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The role of the SDO programme has, since its inception in 1999, been to commission research that is of relevance to those concerned with practice in relation to the organisation and delivery of health care. At the beginning of 2007/8, the National Institute for Health Research asked us to re-shape this mission to include an element of capacity building. We do not use this term in the conventional sense of developing the capacity of the research community to undertake research, however important that might be. Instead we are emphasising the importance of greater research involvement, literacy and uptake on the part of those who manage and organise service delivery. This includes NHS managers, an occupational group that is not strongly engaged in research. As somebody who combines the job of SDO programme director with an NHS senior management role I am only too aware as to why this is the case and I welcome the opportunity to put in place new opportunities that might contribute to the development of research-active managers.

In 2007/8 we spent £8.4m on research projects (2006/7 £7.3m) and committed £8.9m to 23 new projects. This included 7 projects in the area of public health services, which is a new priority area for SDO. We also concluded the process of research needs assessment and prioritisation that we began in 2006/7 and agreed new priority areas for 2007/8 and 2008/9. These are reviewed elsewhere in this report. The programme’s research commissioning relies upon the on-going commitment of commissioning group members and peer reviewers, for which I am always grateful. We have also benefited greatly from the input of our eminent commissioning group chairpersons over the past year.

Another important development during the year was the appointment of the NHS Confederation as managing agents for the SDO Network. This is a network of NHS organisations wishing to increase their involvement in organisational research. Although this project is still at an early stage, I am confident that we will be able to use the network to broker new forms of interaction between the research and NHS management communities and that this will increase the relevance and uptake of the research that we commission.

Looking forward to 2008/9, this will inevitably be a year of transition as the coordinating centre migrates from the London School of Hygiene and Tropical Medicine to the new NIHR Evaluation, Trials and Studies Co-ordinating Centre to be established at Southampton. Although this move will not alter the SDO programme’s identity or mission it is likely to lead to some changes to our ways of doing business and establish greater consistency of practice with other NIHR programmes. We will also need to ensure that adequate support arrangements are in place for the capacity building element of our mission so that we can make real progress in implementation. I anticipate that these developments will place SDO on a secure footing to enter its second decade in 2009/10.
The SDO Programme

About us

Who we are
Established in 1999, the Service Delivery and Organisation Programme (SDO) is a research and development programme of the National Institute for Health Research (NIHR).

Based at the London School of Hygiene and Tropical Medicine, the National Co-ordinating Centre for SDO (NCCSDO) manages the work of the programme.

What we do
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.

Our research
The SDO Programme commissions research on seven newly defined themes running through the organisation and delivery of health services, with the aim of developing coherent 'bodies of knowledge' around these Commissioning Groups:

- **Commissioning and diverse providers**
  Chair: Prof Chris Ham
- **Workforce**
  Chair: Prof David Guest
- **e-Health**
  Chair: Dr Bill Maton-Howarth
- **Management Practice**
  Chair: Prof Kieran Walshe
- **Integrating health and social care**
  Chair: Ms Diana Whitworth
- **Public health services**
  Chair: Prof David Hunter
- **Patient and carer-centered services**
  Chair: Dr Chris James

Communication and dissemination
High priority is given by the SDO Programme to disseminating research findings and communicating about the programme itself. By monitoring and evaluating the programme’s dissemination activities (particularly publications), we can ensure that information is accessible to a range of audiences, including patients and the public.

“I am delighted that our NIHR SDO programme has expanded to include new topics and areas. Their research is designed to help health practitioners, managers and policymakers improve the quality of patient care, the efficiency of health services and, ultimately, the health of the public. The case studies in this document highlight why SDO really makes an impact both nationally and internationally.”

**Professor Sally C. Davies**
Director General of Research & Development at the Department of Health
Stakeholders

The membership of the SDO Programme Board reflects the programme’s commitment to involving important stakeholders in all aspects of its work and future development.

SDO Programme Board

Chair
Alan Burns, Director, Strategic Futures

Vice-chairs
Professor David Cohen, Professor of Health Economics, University of Glamorgan
Malcolm Lowe-Lauri, Chief Executive, King’s College Hospital NHS Trust
Professor Lorna McKee, Professor of Management Studies, University of Aberdeen

Service user representative organisations
Virginia Bovell, Associate Director, TreeHouse (the national charity for autism education)
Diana Whitworth, Co-Director, Grandparents Plus

NHS managers
Dr Chris James, Clinical Lead, Modernisation Directorate, Southampton City PCT
Anthony Marsh, Chief Executive, West Midlands Ambulance Service
Dr Hugo Mascie-Taylor, medical director, Leeds University Hospital NHS Trust
Simon Pleydell, Chief Executive, South Tees Hospitals NHS Trust

NHS managers’ organisations
Sue Hodgetts, Chief Executive, Institute of Healthcare Management

Health care professionals
Dr David Patterson, Consultant Cardiologist, Whittington Hospital NHS Trust
Hilary Scholefield, Chief Nurse, Sheffield Teaching Hospitals NHS Foundation Trust
Dr Elizabeth White, Group Head: Research and Development, British Association/College of Occupational Therapists

Academics
Professor Martin Eccles, Professor of Clinical Effectiveness, University of Newcastle upon Tyne
Professor David Guest, Professor of Organisational Psychology and Human Resource Management, King’s College London
Professor John Ovretveit, Director of Research, Karolinska Institute, Stockholm, Sweden

Communications
David Brindle, Public Services Editor, The Guardian

Ex-officio
Professor Nick Black, Professor of Health Services Research, London School of Hygiene and Tropical Medicine
Julian Denney, Assistant Chief Executive, NHS Institute for Innovation and Improvement
Dr Peter Sneddon, Head of National Programmes, Department of Health Research and Development Directorate
## Finance

### Annual expenditure 2007/08

<table>
<thead>
<tr>
<th>Projects (by research theme)</th>
<th>2007/08 expenditure (£)</th>
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<tbody>
<tr>
<td>Patient- and carer-centred services</td>
<td>977,000</td>
</tr>
<tr>
<td>Workforce</td>
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<tr>
<td>Evaluating models of health services delivery</td>
<td>1,627,561</td>
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<td>Change management</td>
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<td>Studying health care organisations</td>
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<td>Research methods</td>
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<td>Topic network areas*</td>
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<td>Public health service</td>
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<td>Priority areas*</td>
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<td><strong>TOTAL</strong></td>
<td><strong>8,394,492</strong></td>
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*see page 2 for details

<table>
<thead>
<tr>
<th>Projects (all research themes)</th>
<th>2008/09 projected expenditure (£)</th>
</tr>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>11,131,200</strong></td>
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### Commissioned projects 2007/08

<table>
<thead>
<tr>
<th>Project ref.</th>
<th>Project title</th>
<th>Lead researcher</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDO/203</td>
<td>Comparative analysis of how local system factors affect progress tackling health inequalities</td>
<td>Professor Tim Blackman, Durham University</td>
<td>01 Oct 2007 – 01 Oct 2009</td>
</tr>
<tr>
<td>SDO/204</td>
<td>Partnership working and the implications for governance</td>
<td>Professor David Hunter, Durham University</td>
<td>01 Oct 2007 – 30 Apr 2010</td>
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<tr>
<td>SDO/205</td>
<td>The role of allied health professionals in health promotion</td>
<td>Dr Roland Petchey, City University</td>
<td>01 Jul 2007 – 31 Dec 2008</td>
</tr>
<tr>
<td>SDO/206</td>
<td>People in public health</td>
<td>Mrs Jane South, Leeds Metropolitan University</td>
<td>01 Sep 2007 – 31 Aug 2009</td>
</tr>
<tr>
<td>SDO/207</td>
<td>Impact of QOF on GP practice, public health outcomes and health inequalities in England</td>
<td>Ms Anna Dixon, The King’s Fund</td>
<td>01 Jan 2008 – 01 Apr 2010</td>
</tr>
<tr>
<td>SDO/208</td>
<td>Public health governance and primary care delivery</td>
<td>Ms Linda Marks, Durham University</td>
<td>01 Oct 2007 – 31 Dec 2009</td>
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<tr>
<td>SDO/209</td>
<td>Evaluating the impact of the quality and outcomes framework on health improvement and inequalities in cardiovascular disease</td>
<td>Professor Azeem Majeed, Imperial College</td>
<td>01 Nov 2007 – 31 Oct 2009</td>
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<tr>
<td>SDO/110</td>
<td>Evaluation of intermediate care clinics for diabetes (ICCD)</td>
<td>Dr Andrew Wilson, University of Leicester</td>
<td>01 May 2007 – 30 Apr 2010</td>
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#### Limited open call

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<th>Duration</th>
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<tr>
<td>SDO/211</td>
<td>Evidence into practice: evaluating a child-centred intervention for diabetes medicine management</td>
<td>Professor Anne Williams, University of Cardiff</td>
<td>01 Apr 2008 – 31 Mar 2011</td>
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<tr>
<td>SDO/212</td>
<td>Promoting partnerships with children and adolescents in medicine-taking</td>
<td>Professor Rachel Elliott, University of Nottingham</td>
<td>01 Mar 2008 – 30 Nov 2009</td>
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#### Evaluating models of SDO

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<th>Duration</th>
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<tbody>
<tr>
<td>SDO/145</td>
<td>Health, medicines and self-care choices made by children, young people and their families: Information to support decision making</td>
<td>Professor Anne Williams, University of Cardiff</td>
<td>05 Mar 2007 – 04 Mar 2010</td>
</tr>
<tr>
<td>SDO/153</td>
<td>Information for choice: what people need, prefer and use</td>
<td>Professor Sally Wyke, University of Stirling</td>
<td>15 Apr 2007 – 14 Nov 2009</td>
</tr>
</tbody>
</table>

#### The operation of patient choice

<table>
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<tr>
<th>Project ref.</th>
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<th>Duration</th>
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<tbody>
<tr>
<td>SDO/210</td>
<td>Care for Offenders: Continuity Of Access (COCOA)</td>
<td>Dr Richard Byng, Peninsula Medical School</td>
<td>01 Apr 2008 – 30 Sep 2010</td>
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# Commissioning

<table>
<thead>
<tr>
<th>Project ref.</th>
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<th>Duration</th>
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<tbody>
<tr>
<td>SDO/160</td>
<td>Effective ways for professionals to involve carers in information sharing: a training resource</td>
<td>Dr Vanessa Pinfold, Rethink</td>
<td>11 Jun 2007 – 30 Nov 2008</td>
</tr>
<tr>
<td>SDO/161</td>
<td>Self-management support among older adults: the availability, impact and potential of locally based services and resources</td>
<td>Professor Janet, Askham Picker Institute Europe</td>
<td>01 Mar 2007 – 31 Aug 2009</td>
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<tr>
<td>SDO/162</td>
<td>Evaluating self-care support for children and young people with long term conditions</td>
<td>Dr Susan Kirk, University of Manchester</td>
<td>03 Sep 2007 – 02 Sep 2009</td>
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<tr>
<td>SDO/165</td>
<td>Understanding the barriers and facilitators of effective implementation of self care in mental health trusts</td>
<td>Dr Steve Gillard, St George’s University of London</td>
<td>05 Mar 2007 – 30 Apr 2009</td>
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<tr>
<td>SDO/201</td>
<td>Self care and case management in long term conditions: the effective management of critical interfaces</td>
<td>Professor David Challis, University of Manchester</td>
<td>02 Apr 2007 – 01 Jul 2009</td>
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<tr>
<td>SDO/214</td>
<td>Patients’ experiences of care and the influence of staff motivation, affect and well-being</td>
<td>Professor Pamela Enderby, University of Sheffield</td>
<td>01 Apr 2008 – 31 Mar 2011</td>
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<tr>
<td>SDO/215</td>
<td>Enhancing the effectiveness of interprofessional working: costs and outcomes</td>
<td>Professor Michael West, Aston University</td>
<td>01 Apr 2008 – 31 Mar 2011</td>
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<tr>
<td>SDO/216</td>
<td>Effectiveness of Multi-Professional Team Working (MPTW) in Mental Health Care</td>
<td>Professor Claire Goodman, University of Hertfordshire</td>
<td>01 Apr 2008 – 30 Mar 2011</td>
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<tr>
<td>SDO/217</td>
<td>A study of the effectiveness of inter professional working for community dwelling older people</td>
<td>Dr Catherine Pope, University of Southampton</td>
<td>01 Mar 2008 – 01 Mar 2010</td>
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<tr>
<td>SDO/219</td>
<td>Dignity in practice: An exploration of the care of older adults in Acute NHS Trusts</td>
<td>Dr Ruth Harris, Kingston University &amp; St George’s, University of London</td>
<td>01 Apr 2008 – 01 Oct 2010</td>
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</tbody>
</table>
Evaluating models – Evaluating the development and impact of Early Intervention Services (EIS) in the West Midlands

Project status: complete

Early Intervention Services (EIS) support young people through the critical early phase on a first episode of severe mental illness (psychosis). They offer medication, talking therapies, family support and education and work support. The EDEN studies, carried out in the West Midlands over 3 years from June 2003, and had the following aims:

- To identify the key components of successful services in different areas and understand how local factors help or hinder EIS development.
- To understand how relationships between PCTs, Mental Health Trusts and Social Care Trusts affect the commissioning and/or provision of EIS.
- To consider the role of psychiatrists in EIS and the impact of EIS on local community mental health teams.
- To map the extent of partnership working between EIS and the voluntary and community sector, and barriers and facilitators to partnership working.

Key findings included:

- Local contexts lead to different interpretations of policy guidance.
- EIS would benefit from financial stability, better communication between commissioners and clinicians and co-operation across organisations.
- Best practice requires clearer links between EIS and Child and Adolescent Mental Health Teams and exit as well as entry strategies for services.
- Service users and carers all valued EIS.

An evaluation of pilot services for people with personality disorder in adult forensic settings

Project status: complete

In response to concerns raised about the quality of services for people with personality disorder (PD), a number of new pilot services have been funded, including six new forensic services for PD offenders.

The aim of our evaluation was to produce three detailed case studies, using multiple sources of data, with a view to comparing the effectiveness, cost and acceptability of the three services. We found that all three services were successfully engaging a challenging group of service users in treatment. Service users had extensive histories of criminality and also childhood maltreatment and the prevalence of psychiatric morbidity, substance misuse and self-harm was very high. Follow-up surveys revealed that the majority of men who had been recruited six months earlier, were still under the care of the services. However, behavioural problems in the form of violence, self-harm, absconding behaviour and non-adherence with treatment continued. Moreover, there were no significant changes in the overall level of functioning in the service users. Nevertheless, in a series of qualitative interviews, many of the service users told us that they perceived that the treatment being offered was helping them to make important changes in their lives.
Showcase

Learning the lessons: An evaluation of pilot community services for adults with personality disorder
Project status: complete

“ We believe that the insights that users and providers of these 11 new services gave us can help to guide the development of future services for people with these complex problems.”

Michael Crawford
Principal investigator:
Michael Crawford
Senior Lecturer in Psychiatry
Imperial College

We used qualitative and quantitative research methods in order to evaluate eleven new community-based services for people with personality disorder.

Commissioners, users and providers of the 11 services told us that general mental health services had often not served people with personality disorder well in the past, and they therefore welcomed the setting up of these new services. Despite marked differences in the structure of the 11 services and the interventions they delivered, there was a high degree of consensus about the general approach that should be used when delivering services to people with personality disorder. Differences in the accounts of stakeholders emerged around the length of assessment process adopted by some services and the range of clients dedicated services should try to work with.

There were marked differences in the proportion of people taken on and retained within each of the 11 services. Men, younger people, and those from ethnic minority communities were less likely to be taken on by services and more likely to drop out before completion of an episode of care.

Scoping study of the public health system in England
Project status: complete

“The notion of a public health system retains appeal in terms of showing what the public health function could aspire to become. However, England appears some way from having such a system in place. Although the rhetoric is sound, the reality remains patchy and uneven.”

David Hunter
Principal Investigator:
David Hunter
Professor of Health Policy and Management
Durham University

This scoping study, commissioned to inform and provide a policy and organisational context for the new public health research programme, assessed the state of the public health system in England as it has evolved since the mid-1970s. The study was based on a review of key texts and a number of interviews with those leading on public health in the NHS, local government and related agencies.

An effective public health system would reflect a clear sense of value and purpose across a range of organisations capable of influencing the health and well-being of the population. Instead, the reality, as the study found, is a public health workforce, large parts of which feel ill at ease and uncertain of identity, purpose, self-worth and the ability to manage change. The study also found that since 2004 there has been a perceived shift of emphasis away from a focus on structural determinants of health to one on individual lifestyle. The emphasis on markets and choice in public policy reinforced the focus on individuals and served to weaken action on healthy public policy.

Tackling complex problems such as the obesogenic environment demands a whole systems approach that cuts across government as well as requiring action by industry, communities, families and societies.
Showcase

"This large study has identified factors that contribute significantly to waiting times in UK Emergency Departments. It helps to provide guidance about how departments and hospital trusts could tackle some of these important patient-centred issues, and raises broader points about workforce management and leadership within the health service."

Suzanne Mason
Principal Investigator:
Suzanne Mason
Health Services Research Section, ScHARR
University of Sheffield

"Advanced Access has been strongly promoted in the NHS, but until now there has been little evidence about its advantages and disadvantages. The research funded by the SDO programme helped to fill this gap. We found that practices operating Advanced Access did provide slightly faster access to care than those operating traditional appointment systems."

Chris Salisbury
Principal Investigator:
Chris Salisbury
Professor of Primary Health Care
University of Bristol

UWAIT Study: Factors Affecting Waiting Times in UK Emergency Departments
Project status: complete

Waiting times are a key determinant of patient satisfaction. In 2003, a new target was established for Emergency Departments (ED), such that: ‘no-one should wait more than four hours from arrival to admission, transfer or discharge’. This mixed methods study aimed to identify organisational factors that influence waiting times in UK EDs.

Phase One of the study was undertaken in 137 type I EDs and involved structured interviews with the Lead Clinician, Head Nurse and Business Manager along with the collection of routine patient and department level data. Phase Two of the study involved qualitative analysis of eight EDs using interviews, focus groups, ethnographic observations and a staff questionnaire.

Case-mix and department size accounted for 14.1% of the variability in mean waiting time. Hours lost to nursing sickness, amount of non-pay spend (such as facilities) and the management style of the Lead Clinician, accounted for a further 33.5% of the variability in mean waiting times. Phase two of the study revealed that better performing EDs were proactive in managing their own staff and working relationships with different parts of the hospital, community and secondary care services.

An evaluation of Advanced Access in general practice
Project status: complete

The NHS Plan set out a target that by 2004 people should be able to get an appointment with a health professional within 24 hours and with a GP within 48 hours. General Practices were encouraged to introduce a new approach, imported from the US, known as Advanced Access.

This study was based on a survey of all general practices in 12 PCTs, followed by a comparison of 48 general practices, half of which operated Advanced Access appointment systems and half of which did not. It involved several component studies which explored the way in which Advanced Access was implemented and its impact on appointment availability, patients’ priorities, practice workload and continuity of care.

The research demonstrated that practices operating ‘Advanced Access’ provided slightly faster access to an appointment than those in ‘control’ practices, but patients in Advanced Access practices found it harder to book appointments in advance. Both types of practices provided considerably more appointments and saw more patients following the introduction of the NHS access targets. There was no evidence of any impact of Advanced Access on continuity of care.

Access to General Practice was generally good in both types of practice, with almost half of all patients being seen on the same day as they requested an appointment.

Details of these research projects, including final reports, can be downloaded at www.sdo.lshtm.ac.uk
## Completed projects
### 2007/08

<table>
<thead>
<tr>
<th>Project ref.</th>
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<th>Lead researcher</th>
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<tr>
<td>SDO/22</td>
<td>Large-scale change in multi-professional organisations: The impact of leadership factors in implementing change in complex health and social care environments: NHS Plan clinical priority</td>
<td>Professor Beverly Alimo-Metcalfe, Leadership Research and Development Ltd</td>
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<tr>
<td>SDO/139</td>
<td>Scoping Exercise on Fallers' Clinics</td>
<td>Professor Sallie Lamb, University of Warwick</td>
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<td>SDO/41</td>
<td>Multi-centre evaluation of the role of chest pain units in the NHS</td>
<td>Dr Steve Goodacre, University of Sheffield</td>
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<tr>
<td>SDO/44</td>
<td>Evaluation of the implementation of the NHS National Programme for Information Technology</td>
<td>Professor Naomi Fulop, King's College London</td>
</tr>
<tr>
<td>SDO/74</td>
<td>To undertake a rigorous, scientific evaluation of outreach services in critical care.</td>
<td>Dr Kathy Rowan, Intensive Care National Audit and Research Centre</td>
</tr>
<tr>
<td>SDO/78</td>
<td>Nursing and midwifery – Protocol-based care Evaluation Project (PEP)</td>
<td>Dr Jo Rycroft-Malone, Royal College of Nursing Institute</td>
</tr>
<tr>
<td>SDO/83</td>
<td>Evaluation of new general adult community services for people with personality disorder</td>
<td>Dr Michael Crawford, Imperial College of Science, Technology and Medicine</td>
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## Communication and dissemination

<table>
<thead>
<tr>
<th>Project ref.</th>
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<tr>
<td>SDO/84</td>
<td>An evaluation of pilot services for people with personality disorder in adult forensic settings</td>
<td>Dr Paul Moran, Kings College London</td>
</tr>
<tr>
<td>SDO/112</td>
<td>What is the optimum model of service delivery for transient ischaemic attack?</td>
<td>Dr Jonathan Mant, University of Birmingham</td>
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<tr>
<td>SDO/132</td>
<td>Specialist rehabilitation for neurological conditions: Literature review and mapping study</td>
<td>Dr John Gladman, University of Nottingham</td>
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### Patient- and carer-centred services

| SDO/13d     | Patients' and carers' experiences of continuity of care in long-term conditions and the relationship of continuity of care to outcomes (mental health) | Professor Tom Burns, St George's Medical School      |

### Continuity of care

| SDO/88      | Continuity of care for people with non-psychotic mental health problems: An extension of ECHO study | Dr Jocelyn Catty, St George’s Hospital Medical School |
| SDO/116     | Attitudes towards & satisfaction with services among deliberate self-harm patients: a systematic review of the literature | Professor Keith Hawton, University of Oxford        |
| SDO/143     | Scoping exercise: Generalist services for adults at the end of life – research, knowledge, policy and future research needs | Professor Irene J Higginson, King's College London  |
### Project ref.  | Project title                                                                 | Lead researcher                                                                 |
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<tr>
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<td><strong>Patient- and carer-centred services</strong></td>
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<tr>
<td>SDO/138</td>
<td>Continuity of care 2006: What have we learned since 2000 and what are policy imperatives now?</td>
<td>Professor George Freeman, Imperial College of Science, Technology and Medicine</td>
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<td><strong>SDO research methods</strong></td>
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<tr>
<td>SDO/118</td>
<td>Knowledge transfer and exchange assessor project</td>
<td>Mr Chris McCutcheon, Canadian Health Services Research Foundation</td>
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<tr>
<td><strong>Studying health care organisations</strong></td>
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<tr>
<td>SDO/65</td>
<td>Measures of quality for the improvement of cancer services</td>
<td>Professor Mark McCarthy, University College London</td>
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<tr>
<td>SDO/77</td>
<td>Prostate cancer care: Improving measures of the patient experience</td>
<td>Professor Richard Baker, University of Leicester</td>
</tr>
<tr>
<td>SDO/106</td>
<td>A literature review on the structure and performance of not-for-profit healthcare organisations</td>
<td>Professor Allyson Pollock, University of Edinburgh</td>
</tr>
<tr>
<td>SDO/150</td>
<td>Scoping Study of the Public Health System in England</td>
<td>Professor David Hunter, University of Durham</td>
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</table>
The SDO Network is a group of NHS organisations supporting research, evaluation and innovation and is managed on behalf of NIHR SDO Programme. The Network now has 28 members including 11 acute trusts and 7 Foundation Trusts which make up the majority of the Networks membership. The SDO Network Manager, Ganesh Sathyamoorthy, is working closely with Professor Huw Davies, the new Director of Knowledge Mobilisation.

The SDO Networks first event ‘Shifting Care: What’s the Evidence?’ was an interactive learning seminar focusing on shifting services from hospitals to the community. The seminar proved to be hugely successful selling out three weeks before the event was due to take place, with 60 delegates signed up. Memory sticks containing all SDO research summaries and relevant research reports were given to all delegates attending the conference. A short summary of key issues arising from the learning seminar will be published on the SDO Network website.

A programme of interactive learning events between September 2008 – May 2009 is being planned. Subject areas include:

- The adoption of new technologies
- Vertical integration, clinical leadership
- Payment by results
- CLAHRCs
- A subject with European relevance
- Getting evidence into practice

The SDO Network is also planning two action learning programmes for NHS Managers who want to access and use research more effectively. One of which will be aimed at operational and middle managers in the north east and the other for new managers in the north west.

Membership of the SDO Network is free, the CeO or chair of the Trust concerned just needs to sign off the application form which is available on the website www.NHSConfed.org/SDONetwork or directly from Ganesh.Sathyamoorthy@NHSConfed.org

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1 Other SDO Network members include:
2 Ambulance Trusts, 3 Mental Health Trusts,
1 Mental Health Foundation Trust, 1 PCT & 3 Others
Communication and dissemination

SDO publications 2007/08

The costs and benefits of managing low priority 999 ambulance calls by NHS Direct nurse advisors

June 2007

A research summary of a study that looked at an alternative method of responding to non-urgent 999 calls. The study found that the transfer of non-urgent 999 calls to nurse advisors for further advice may be an acceptable and cost-effective alternative to the current approach (Turner et al., 2006).

The relative importance attached to cost-effectiveness, equity and access in the provision of health services

June 2007

A research summary of a study that looked at NHS decision-makers’ understanding of the terms ‘cost-effectiveness’, ‘equity’ and ‘access’, and how they are prioritised and applied in the health services (Dolan et al., 2005).

Improving care for patients with angina – how to help clinicians make the right decisions

August 2007

A research summary of a study that piloted a new ratings system to assess the most appropriate testing options for individual patients with angina. The new system may help doctors order more appropriate tests and subsequently improve patients’ health outcomes (Hemingway et al., 2006).

Care provided by generalists at the end of life: scoping exercise on research priorities

October 2007

A research summary presenting an overview of a literature review and consultation exercise that was carried out to identify the current evidence base and priorities for further research to improve understanding of generalist care at the end of life (Higginson et al., 2007).

Organisational factors that influence waiting times in emergency departments

January 2008

A research summary presenting the organisational characteristics shared by emergency departments by identifying three factors that are strongly associated with shorter waiting times (Mason et al., 2006).

The development and implementation of NHS Treatment Centres as an organisational innovation

March 2008

A research summary presenting overview of how organisational and social factors influence the development and delivery of innovative models of health care (Bate et al., 2007).
Communication and dissemination

Labouring to better effect: services for women in early labour
March 2008
A research summary presenting an overview of the range of services maternity care providers have introduced to provide advice to women in early labour, focussing on what midwives and women think of them (Spiby et al, 2007).

Evaluating the development and impact of Early Intervention Services (EIS) in the West Midlands
April 2008
A research summary describing the implementation and development of 14 West Midlands EIS (Lester et al, 2006).

Scoping exercise on Fallers’ Clinics
May 2008
A research summary describing how fallers’ clinics function, and exploring ways in which their success can be measured so that a much-needed economic appraisal can be carried out (Lamb et al, 2007).

All SDO research summaries are available to download at www.sdo.lshtm.ac.uk/researchsummaries.html
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