National Institute for Health Research

# Word from the HS&DR Programme Director

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## Introduction

Staff working in health and care make difficult decisions every day. These include big questions about where to invest resources or organise services better. There are no easy answers. But research can help to inform decision making.

The NIHR Health Services & Delivery Research programme has funded over five hundred projects on the quality and organisation of care. As at December 2015, we have over a hundred and fifty live projects in our portfolio. This short report highlights what we fund and how these studies provide evidence to help those using, and working in health and care services.

## Here are just ten questions which will be addressed by new studies agreed for funding this year:

- What works in improving recruitment and retention of general practitioners?
- Do people on community treatment orders have fewer hospital admissions?
- How can children with learning disabilities get better access to hospital services?
- What is the best way of organising GP input to care homes?
- How do nurse staffing levels affect missed vital signs of patients on the wards?
- What can the NHS learn from other sectors on good whistleblowing policies for staff?
- What works in reducing antimicrobial prescribing in care homes?
- What new models of medical generalism could be useful for smaller hospitals?
- How can the NHS use online patient feedback to improve services?
- Do enhanced recovery programmes improve outcomes and reduce costs for people with hip/knee replacements?

These are only a few of the interesting studies we are funding. More details can be found on the website: www.nets.nihr.ac.uk/hsdr

Some of these are good ideas from researchers. Others have come in response to calls for new research in priority areas (Box 1).

These were identified following a three-stage process of identifying suggestions from individual service users, practitioners or research sources; bringing together key opinion leaders to rate and discuss these; and final priorities identified by an expert panel. Around two hundred service leaders, practitioners, patients, researchers and managers helped us to identify and prioritise topics and areas of uncertainty.

We have been able to respond swiftly to emerging issues and priorities. For instance, we held a workshop in February 2015 with service leaders, policy makers and investigators to discuss the research implications of service changes arising from Five Year Forward View. We put out a call in June 2015 asking researchers to review evidence relevant to the emerging models of care. New research was agreed for funding before the end of the year and this research will start soon in partnership with some of the vanguard sites. In September we launched a call around Improving the quality of care in care homes by care home staff, for research that would produce outputs of immediate practical use to the NHS and social care commissioning and provision systems. To support this call we provided a briefing event for researchers, which included an overview of previous relevant HS&DR research, the background and need for this research by the NHS as well as hints and tips for a successful application.

The HS&DR programme also contributed to a body of work on the challenges of evaluating innovative health and care systems. This included an initial roundtable and an important international summit and roundtable. The purpose was to consider new approaches and methodologies for evaluating complex system and service changes. The roundtable bringing together the NIHR, MRC, the Health Foundation and Universities UK led to articles in the HSJ and BMJ. The summit was hosted jointly by the same organisations as well as AcademyHealth. Over a hundred leading national and international researchers took part in this event, which will result in an ebook published by the NIHR Journals Library next year.

When we have identified important service uncertainties, we do not always know what is already known on a topic. We now have two research centres working with HS&DR to carry out reviews of existing evidence on priority topics. This year, we have commissioned and published reviews on topics such as group clinics for chronic disease (weblink) and use of general practitioners in emergency departments (weblink) before putting out calls for new primary research in these important areas.

## Some of this year's calls

Assessing service models of community mental health response to urgent care needs

Evaluating group clinics for people with longterm conditions

Evidence Syntheses to support emerging new models of care

Improving the quality of care in care homes by care home staff

Cost-effectiveness of deploying GPs in the Emergency Department

Multimorbidities in older people*

Prevention and treatment of obesity*

*themed call with other NIHR programmes

Box 1

It is important that we fund research which builds on existing evidence and addresses real gaps in knowledge. The centres work with frontline staff in the health and care services to ensure that the outputs really do reflect what is needed in the way of evidence to support decision-making.

We are also working hard to ensure the findings from HS&DR research are as useful as possible to NHS decision-makers. This year, the new NIHR Dissemination Centre published its first themed review on quality and organisation of end of life services (weblink). This featured eleven HS&DR substantive studies on critical questions such as preferences for where people die, how general staff in hospitals manage care of the dying, communicating on advance care planning and the cost-effectiveness of brief palliative care interventions. This digest of published and ongoing research from across NIHR was developed with input from service leaders on end of life care, frontline clinical staff, managers and carers. They were invited to a launch event at the Kings Fund in December 2015. The report uses quotes, case studies and questions for decision-makers to bring the research to life under the themes right care, right place, right time.

Making sure that the research funded by the programme is of practical use to people working in the service as well as patients and the public is our primary concern. At welcome meetings where starting project teams come together, we have talked about novel ways of keeping the future impact of the work in mind from the outset and throughout the conduct of the research.

This might include creating story boards for different audiences, talking heads, interactive web sites, use of social media etc.

This is the second year that reports from our programme have been published through the new NIHR Journals Library. Over a hundred full reports have now been issued, following peer review and editing. Our reports are freely accessible online in a form which can be easily searched and retrieved with high publication standards to increase readability of reports. Every project publishes the full report, key findings and a short summary for general readers. We listened to researchers and others who were concerned about delay from submitting reports to publication. As a result, we release `first-look' scientific summaries of the report on the website in advance of the full publication. This means that readers can see a summary of findings around six months before final publication.

A selection of HS&DR reports published this year described below.

# Three of this year's published reports:

## A room of one's own? – hospital wards

Many hospitals are now providing more single rooms rather than open wards, but there is little research on the costs and benefits. This study carried out a controlled before-after evaluation of a new-build hospital moving to 100% single room occupancy. The team used mixed methods, including interviews with staff and patients, ward observations, pedometer tracking of staff and adverse events from falls to infection control. Data was collected on the hospital before and after the move and from two matched hospital sites. Broadly speaking, the study found that most patients preferred single rooms. But staff preferred a mix of ward types and had concerns about monitoring patients in single rooms. There were no real differences in safety outcomes and costs were marginally higher for hospitals with 100% single rooms. This study provides valuable learning for other hospitals, including what can be done to address some of the potential disbenefits of changes.

To read the full report, Maben (KCL) – http://www.journalslibrary.nihr.ac.uk/hsdr/volume-3/issue-3

## A pill for every ill? – high-risk prescribing

Prescribed medicines provide many benefits for patients. But there have been concerns about prescribing of medicines with particular risks for those who are older or have certain medical conditions (`high-risk prescribing'). We do not know how much variation in high-risk prescribing there is between practices and doctors, and how this has changed over time. The study used complex modelling of detailed prescribing data from 38 practices in Scotland to answer most of these questions. The study found that high-risk prescribing is common, but has decreased over time. There is more variation between GPs than between practices, but this is difficult to measure using existing electronic data. The main implication of the study is that prescribing safety improvement is likely to be better implemented in all practices rather than trying to target practices or GPs with above average high-risk prescribing.

To read the full report, Guthrie (Dundee) – http://www.journalslibrary.nihr.ac.uk/hsdr/volume-3/issue-42

## Counting the pennies? – opportunities for disinvestment

There is pressure on all parts of the service and commissioners have to make hard choices about where to invest. This study used routine data to develop tools to help NHS decision-maker identify surgical procedures where there is uncertainty or variation in current use. The team also explored barriers to reducing spend on procedures which may be overused. This part of the study included observational research and other in-depth work at two healthcare organisations and a focus on selected procedures to understand better differences in rates of use. The study found that for some procedures there was ten-fold variation in activity, having adjusted for need. Variation was particularly high where procedure use was rapidly increasing or declining, where there may be uncertainty about use. Disinvestment was rarely on the agenda for commissioning meetings. Obstacles included lack of collaboration, central support and tools for disinvestment. This study suggested that more use could be made of benchmarking data on variation in activity to identify areas of uncertainty where further assessment and guidance is needed and potential areas of overuse.

To read the full report, Beynon (Bristol) - http://www.journalslibrary.nihr.ac.uk/hsdr/volume-3/issue-13

Box 2

In our work we have been fortunate to secure the time of busy researchers, managers, clinicians and patients to help us make the difficult decisions about which research to fund. Together with the hundreds of experts who review proposals and comment on final reports, the quality of the programme rests on the commitment and dedication of those on our panels and Boards. We have had the benefit of challenging discussion at these meetings to ensure not only that good standards of science are met, but that the research addresses the real needs of the NHS. This includes scrutiny of each application to ensure that patients and public have been appropriately engaged in the study design, delivery and outputs. It is important that our work is service-facing and will deliver findings which make sense to patients and staff.

This year, Ray Fitzpatrick stepped down as Director of the HS&DR programme and Kieran Walshe as Associate Director. Their input has been tremendous in providing intellectual leadership and judicious steering of the new programme. Under their watch, the programme has gone from strength to strength, commissioning robust and relevant studies which can make a difference to the service. This has included landmark studies in areas such as place of birth, stroke configuration and redesigning surgical pathways. They have also pushed the programme to innovate, from rapid publishing of scientific summaries to experimenting with webinars and exchange events between service and research.

I took over as programme director in autumn 2015 and am thankful to Ray and Kieran for their work in building a world-class health services research programme.

Over five hundred projects have been funded by the HS&DR programme to date across a broad range of topics, from patient safety in ambulances to improving staff engagement in NHS organisations. We have worked hard to make these studies more accessible to busy clinical leaders and managers, for instance gathering together published research on particular themes or problems. At the heart of our programme is the process for identifying new priorities, involving over two hundred clinicians, leaders, commissioners, patients and others in identifying key uncertainties where research could add value. It is important that the programme continues to engage service leaders in shaping the research agenda and delivering evidence which is useful and relevant at a time of considerable challenge.

Tara Lamont, Senior Scientific Advisor, on behalf of:

**Professor Jo Rycroft-Malone**
**Director**