    - a main report (plus appendices) which should not exceed 80,000 words.

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.