The impact of the NHS Service Delivery and Organisation Research and Development Programme 2001–2006
The views expressed in this publication are a summary of independent research and are not necessarily shared by the Department of Health and should not be taken as representing government policy.
The NHS Service Delivery and Organisation Research and Development Programme (SDO) has been commissioning research since 2000. Since that time, it has committed over £40 million to funding some 120 projects, of which 70 have reached completion. This represents a substantial investment of public funds.

As a programme funded by NHS R&D, our ultimate purpose must be to support the vision set out in the new national strategy for health research in England: “to improve the health and wealth of the nation through research”. The SDO is an applied research programme and seeks to specify, procure and promote the research that will contribute to an improving health care system. The extent to which we have achieved these goals is the question we must seek to answer when giving an account of our investment in research.

From the perspective of accountability, five years may be judged more than enough time to assess the impact of a programme. From other perspectives it may not be long enough. The literature on the evaluation of research impact stresses the long time-lags between research and tangible outcomes. The majority of the completed studies for the SDO are literature reviews and scoping studies with only a few empirical studies having been concluded, although many more are underway. The approach taken in preparing the impact assessment reflects this dilemma. Having considered commissioning a comprehensive external evaluation we decided that this would be disproportionate to the stage of maturity of the Programme. Instead the exercise was ably undertaken by staff at the National Co-ordinating Centre for the SDO Programme. We accept that the price of this was that it lays the exercise open to a charge of lack of objectivity, but I am confident that the approach adopted was both rigorous and appropriate to the circumstances.

I am grateful to Stephen Peckham and Michaela Willmott for designing and undertaking the study and drafting this report, and to Professor Nick Black for his advice to and support for the project.

I hope that this report gives a good account of the work and impact of the SDO Programme to date and adds something to the international debate about how we assess the societal impact of applied health research.

Stephen Davies
SDO Programme Director
The impact of the NHS Service Delivery and Organisation Research and Development Programme 2001–2006

Executive summary

The aim of the NHS Service Delivery and Organisation Research and Development Programme (SDO) is to consolidate and develop research evidence about the organisation and delivery of health services to enable practitioners, managers and policy makers to improve the quality of patient care, the efficiency of health services and, ultimately, the health of the public.

Determining the impact of SDO research presents several challenges. While it is relatively easy to assess the immediate, proximal aspects such as the dissemination of results and the views of the target audiences (patients, practitioners, managers, policy makers), it is difficult to assess the impact of specific research projects on health care policy and services provided, and impossible to measure the effect on people’s health.

The impact of the first five years of the SDO Programme (2001–2006) was assessed in three ways: the performance of the overall Programme; a quantitative assessment of 23 projects representing all six of the Programme’s themes; and more detailed case studies of 11 of those projects.

Overall, the Programme has met its original objectives:
● wide-ranging – focusing on patient-centred care, health care workforce, evaluating ways of delivering care, managing change and organisational arrangements
● responsive to users – through nationwide focus groups, a Chief Executives’ forum, inclusion of patients and managers on all decision-making committees, and consultation with INVOLVE, National Clinical Directors, the NHS Institute for Innovation and Improvement and the Department of Health
● scientifically rigorous – adoption of similar quality-assurance mechanisms as other national funding bodies, e.g. Medical Research Council (MRC) and Health Technology Assessment Programme (HTA)
● support for methodological development – by means of workshops and publishing state-of-the-art methods books and journal supplements
● communication – through publication and widespread dissemination of full project reports, research summaries, books, newsletters and a website, and holding workshops and an annual conference.

The average cost of 23 projects that had been completed by May 2006 was about £100k each (in total equivalent to one major randomised controlled trial of a health technology). Among the quantifiable outputs from these projects are:
● final reports – in the first three months of 2006 alone, over 25,000 were downloaded from the SDO website
● research summaries – in addition to the thousands of hard copies distributed, over 13,000 were downloaded in the same period
● articles in peer-reviewed journals – to date, 40 articles have appeared, which have already been cited about 250 times.

Some highlights of the outputs include the following.
● Diffusion of innovations in health service organisations (SDO/38 Greenhalgh) was awarded the prestigious Baxter Award in 2006, for the most outstanding publication contributing to excellence in health care management in Europe.
● The methods of synthesis project (SDO/58 Lavis, Mays, Harvey) resulted in three peer-reviewed papers that have been downloaded almost 10,000 times since publication in 2005.
Organisational change (SDO/4 Iles & Sutherland), a guide for managers that won the British Academy of Management Book of the Year Award, was downloaded 45,000 times during the first three months of 2006. Key lessons for network management in healthcare (SDO/39 Goodwin) was the most popular presentation at the Institute of Healthcare Management conference in 2005.

The 11 case studies illustrate the wide range of topics the SDO Programme has tackled.

- How can the transition from child to adult care for chronic disease sufferers be achieved smoothly?
- What types of continuity matter to patients?
- What support do carers of people with mental health problems need and want?
- What impact do General Practitioners with a special interest have on the quality and efficiency of health services?
- How can clinical networks best be organised and managed?
- How effective are specialist community respiratory nurses in managing patients with chronic obstructive airways disease?
- How can change be introduced and managed?

Output from SDO projects has been praised by users at national and local levels. The following bodies reported having made use of and valued the output from the 11 projects which were subjected to in-depth review:

- Department of Health – White Papers; National Service Frameworks; Quality and Outcomes Framework; National Clinical Directors
- Royal Colleges of Nursing, General Practice and Physicians
- Social Care Institute of Excellence
- Houses of Parliament (drafting the mental health bill)
- NHS Acute Trusts
- NHS Alliance
- NHS clinical networks
- Modernisation Agency/NHS Institute for Innovation and Improvement
- The Scotland Office
- British Thoracic Society.

Although still in its infancy, the SDO Programme has already made a major impact both nationally and internationally. The worldwide demand for its products reflects both its pioneering status (Canada is the only other country with a funding body similarly oriented) and the quality and usefulness of its outputs.
About the NHS SDO R&D Programme

What is the SDO Programme?

The NHS Service Delivery and Organisation Research and Development Programme (SDO) is a national research programme established in 1999 to consolidate and develop the evidence base on the organisation and delivery of health services. By producing and promoting the use of research evidence about how the organisation and delivery of services can be improved, the Programme aims to increase the quality of patient care, ensure better strategic outcomes and contribute to improved public health.

The SDO Programme is one of the National Institute for Health Research (NIHR) Programmes. The NIHR has been established as a part of the Government’s strategy Best Research for Best Health (Department of Health, 2006) to provide the framework that will position, manage and maintain the research, research staff and infrastructure of the NHS in England.

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

Origins of the SDO Programme

During Autumn 1999, the NCCSDO carried out a national listening exercise (Fulop, 2000), which brought together a wide range of stakeholders in focus groups around the country. This exercise aimed to enable the SDO Programme to understand what issues were most important to those delivering and organising services, and to those receiving them. A wide range of people were consulted during this process, including service users, health professionals, health service managers and researchers.

In January 2002, the NCCSDO carried out an exercise to ‘refresh’ the listening exercise, and went out again to stakeholders to ask for their priorities (Cherry, 2002).

The areas of particular concern and relevance to service users and NHS staff that emerged from the listening exercises evolved into the existing SDO research themes.
SDO research themes

The SDO Programme commissions research on six enduring themes running through the organisation and delivery of health services, with the aim of developing coherent ‘bodies of knowledge’ around these.

1. Patient- and carer-centred services
Patients are the central focus of the NHS, and transforming services so that they are more patient- and carer-centred remains an important policy goal. Key themes here include continuity of care and access to care.

2. Workforce
Patients receive care through interactions with the NHS workforce so research on workforce organisation, recruitment, retention, training and development of NHS staff is a key part of the SDO Programme.

3. Evaluating models of health services delivery
The Programme aims to build an evidence base on different models of service delivery, e.g. through shared care or innovative chronic disease management models.

4. Change management
Service configurations for the delivery of health care are constantly changing in response to users’ needs and as new evidence of effectiveness comes to light. This theme acknowledges the need for support in cultural change and strengthening leadership.

5. Studying health care organisations
This theme explores the ways in which teams, networks and organisations are put together to form broader systems of care.

6. Research methods
Underpinning each of the themes is the need to develop a knowledge base on research methods appropriate for the SDO Programme.

Following the publication of Best Research for Best Health (Department of Health, 2006), the SDO Programme is addressing three additional areas defined by the Department.

1. Topic network areas (TNAs)
These are patient and disease groups identified as priorities by the Department of Health and being taken forward by the United Kingdom Clinical Research Collaboration (UKCRC), co-ordinated by the Clinical Research Network.

The priority areas are:
- diabetes
- stroke
- medicines for children
- cancer
- mental health
- dementia and neurodegenerative diseases.

2. Other priority areas
These are priority areas identified by the Department of Health and NHS organisations, but not included in the list of UKCRC TNAs. One of the initial topics is services for older people.

3. Public health
The public health research programme has been developed to provide evidence on the delivery and organisation of public health services. The programme focuses on four key areas: governance and incentive structures, workforce, evaluating models of public health delivery and community/public engagement in public health.
How the SDO Programme works

Selecting topics for research
Topics for research are identified in a number of ways:

- the listening exercises
- direct requests (e.g. from the Department of Health Clinical Directors, policy groups)
- topics identified by the Chief Executives’ Forum (e.g. patient choice)
- emerging issues (e.g. prison health, chronic disease management)
- responding to government policy (e.g. self care).

The NCCSDO also uses consultation exercises and workshops to bring together practitioners, academics and policy makers to identify research themes and topics to inform the SDO Programme about future research.

The SDO Programme set up a Chief Executives’ Forum in 2004. This group meets twice a year and introduces NHS Chief Executives to the SDO Programme, promotes research findings within Trust Boards and provides Chief Executives with an opportunity to give advice about priorities for organisational research in the NHS.

Commissioning
Research is commissioned through calls for proposals advertised in a variety of places, including the internet (e.g. Department of Health website), the mass media (e.g. The Guardian), international publications (e.g. the Journal of the European Community), on the SDO Programme website, and by direct mailing to potential researchers. Proposals are submitted in response to research briefs prepared by the academic staff in the NCCSDO which provide guidance on the area of research required.

Where research is required quickly, it can be commissioned in ‘rapid response’ mode. A pre-screened panel of experienced researchers are invited to apply to conduct research. The panel was selected in 2002 from a call for tenders. Research conducted under this commissioning mode is subject to the same rigorous peer-review processes as open calls.

“A £3 million programme of research on mental health in-patient care has been launched – the first research initiative on this area – by NHS Service Delivery and Organisation (SDO).”

Professor Louis Appleby,
National Clinical Director for Mental Health
December 2004

“SDO have been very responsive in commissioning research which is of high priority to the development of mental health care in England. This working relationship ensures that only relevant research is commissioned for mental health, and that we are in a good position to make the best out of the research as it reaches fruition ... the willingness of SDO to closely liaise with us at each stage of the commissioning process builds a good policy–research link and helps to address the old challenges of relevance and timeliness of research.”

Dr M Clark,
Research and Evaluation Manager, Care Services Improvement Partnership
June 2006
Quality assurance and monitoring
The SDO Programme is committed to commissioning research that is methodologically rigorous and theoretically sound. Quality-assurance processes are in place for research commissioning, monitoring the conduct of the research and to assess the final research outcomes.

A member of the SDO Programme academic team (who are experienced health services researchers) takes responsibility for each of the research commissioning themes according to their expertise.

The protocols for submitting and assessing research are published on the SDO Programme website to ensure transparency. Formal quality-assessment mechanisms include: peer review (of full research proposals and final draft research reports), scrutiny by the inter-disciplinary commissioning boards (who examine outline and full proposals) and interim reports.

Patient and public involvement
The SDO Programme is committed to engaging with patients, carers and the public, as their views are central to providing responsive and high-quality health services. Key stakeholders identified by the SDO Programme include policy makers, NHS Managers, practitioners, clinicians, representatives from voluntary organisations and social services and patients, carers and the public. Patients, carers and public representatives are included in the oversight of the whole SDO Programme – there are three places for members of the public on the Programme Board – and in setting priorities for research.

“Since its establishment in 2000, the SDO programme has commissioned much research of relevance to older people, including work on continuity of care, self-assessment of care needs, and the needs of carers.”

House of Lords Select Committee on Science and Technology, 2004

“[I’m] really impressed with the SDO [they are] very supportive of users’ and carers’ involvement.”

Researcher on SDO-funded project
May 2006
Capacity building
Based on discussions at the Chief Executives’ Forum, the SDO Programme launched an NHS Trust Research Support Network to support Trusts in developing and using research. The network aims to:
- create a national ‘register’ of NHS Trusts who actively wish to support research (e.g. by taking part in research as case study sites and participating as potential ‘test’ sites to implement research into practice)
- develop a ‘learning network’ through which the knowledge gained through research can be transferred, disseminated and reviewed
- develop a closer and open relationship between research and practice (e.g. by helping to identify important topics for investigation).

The research produced by the SDO Programme contributes to capacity building in policy, services and research. For example, many of the principal investigators (PIs) who lead SDO-funded studies are based at universities that are linked to teaching hospitals. Several PIs use the research funded by the SDO Programme to illustrate their teaching on research methods.

Contribution of the SDO Programme to the research community
The SDO Programme aims to commission research on important, enduring issues in the organisation and delivery of health services, create ‘bodies of knowledge’ around these themes and address gaps in knowledge, thus contributing to the wider research community. The SDO Programme has reflected on how its own experiences can contribute to understanding the synthesis of research. Members of the SDO Programme academic team have published two books on research methods.

- Studying the organisation and delivery of health services: Research methods
  (Fulop, 2001)
- Studying the organisation and delivery of health services: A reader
  (Clarke, 2004)

“[there is a] need for improved dialogue between managers, policy makers and the research community … the Department of Health’s Service Delivery and Organisation Research and Development Programme and the [NHS] Confederation’s new Health Services Research Network are seeking to bridge this gap. The answers that emerge from this dialogue will be important for the future of the NHS.”
Nigel Edwards,
Policy Director,
NHS Confederation

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Policy Director,
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“The six parts [of the book] reflect themes that are of central interest to those working in health policy and organisation.”
“Each section has an interesting and sometimes fascinating grouping of papers … As a text for health managers and a primer for researchers working in or wishing to ‘break into’ the world of NHS-funded organisational research and evaluation this text will provide a ‘bite-sized’ collection of useful articles.”
Dent (Review of Studying the organisation and delivery of health services: A reader), 2006

SDO-funded research is detailed in key databases used by researchers and policy makers (e.g. Centre for Reviews and Dissemination at the University of York), and which are accessible locally, nationally and internationally.
The SDO Programme and Canadian Health Services Research Foundation (CHSRF) began a collaborative project in 2003 which aims to advance the science of synthesis by determining how best to combine different research evidence and extract recommendations for health care decision makers and managers. Three research teams were commissioned to investigate unresolved issues in synthesising evidence in a way that is useful to policy makers. The findings were published in a special supplement of the Journal of Health Services Research and Policy (Volume 10, Supplement 1, July 2005). These papers have been downloaded 9861 times (as of July 2006) since their publication in 2005. The work was also presented at the Sixth International Conference on the Scientific Basis of Health Services, Montreal (September 2005). There was also a Methods of Synthesis workshop in Montreal (November/December 2005) and a workshop for managers and policy makers in 2006.

“The SDO Programme illustrates how one country is making progress in establishing a national mechanism that includes research synthesis within its functions. It ... highlight[s] the crucial role that can be played by those who organize national health services and national health research systems.”

Alliance for Health Policy and Systems Research, 2004

Disseminating research and building awareness

The SDO Programme has a variety of methods for disseminating information about the research commissioned and also about the Programme itself. It monitors and evaluates this activity (particularly publications) to ensure that information is accessible to a range of audiences, including patients and the public.

The main methods of communicating information about the SDO Programme and SDO-funded research are listed below.

● **Research summaries** (previously branded as ‘briefing papers’) on selected projects that summarise the research and relevance for policy, practice and services. These are available online and some are sent directly to relevant audiences in targeted mailouts.

● **Research reports**. The final reports of research projects are published online. Some studies also have lay summaries and scientific summaries that are published while the research is being conducted.

● **The SDO website** ([www.sdo.lshtm.ac.uk](http://www.sdo.lshtm.ac.uk)), maintained by the NCCSDO, has details of all SDO Programme research (including copies of research reports and research summaries) as well as information about the Programme, the NCCSDO and future funding opportunities.
The SDO Programme newsletter, published twice a year, is sent to approximately 6000 individuals and organisations including NHS bodies, voluntary agencies, Government departments, academics, patient and carer groups and other research funders.

An annual conference showcases SDO-funded research for health service managers, health professionals, service users, policy makers and researchers.

NCCSDO is actively involved in key conferences and meetings, distributing research publications and information about the SDO Programme at events including: the NHS Confederation Annual Conference, the Health Services Research Network Conference, the NICE Conference and the NHS Alliance Conference.

**SDO Programme budget**

The SDO Programme budget has increased steadily, reflecting the growth in the amount of research commissioned – from £167,000 in 2000/01 to £3.7 million in 2002/03 and £7 million in 2006/07. There are plans to substantially increase SDO Programme research funding over the next three years and plans are being made on how to allocate this additional funding, including spend on new research areas, such as public health research.

From 2006/07 SDO research funding will be allocated by the Department of Health under the three headings outlined on page 5 – Topic network areas, Other priority areas and Public health – and the existing SDO themes.

“The SDO Programme ... plays a highly important role in establishing the evidence base for the effectiveness, quality and safety of the health services, and, in turn, delivering the Wanless agenda.”

Cooksey, 2006
Methods for the measurement and evaluation of research output are well established and increasingly important in terms of accountability, research funding and research careers. However, there is a growing international awareness that current approaches are focused on scientific quality and heavily dependent on a limited range of evaluation methods, most notably bibliometric analysis. This issue is particularly salient for those engaged in applied research, where expectations of impact on policy and practice will be higher and where conventional methods of evaluation may prove inadequate.

In the UK, these issues have been addressed most recently by the UK Evaluation Forum, jointly sponsored by the Academy of Medical Sciences, the Medical Research Council and the Wellcome Trust. This focuses on medical research but its conclusions are more widely applicable to health services research. The report concludes that medical research produces a wide range of socioeconomic benefits and that a wider range of methods is needed to capture, evaluate and demonstrate these benefits. Multiple methods may need to be applied in concert but the exact choice of methods will depend on both the goals of the programme and the stage of development (UK Evaluation Forum, 2006).

In the Netherlands, the Council for Medical Sciences of the Royal Netherlands Academy of Arts and Sciences has argued previously that applied health research differs from basic biomedical research in having a dual mission, both scientific and social. Such research is concerned explicitly not only with the acquisition of new knowledge but also with the usefulness and implementation of this knowledge. It follows that applied health research should be assessed using a framework that integrates both scientific quality and societal benefit (KNAW, 2002).

In the USA, the Director of the Office of Science and Technology Policy has referred to the emergence of a new ‘science of science policy’ that much better recognises the complexity of the links between R&D investment and societal benefits, with a particular emphasis on innovation and economic returns. Traditional linear models of research impact and customary metrics are seen as inadequate in answering important questions about how much and what sort of research should be funded (Marburger, 2005).
Further examples could be given from other national settings. Despite this growing consensus, commonly accepted instruments for measuring the societal impact of research have yet to emerge within individual countries, let alone internationally. In part this reflects the more general difficulties of research-impact evaluation. These include the time-lag between research and tangible outcomes and the problem of attribution. The latter problem arises from the collaborative nature of research and the difficulty of identifying the relative contributions of different funders and researchers, together with the difficulty of tracing the role of individual research inputs to specific techniques, products or services.

In the case of applied health research there are additional challenges. Measures of the societal impact of research have yet to be agreed. Such measures will, necessarily, often be indirect or proxy measures. Research that yields high social benefits may not be highly rated in scientific terms and vice versa (Smith, 2001). The definition of social benefit may involve more contesting of values than the definition of scientific merit, not least because it may engage a more diverse range of interest groups.

Given this background, it was clear that an appropriate framework for evaluating the impact of the SDO would need to go beyond conventional measures of publications and citations and be multi-dimensional. Few good examples of evaluation of applied health research programmes exist but we were particularly influenced by the RAND Europe/HERG evaluation of the programme of the Arthritis Research Campaign (Wooding, 2004). This applied the ‘payback’ model developed by the Health Economics Research Group at Brunel University (the development of which was funded originally by the Department of Health) to a commissioned programme of applied research with goals not dissimilar to those of the SDO. This model employs various categories of benefits, including knowledge production, research targeting and research capacity, informing policy and product development, health and health sector benefits and wider economic benefits. The model also uses a logic model which categorises outputs as either primary (e.g. publications) or secondary (e.g. policies and practice).

The categories of output adopted and the methodologies used for identifying where SDO-commissioned projects led to these outputs are described more fully in SDO research outputs, page 13. Doubtless these could be challenged, but the key point is that this study adopts a multi-dimensional framework that seeks to identify the impact of research on policy and practice, as well as contribute to the stock of knowledge. The research team sought to gather and appraise evidence within this framework using a systematic approach. What emerges is a picture of a programme that is having an impact in diverse ways, not all of which might have been predicted, as well as adding to the body of knowledge about how health services can be organised and delivered.
A portfolio of 23 projects was selected to demonstrate the range of outputs and impacts of SDO-funded research. For discussion of this methodology, see Appendix 2.

The sample of 23 research projects was selected by the NCCSDO academic team from the complete list of studies that has been funded by the SDO. The range of projects chosen aimed to demonstrate that SDO-funded research adheres to the aim of being useful for health services delivery and organisation and so is responsive, timely, accessible and relevant, and corresponds with national priorities (Allen, 2005). The selection criteria were:

- research was completed by 1 May 2006
- final report of research had been received and approved
- research projects were spread across the SDO commissioning themes
- some evidence of impact was known to be available (e.g. publication, knowledge or likelihood of an impact).

Table 2 (page 15) lists the 23 projects, organised by commissioning theme. It provides a brief summary of the research, including where the principal investigator was located, the origin of the research, the type of research and budget allocated to the work.

Categorised research outputs adopt the ‘payback model’ (Wooding, 2004). The knowledge produced by SDO-funded research is referred to as ‘primary outputs’. These primary outputs are grouped into two categories. First, there are outputs produced by the NCCSDO (e.g. research summaries) and second, there are outputs which are produced by the researchers themselves (e.g. peer-reviewed journal articles, conference presentations). Where SDO research has informed policies and practices, these are referred to as secondary outputs.

The variety of outputs from SDO-funded research means that it is possible to trace the ‘knowledge flow’ (Wooding, 2004) – that is, how knowledge is disseminated, who it is disseminated to, how they use it, and the extent of the knowledge translation (e.g. whether the research is published in a peer-reviewed or professional journal). In this section, the knowledge flow is traced through the identification of ‘secondary outputs’.

Data were collected in two stages, starting with primary outputs, then continuing in a snowball fashion to capture as much data as possible on secondary outputs.

Internal data sources were searched first. These included NCCSDO documents (e.g. annual reports),

### Table 1. Research commissioned, ongoing and completed (as of 10 July 2006)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects commissioned 2000/01</td>
<td>11</td>
</tr>
<tr>
<td>Projects commissioned 2001/02</td>
<td>5</td>
</tr>
<tr>
<td>Projects commissioned 2002/03</td>
<td>27</td>
</tr>
<tr>
<td>Projects commissioned 2003/04</td>
<td>17</td>
</tr>
<tr>
<td>Projects commissioned 2004/05</td>
<td>19</td>
</tr>
<tr>
<td>Projects commissioned 2005/06</td>
<td>38</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>117</strong></td>
</tr>
<tr>
<td>Projects ongoing</td>
<td>61</td>
</tr>
<tr>
<td>Projects completed</td>
<td>70*</td>
</tr>
</tbody>
</table>

*Of these, 55 are completed with a final report agreed and signed off by the Programme director.
NCCSDO monitoring data (e.g. projects database) and NCCSDO staff (e.g. commissioning managers, interviews with academic leads).

Data on the number of website downloads (see Table 3, page 20) were collated from routine monitoring data collected internally by the London School of Hygiene and Tropical Medicine (LSHTM). The PDF downloads relating to the SDO Programme were identified from the list of all downloads from the LSHTM website, initially by the acronym ‘SDO’ appearing in the URL, then by checking the URL to see which report it led to.

Data published externally were located through a search using:
- online databases (e.g. HMIC, JSTOR, SIGLE, PubMed)
- search engines (e.g. Google and Google Scholar)
- hand searches of key journals
- searches of key organisations and publications (e.g. Department of Health publications library, Social Care Institute of Excellence [SCIE] publications).

An email was also sent to all PIs of non-case-study projects asking them to provide lists of outputs and any known impacts. All PIs responded to this email.

The primary outputs identified include SDO publications, academic publications and ‘grey’ literature, such as peer-reviewed journal articles, conference presentations (posters and oral), books (and book chapters) and other publications whose primary author is a member of the research team.

The secondary outputs identified are those where the primary outputs (e.g. final research reports, SDO research summary, peer-reviewed papers) are cited in policy documents, practice guidance, newsletters, websites and the media.

Searches were conducted systematically using the surname and first initial of the PI and members of the research team, and combinations of these names. Keywords describing the research were also used with these names (e.g. ‘Taylor’ + ‘COPD’). While attribution is difficult, where possible the outputs were verified as being related to the SDO through direct citations to the final report or primary outputs. In some cases (e.g. media coverage), key phrases or findings from the research were used as indicators of attribution, but only if they were linked to a name of a researcher or organisation involved in the research. Outputs were also verified by date (i.e. they had to have been published after the start of the research study) and were sent to PIs for verification.
### Table 2. Summary of 23 research projects, by SDO commissioning theme

<table>
<thead>
<tr>
<th>SDO commissioning theme</th>
<th>SDO ref., project title</th>
<th>Year start</th>
<th>Year end</th>
<th>Location</th>
<th>Origin of research</th>
<th>Type of research</th>
<th>Budget (£)</th>
<th>Description of research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1(a). Patient- and carer-centred services: Continuity of care</strong></td>
<td>SDO/11 While</td>
<td>2001</td>
<td>2001</td>
<td>King's College London</td>
<td>Listening exercise</td>
<td>Literature review</td>
<td>58,733</td>
<td>To identify and assess practices to enhance continuity during the transition from child to adult care.</td>
</tr>
<tr>
<td></td>
<td>A multi-method review to identify components of practice which may promote continuity in the transition from child to adult care for young people with chronic illness or disability</td>
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<tr>
<td></td>
<td>SDO/13b Baker</td>
<td>2001</td>
<td>2005</td>
<td>University of Leicester</td>
<td>Listening exercise</td>
<td>Empirical (one stage)</td>
<td>300,969</td>
<td>To determine patients’ and carers’ views and choices about the importance of relational, informational and managerial continuity compared to other aspects of care.</td>
</tr>
<tr>
<td></td>
<td>Patients’ and carers’ views and choices in their use of primary care services</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1(b). Patient- and carer-centred services: Access to health care</strong></td>
<td>SDO/23 Alborz</td>
<td>2002</td>
<td>2003</td>
<td>University of Manchester</td>
<td>Listening exercise</td>
<td>Literature review</td>
<td>55,938</td>
<td>To identify theory, evidence and gaps in knowledge relating to help-seeking behaviour of people with learning disabilities, barriers and problems in securing health care.</td>
</tr>
<tr>
<td></td>
<td>From the cradle to the grave. A literature review of access to health care for people with learning disabilities across the life span</td>
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</tr>
<tr>
<td></td>
<td>SDO/34 Salisbury</td>
<td>2002</td>
<td>2005</td>
<td>University of Bristol</td>
<td>Listening exercise</td>
<td>Empirical (one stage)</td>
<td>156,246</td>
<td>To compare the effectiveness, cost-effectiveness, accessibility and acceptability of a primary care dermatology service.</td>
</tr>
<tr>
<td></td>
<td>Evaluation of a primary care dermatology service</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>SDO/35 Rosen</td>
<td>2003</td>
<td>2004</td>
<td>King's Fund</td>
<td>Listening exercise</td>
<td>Empirical (one stage)</td>
<td>192,924</td>
<td>To evaluate the impact of GP specialist clinics on access to GP and hospital specialist care in four clinical specialties.</td>
</tr>
</tbody>
</table>
### Table 2. Summary of 23 research projects, by SDO commissioning theme

<table>
<thead>
<tr>
<th>SDO commissioning theme</th>
<th>SDO ref., project title</th>
<th>Year start</th>
<th>Year end</th>
<th>Location</th>
<th>Origin of research</th>
<th>Type of research</th>
<th>Budget (£)</th>
<th>Description of research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1(b). Patient- and carer-centred services: Access to health care</strong></td>
<td>SDO/80 Fotaki Patient choice and the organisation and delivery of health services: A scoping exercise</td>
<td>2004</td>
<td>2005</td>
<td>University of Manchester</td>
<td>Chief Executives’ Forum</td>
<td>Scoping exercise</td>
<td>77,398</td>
<td>To produce an explanatory framework for choice in health and social care to enable the SDO to commission empirical research.</td>
</tr>
<tr>
<td><strong>1(c). Patient- and carer-centred services: Carers</strong></td>
<td>SDO/15 Arksey Services to support carers of people with mental health problems</td>
<td>2001</td>
<td>2002</td>
<td>University of York</td>
<td>Mental Health ‘Csar’</td>
<td>Scoping exercise</td>
<td>76,763</td>
<td>To scope existing evidence and advise the SDO what to commission in the area of services to support carers of people with mental health problems.</td>
</tr>
<tr>
<td></td>
<td>SDO/47 Burns Measuring outcomes for carers of people with mental health problems</td>
<td>2003</td>
<td>2003</td>
<td>University of Oxford</td>
<td>Commissioning group and project SDO/15 Arksey</td>
<td>Review and synthesis</td>
<td>64,053</td>
<td>To review current instruments measuring outcomes for carers of people with mental health problems (builds on scoping exercise SDO/15 Arksey).</td>
</tr>
<tr>
<td></td>
<td>SDO/48 Arksey Respite services for carers of people with dementia</td>
<td>2003</td>
<td>2003</td>
<td>University of York</td>
<td>Commissioning group and project SDO/15 Arksey</td>
<td>Review and synthesis</td>
<td>75,573</td>
<td>To establish current knowledge about effectiveness and cost-effectiveness of respite care and short breaks for carers of people with dementia (builds on scoping exercise SDO/15 Arksey)</td>
</tr>
<tr>
<td></td>
<td>SDO/54 Huxley Professionals sharing information with carers – examples of good practice</td>
<td>2003</td>
<td>2004</td>
<td>King’s College London</td>
<td>Commissioning group and project SDO/15 Arksey</td>
<td>Review and synthesis</td>
<td>79,999</td>
<td>To investigate guidance, policy and practice about professionals sharing information with carers of people with mental health problems.</td>
</tr>
<tr>
<td>SDO commissioning theme</td>
<td>SDO ref., project title</td>
<td>Year start</td>
<td>Year end</td>
<td>Location</td>
<td>Origin of research</td>
<td>Type of research</td>
<td>Budget (£)</td>
<td>Description of research</td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>2(a). Evaluating models of health services delivery: Evaluating models</td>
<td>SDO/29 Cooke Reducing attendance and waits in A&amp;E Departments: A review and survey of present innovations</td>
<td>2002</td>
<td>2003</td>
<td>University of Warwick</td>
<td>Innovation general call</td>
<td>Review and synthesis</td>
<td>76,015</td>
<td>To identify studies that have an outcome measure of waiting time in A&amp;E or of reductions in attendances there in order to inform policy, assist providers and indicate areas for further research.</td>
</tr>
<tr>
<td></td>
<td>SDO/31 McPherson Enhanced or extended roles for allied health professionals in the NHS</td>
<td>2002</td>
<td>2003</td>
<td>University of Southampton</td>
<td>Innovation general call</td>
<td>Review and synthesis</td>
<td>79,718</td>
<td>To identify, appraise and summarise extended scopes of practice in five allied professions and consolidate the evidence for innovations.</td>
</tr>
<tr>
<td></td>
<td>SDO/43 Turner The costs and benefits of managing low priority 999 ambulance calls by NHS Direct nurse advisors</td>
<td>2003</td>
<td>2005</td>
<td>University of Sheffield</td>
<td>Innovation general call</td>
<td>Empirical (one stage)</td>
<td>383,053</td>
<td>To study the costs and benefits of managing low priority 999 ambulance calls by NHS Direct nurse advisors.</td>
</tr>
<tr>
<td></td>
<td>SDO/56 Barkham Systematic review of staff morale in inpatient units in mental health settings</td>
<td>2003</td>
<td>2003</td>
<td>University of Leeds</td>
<td>Department of Health</td>
<td>Review and synthesis</td>
<td>59,592</td>
<td>To examine the extent, aetiology and consequences of poor staff morale in inpatient mental health services and the clinical and cost-effectiveness of strategies to improve morale.</td>
</tr>
</tbody>
</table>
Table 2. Summary of 23 research projects, by SDO commissioning theme

<table>
<thead>
<tr>
<th>SDO commissioning theme</th>
<th>SDO ref., project title</th>
<th>Year start</th>
<th>Year end</th>
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<th>Origin of research</th>
<th>Type of research</th>
<th>Budget (£)</th>
<th>Description of research</th>
</tr>
</thead>
<tbody>
<tr>
<td>2(b). Evaluating models: Nursing and midwifery</td>
<td>SDO/37 Taylor Evaluating the effectiveness of innovations involving nurses for people with chronic obstructive airways disease</td>
<td>2003</td>
<td>2004</td>
<td>Barts and The London NHS Trust</td>
<td>Innovation general call</td>
<td>Review and synthesis</td>
<td>78,496</td>
<td>Investigate innovations involving nurses in the organisation and delivery of health services to people with chronic obstructive pulmonary disease (COPD) in the community.</td>
</tr>
<tr>
<td>3. Change management</td>
<td>SDO/4 Iles &amp; Sutherland Review of existing research evidence on change management and quality improvement</td>
<td>2000</td>
<td>2001</td>
<td>London School of Hygiene and Tropical Medicine; University of Cambridge</td>
<td>Government White Paper</td>
<td>Review and synthesis</td>
<td>93,719</td>
<td>To survey literature on change management and examine how it can be applied to the NHS, presenting the main models, approaches and tools for managers and professionals.</td>
</tr>
<tr>
<td></td>
<td>SDO/17 Rose User and carer involvement in change management in a mental health context: Review of the literature</td>
<td>2002</td>
<td>2002</td>
<td>Institute of Psychiatry</td>
<td>Listening exercise</td>
<td>Review and synthesis</td>
<td>41,133</td>
<td>To investigate the most important factors in bringing about change in organisations in respect of the involvement of service users and carers in the mental health domain.</td>
</tr>
<tr>
<td></td>
<td>SDO/18 Crawford User involvement in change management: A review of the literature</td>
<td>2002</td>
<td>2003</td>
<td>Imperial College of Science Technology and Medicine; University of London</td>
<td>Listening exercise</td>
<td>Review and synthesis</td>
<td>82,994</td>
<td>To identify factors promoting successful user involvement across different settings and the relevance of these for current efforts to involve users in change management in the NHS.</td>
</tr>
<tr>
<td></td>
<td>SDO/38 Greenhalgh Diffusion, spread and sustainability of innovations in health service delivery and organisation</td>
<td>2002</td>
<td>2003</td>
<td>University College London</td>
<td>NHS Modernisation Agency</td>
<td>Review and synthesis</td>
<td>79,643</td>
<td>To set out potential models for promoting spread of best practice in service delivery and organisation in the health service, drawing on studies of adoption, spread and sustainability of improvements.</td>
</tr>
<tr>
<td>SDO commissioning theme</td>
<td>SDO ref., project title</td>
<td>Year start</td>
<td>Year end</td>
<td>Location</td>
<td>Origin of research</td>
<td>Type of research</td>
<td>Budget (£)</td>
<td>Description of research</td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td></td>
<td>SDO/82 Roland Outpatient services and primary care</td>
<td>2005</td>
<td>2005</td>
<td>University of Manchester</td>
<td>Primary Care ‘Csar’</td>
<td>Scoping exercise</td>
<td>47,151</td>
<td>To identify processes in primary care (transfer, relocation, liaison and professional behaviour change) that influence the efficiency and effectiveness of outpatient services.</td>
</tr>
<tr>
<td>5. Research methods</td>
<td>SDO/58 Lavis, Mays, Harvey Methods of synthesis: Making it useful for evidence-based management and policy making</td>
<td>2003</td>
<td>2005</td>
<td>Canadian Health Services Research Foundation (CHSRF); SDO Programme</td>
<td>SDO Programme strategy</td>
<td>Review and synthesis</td>
<td>50,000</td>
<td>To draw together the methods for synthesising and interpreting research findings for health service managers and policy makers.</td>
</tr>
</tbody>
</table>
### Table 3. Number of downloads per project from the SDO Programme website, January to March 2006 (ranked by highest total number of downloads first)

<table>
<thead>
<tr>
<th>SDO ref., project title</th>
<th>‘Hits’ on SDO Programme website*</th>
<th>Final report</th>
<th>Research summary</th>
<th>Total downloads**</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDO/29 Cooke</td>
<td>Reducing attendance and waits in A&amp;E Departments: A review and survey of present innovations</td>
<td>1733</td>
<td>2911</td>
<td>4871</td>
</tr>
<tr>
<td>SDO/31 McPherson</td>
<td>Enhanced or extended roles for allied health professionals in the NHS</td>
<td>3605</td>
<td>1147</td>
<td>4794</td>
</tr>
<tr>
<td>SDO/56 Barkham</td>
<td>Systematic review of staff morale in inpatient units in mental health settings</td>
<td>4615</td>
<td>n/a</td>
<td>4615</td>
</tr>
<tr>
<td>SDO/23 Alborz</td>
<td>From the cradle to the grave. A literature review of access to health care for people with learning disabilities across the life span</td>
<td>3374</td>
<td>1191</td>
<td>4605</td>
</tr>
<tr>
<td>SDO/54 Huxley</td>
<td>Professionals sharing information with carers – examples of good practice</td>
<td>749</td>
<td>3236</td>
<td>4113</td>
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<tr>
<td>SDO/80 Fotaki</td>
<td>Patient choice and the organisation and delivery of health services: A scoping exercise</td>
<td>4111</td>
<td>n/a</td>
<td>4111</td>
</tr>
<tr>
<td>SDO/38 Greenhalgh</td>
<td>Diffusion, spread and sustainability of innovations in health service delivery and organisation</td>
<td>1020</td>
<td>2219</td>
<td>3669</td>
</tr>
<tr>
<td>SDO/39 Goodwin</td>
<td>Managing across diverse networks of health care providers: Lessons from other sectors</td>
<td>965</td>
<td>1096</td>
<td>2325</td>
</tr>
<tr>
<td>SDO/15 Arksey</td>
<td>Services to support carers of people with mental health problems</td>
<td>1514†</td>
<td>494</td>
<td>2187</td>
</tr>
<tr>
<td>SDO/48 Arksey</td>
<td>Respite services for carers of people with dementia</td>
<td>444</td>
<td>449</td>
<td>1098</td>
</tr>
<tr>
<td>SDO/11 While</td>
<td>A multi-method review to identify components of practice which may promote continuity in the transition from child to adult care for young people with chronic illness or disability</td>
<td>489</td>
<td>494</td>
<td>983</td>
</tr>
<tr>
<td>SDO/17 Rose</td>
<td>User and carer involvement in change management in a mental health context: Review of the literature</td>
<td>789</td>
<td>166 (joint with SDO/18)</td>
<td>955</td>
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<tr>
<td>SDO/18 Crawford</td>
<td>User involvement in change management: A review of the literature</td>
<td>699</td>
<td>166 (joint with SDO/17)</td>
<td>865</td>
</tr>
<tr>
<td>SDO ref., project title</td>
<td>Final report</td>
<td>Research summary</td>
<td>Total downloads**</td>
<td></td>
</tr>
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<td>--------------------------------------------------------------------------------------</td>
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<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>SDO/13b Baker Patients’ and carers’ views and choices in their use of primary care services</td>
<td>633</td>
<td>n/a</td>
<td>693</td>
<td></td>
</tr>
<tr>
<td>SDO/30 Griffiths User directed assessments (self-assessment) to identify health and social care needs among older people: A multi-method systematic review of literature and practice</td>
<td>508</td>
<td>n/a</td>
<td>683</td>
<td></td>
</tr>
<tr>
<td>SDO/37 Taylor Evaluating the effectiveness of innovations involving nurses for people with chronic obstructive airways disease</td>
<td>453</td>
<td>n/a</td>
<td>453</td>
<td></td>
</tr>
<tr>
<td>SDO/4 Iles &amp; Sutherland Review of existing research evidence on change management and quality improvement††</td>
<td>n/a</td>
<td>n/a</td>
<td>330</td>
<td></td>
</tr>
<tr>
<td>SDO/82 Roland Outpatient services and primary care</td>
<td>&lt;30</td>
<td>n/a</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>SDO/47 Burns Measuring outcomes for carers of people with mental health problems</td>
<td>&lt;30</td>
<td>n/a</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>SDO/34 Salisbury Evaluation of a primary care dermatology service</td>
<td>&lt;30</td>
<td>n/a</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>SDO/58 Lavis, Mays, Harvey Methods of synthesis: Making it useful for evidence-based management and policy making</td>
<td>&lt;30</td>
<td>n/a</td>
<td>&lt;30</td>
<td></td>
</tr>
<tr>
<td>SDO/35 Rosen A study of general practitioner specialist clinics to evaluate their impact on access to specialist care, costs and patient and clinician satisfaction</td>
<td>&lt;30</td>
<td>n/a</td>
<td>&lt;30</td>
<td></td>
</tr>
<tr>
<td>SDO/43 Turner The costs and benefits of managing low priority 999 ambulance calls by NHS Direct nurse advisors</td>
<td>&lt;30</td>
<td>n/a</td>
<td>&lt;30</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>**25,701</td>
<td>13,403</td>
<td>41,525</td>
<td></td>
</tr>
</tbody>
</table>

* The figures assume that one ‘hit’ on the PDF URL indicates that the document has been accessed and downloaded.
** The total is the sum of all downloads related to this project, including the commissioning brief and lay and scientific summaries.
<30 – No. of ‘hits’ is between 0 and 29. Data is not collected for sites which receive less than 30 hits during the quarter; therefore the number of hits cannot be accurately calculated.
n/a – Not applicable. This document has not (yet) been produced for this project.
† This includes downloads of the ‘overview’ and ‘literature review’ reports, which form the final report in this project.
†† The figures for this project do not include the review book, booklet or evaluation report.
Organisational Change and Making Informed Decisions on Change (publications from SDO/4 Iles & Sutherland) were downloaded a total of 56,442 times between January and March 2006 (45,547 and 10,985 times respectively). The report of the evaluation of these resources (Cranfield, 2002) is also popular, having received 1294 ‘hits’ in the same period.

Studies are also included in research databases which may be accessed by researchers, policy makers and other stakeholders. For example, the Department of Health Research Findings Electronic Register (ReFeR) summarises eight of the 23 projects* and the University of York’s Centre for Review and Dissemination (CRD) includes descriptions of seven of the 23 projects (SDO/15 Arksey, SDO/18 Crawford, SDO/29 Cooke, SDO/34 Salisbury, SDO/37 Taylor, SDO/48 Arksey and SDO/54 Huxley).

All the projects are included on the National Research Register which is an online database of recent research of interest to the NHS (www.nrr.nhs.uk).

* SDO/11 While (ReFeR ref. 1234); SDO/15 Arksey (ReFeR ref. 1207); SDO/17 Rose (ReFeR ref. 1205); SDO/18 Crawford (ReFeR ref. 1206); SDO/23 Alborz (ReFeR ref. 1209); SDO/38 Greenhalgh (ReFeR ref. 1281); SDO/48 Arksey (ReFeR ref. 1589); SDO/56 Barkham (ReFeR ref. 1591).
(a) Primary outputs: SDO Programme

The outputs published by the SDO Programme for the 23 projects are summarised in Table 4 (page 24).

- All 23 studies have at least one output published on the SDO website.
- Of the 23 projects, 15 have research summaries, including one joint paper (SDO/17 Rose and SDO/18 Crawford). Research summaries are planned for projects SDO/30 Griffiths and SDO/82 Roland.
- Of the 23 projects, 14 have an online lay summary.
- The review of change management (SDO/4 Iles & Sutherland) produced two different types of resource (a review and a booklet).

Evaluation of the dissemination of two outputs from the review of change management (SDO/4 Iles & Sutherland), Organisational Change (a summary of the review often known as the ‘green book’) and Making Informed Decisions on Change (a booklet aimed at NHS managers) revealed that policy makers, managers and practitioners in the NHS find out about these resources through a variety of sources (e.g. training courses and senior colleagues). All respondents “found the review more user-friendly than they expected” (Cranfield, 2002).

Research summaries

Research summaries aim to provide an accessible overview of the research for practitioners, policy makers and managers and are disseminated using targeted strategies. For example, the research summary Sharing mental health information with carers: pointers to good practice for service providers (SDO/54 Huxley) was disseminated to over 19,000 GPs and practice nurses at the beginning of 2006.

Research summaries intend to highlight the key findings and lessons from research. For example, the research summary Access to health care for people with learning disabilities is relevant to local policy makers, and this was indicated on the summary itself.

“[Research summary] … should be of particular interest to members of Learning Disability Partnership Board subgroups for health.”

Debra Moore, Valuing People Support Team (on the SDO research summary Access to health care for people with learning disabilities [SDO/23 Alborz])
Table 4. Summary of the SDO Programme outputs from a sample of 23 research projects

<table>
<thead>
<tr>
<th>SDO commissioning theme</th>
<th>SDO ref., project title</th>
<th>SDO outputs published on the SDO Programme website</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lay summary</td>
</tr>
<tr>
<td>1(a). Patient- and carer-centred services: Continuity of care</td>
<td>SDO/11 While</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>A multi-method review to identify components of practice which may promote continuity in the transition from child to adult care for young people with chronic illness or disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDO/13b Baker</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Patients’ and carers’ views and choices in their use of primary care services</td>
<td></td>
</tr>
<tr>
<td>1(b). Patient- and carer-centred services: Access to health care</td>
<td>SDO/23 Alborz</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>From the cradle to the grave. A literature review of access to health care for people with learning disabilities across the life span</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDO/34 Salisbury</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Evaluation of a primary care dermatology service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDO/35 Rosen</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>A study of general practitioner specialist clinics to evaluate their impact on access to specialist care, costs and patient and clinician satisfaction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDO/80 Fotaki</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Patient choice and the organisation and delivery of health services: A scoping exercise</td>
<td></td>
</tr>
<tr>
<td>1(c). Patient- and carer-centred services: Carers</td>
<td>SDO/15 Arksey</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Services to support carers of people with mental health problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDO/47 Burns</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Measuring outcomes for carers of people with mental health problems</td>
<td></td>
</tr>
<tr>
<td>SDO commissioning theme</td>
<td>SDO ref., project title</td>
<td>SDO outputs published on the SDO Programme website</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lay summary</td>
</tr>
<tr>
<td>1(c). Patient- and carer-centred services: Carers</td>
<td>SDO/48 Arksey Respite services for carers of people with dementia</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>SDO/54 Huxley Professionals sharing information with carers – examples of good practice</td>
<td>✓</td>
</tr>
<tr>
<td>2(a). Evaluating models of health services delivery: Evaluating models</td>
<td>SDO/29 Cooke Reducing attendance and waits in A&amp;E Departments: A review and survey of present innovations</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>SDO/30 Griffiths User directed assessments (self-assessment) to identify health and social care needs among older people: A multi-method systematic review of literature and practice</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>SDO/31 McPherson Enhanced or extended roles for allied health professionals in the NHS</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>SDO/43 Turner The costs and benefits of managing low priority 999 ambulance calls by NHS Direct nurse advisors</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>SDO/56 Barkham Systematic review of staff morale in inpatient units in mental health settings</td>
<td>✓</td>
</tr>
<tr>
<td>2(b). Evaluating models: Nursing and midwifery</td>
<td>SDO/37 Taylor Evaluating the effectiveness of innovations involving nurses for people with chronic obstructive airways disease</td>
<td>✓</td>
</tr>
</tbody>
</table>
Table 4. Summary of the SDO Programme outputs from a sample of 23 research projects

<table>
<thead>
<tr>
<th>SDO commissioning theme</th>
<th>SDO ref., project title</th>
<th>SDO outputs published on the SDO Programme website</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lay summary</td>
</tr>
<tr>
<td>3. Change management</td>
<td>SDO/4 Iles &amp; Sutherland</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Review of existing research evidence on change management and quality improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDO/17 Rose</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>User and carer involvement in change management in a mental health context: Review of the literature</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDO/18 Crawford</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>User involvement in change management: A review of the literature</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDO/38 Greenhalgh</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Diffusion, spread and sustainability of innovations in health service delivery and organisation</td>
<td></td>
</tr>
<tr>
<td>4. Studying health care organisations</td>
<td>SDO/39 Goodwin</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Managing across diverse networks of health care providers: Lessons from other sectors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDO/82 Roland</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Outpatient services and primary care</td>
<td></td>
</tr>
<tr>
<td>5. Research methods</td>
<td>SDO/58 Lavis, Mays, Harvey</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Methods of synthesis: Making it useful for evidence-based management and policy making</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
- ✓ indicates availability on the SDO Programme website.
- ✗ indicates unavailability on the SDO Programme website.
- (with SDO/18 Crawford) indicates availability on the SDO Programme website with additional information provided by SDO/18 Crawford.
(b) Primary outputs: Produced by research team

Papers in peer-reviewed journals

From the 23 research projects, a total of 39 papers had been published in peer-reviewed journals by early 2006, equivalent to 1.7 articles per project (see Table 6, page 29).

The most peer-reviewed articles from any project is four, and four SDO projects have achieved this.
- Evaluation of a primary care dermatology service (SDO/34 Salisbury)
- Evaluating the effectiveness of innovations involving nurses for people with chronic obstructive airways disease (SDO/37 Taylor)
- Diffusion, spread and sustainability of innovations in health service delivery and organisation (SDO/38 Greenhalgh)
- Methods of synthesis: Making it useful for evidence-based management and policy making (SDO/58 Lavis, Mays, Harvey)

The number of peer-reviewed articles has increased steadily since 2002 (see Figure 1).

Other publications

Ten further primary outputs have been identified.

These are:

- Two books

  The book Diffusion of innovations in health service organisations: A systematic literature review by Professor Trisha Greenhalgh and colleagues was awarded the 2006 Baxter Award by the European Health Management Association for “an outstanding publication and practical contribution to excellence in healthcare management in Europe”.

- Eight summary briefings

  For example, the National Primary Care Research and Development Centre published an ‘easy read summary’ of the research by Alborz (SDO/23) called Getting Healthcare (Alborz, 2005).
Conference presentations

Presentations have been made to a range of audiences, including NHS managers (e.g. NHS Confederation), researchers (e.g. British Sociological Association), practitioners in primary care (e.g. Society for Academic Primary Care), practitioners in secondary care (e.g. 999 Emergency Medical Services [EMS] Research Forum), professional bodies (e.g. Royal College of Nurses) and the voluntary sector (e.g. Help the Hospices). See Table 5.

Several PIs reported that they were invited to give the keynote address at national conferences. Professor Trisha Greenhalgh was invited to present on the diffusion of innovations at the NICe annual conference in 2005. Professor Chris Salisbury won an award for ‘best presentation by an experienced researcher’ at the Annual Society of Academic Primary Care conference in July 2005 for his presentation of his study of dermatology services in primary care (SDO/34). He subsequently made a ‘Presentation of Distinction’ at the North American Primary Care Research Group conference in Quebec (November 2005).

Table 5. National and international conference presentations by year (2002 to 2006)

<table>
<thead>
<tr>
<th>Year</th>
<th>National conferences</th>
<th>International conferences</th>
<th>Total per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2003</td>
<td>11</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>2004</td>
<td>15</td>
<td>17</td>
<td>32</td>
</tr>
<tr>
<td>2005</td>
<td>23</td>
<td>8</td>
<td>31</td>
</tr>
<tr>
<td>2006</td>
<td>12</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL</td>
<td>63</td>
<td>32</td>
<td>95</td>
</tr>
</tbody>
</table>
Table 6. Summary of papers in peer-reviewed journals, by SDO commissioning theme and project (2002 to 2006)

<table>
<thead>
<tr>
<th>SDO commissioning theme</th>
<th>SDO ref., project title</th>
<th>Journal title</th>
<th>Date</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A multi-method review to identify components of practice which may promote continuity in the transition from child to adult care for young people with chronic illness or disability</td>
<td>Child: Care, Health and Development</td>
<td>2004</td>
<td>While A, Forbes A, Ullman R, Lewis S, Mathes L, Griffiths P. Good practices that address continuity of care during transition from child to adult care: synthesis of the evidence. 30(5): 439–52.</td>
</tr>
</tbody>
</table>
### Table 6. Summary of papers in peer-reviewed journals, by SDO commissioning theme and project (2002 to 2006) continued

<table>
<thead>
<tr>
<th>SDO commissioning theme</th>
<th>SDO ref., project title</th>
<th>Journal title</th>
<th>Date</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Journal of Health Services Research &amp; Policy (JHSRP)</td>
<td></td>
<td>2006</td>
</tr>
<tr>
<td><strong>1(c). Patient- and carer-centred services: Carers</strong></td>
<td>SDO/15 Arksey</td>
<td>Services to support carers of people with mental health problems</td>
<td>2003</td>
<td>Arksey H. Scoping the field: services for carers of people with mental health problems. 11(4): 335–44.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>International Journal of Social Research Methodology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDO commissioning theme</td>
<td>SDO ref., project title</td>
<td>Journal title</td>
<td>Date</td>
<td>Reference</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------</td>
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<td>-----------</td>
</tr>
</tbody>
</table>
## Table 6. Summary of papers in peer-reviewed journals, by SDO commissioning theme and project (2002 to 2006) continued

<table>
<thead>
<tr>
<th>SDO commissioning theme</th>
<th>SDO ref., project title</th>
<th>Journal title</th>
<th>Date</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDO commissioning theme</td>
<td>SDO ref., project title</td>
<td>Journal title</td>
<td>Date</td>
<td>Reference</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------------</td>
<td>---------------</td>
<td>------</td>
<td>-----------</td>
</tr>
</tbody>
</table>
(c) Primary outputs: Citations

Citations in peer-reviewed journals

- The total number of citations of SDO-funded research in peer-reviewed journal articles is 154.
- Each of the 23 research projects has so far produced an average of 6.7 citations.
- There were 17 citations in the *British Medical Journal* (BMJ).

Table 7 shows the distribution of citations across four key fields of publications – management, clinical practice, health services development and policy, and social science (theory and methodology). From this it is evident that most knowledge flows to peer-reviewed journals are in the professional domain, thereby reaching an audience of primarily clinicians and professionals.

Table 7. Number of citations in peer-reviewed journal articles in key fields

<table>
<thead>
<tr>
<th>Type of journal</th>
<th>Number of articles citing SDO-funded research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management (e.g. <em>British Journal of Management</em>)</td>
<td>12</td>
</tr>
<tr>
<td>Clinical practice (e.g. <em>Psychiatric Bulletin</em>)</td>
<td>86</td>
</tr>
<tr>
<td>Health services development and policy (e.g. <em>Journal of Health Service Research &amp; Policy</em> [JHSRP], <em>Quality &amp; Safety in Healthcare</em>)</td>
<td>44</td>
</tr>
<tr>
<td>Social science (e.g. <em>Social Science and Medicine</em>, <em>Qualitative Research</em>)</td>
<td>12</td>
</tr>
</tbody>
</table>
(d) Secondary outputs

Citations in policy and professional guidance

Twelve of the 23 projects have influenced health and social care policy and practice guidance in the UK (see Table 8).

A total of 24 policy and practice guidance documents that cite SDO-funded research were identified. The most common citations are in NICE guidance (five citations).

Table 8. Citations in policy and professional guidance

<table>
<thead>
<tr>
<th>SDO ref.</th>
<th>Title of citing policy or guidance</th>
<th>Publishing organisation</th>
<th>Date of publication</th>
<th>National or local</th>
<th>Policy or guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDO/11</td>
<td>Transition: getting it right for young people. National Service Framework for Children, Young People and Maternity Services</td>
<td>Department of Health (England) and Department for Education and Skills</td>
<td>March 2006</td>
<td>National</td>
<td>Practice guidance</td>
</tr>
<tr>
<td>SDO/48</td>
<td>Dementia guideline. (Full guideline consultation, appendix 7)</td>
<td>NICE</td>
<td>May 2006</td>
<td>National</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/38</td>
<td>Systematic and other reviews: terms and definitions used by UK organisations and selected databases. Systematic review and Delphi survey</td>
<td>NICE</td>
<td>February 2006</td>
<td>National</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/34</td>
<td>Guidance on Cancer Services. Improving Outcomes for People with Skin Tumours including Melanoma. Analysis of the Potential Economic Impact of the Guidance</td>
<td>NICE</td>
<td>February 2006</td>
<td>National</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/35</td>
<td>Guidance on Cancer Services. Improving Outcomes for People with Skin Tumours including Melanoma. Analysis of the Potential Economic Impact of the Guidance</td>
<td>NICE</td>
<td>February 2006</td>
<td>National</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/38</td>
<td>How to put NICE guidance into practice. A guide to implementation for organisations</td>
<td>NICE</td>
<td>December 2005</td>
<td>National</td>
<td>Practice guidance</td>
</tr>
</tbody>
</table>
Table 8. Citations in policy and professional guidance

<table>
<thead>
<tr>
<th>SDO ref.</th>
<th>Title of citing policy or guidance</th>
<th>Publishing organisation</th>
<th>Date of publication</th>
<th>National or local</th>
<th>Policy or guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDO/4 Iles &amp; Sutherland</td>
<td>Tackling health inequalities: turning policy into practice?</td>
<td>Health Development Agency</td>
<td>2004</td>
<td>National</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/38 Greenhalgh</td>
<td>Complexity of sustaining healthcare improvements: what have we learned so far? (Research into practice report no.13)</td>
<td>NHS Modernisation Agency</td>
<td>October 2004</td>
<td>National</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/4 Iles &amp; Sutherland</td>
<td>Doing well by people with depression. Evidence to Practice – A guide to help develop services for the management of depression</td>
<td>Centre for Change &amp; Innovation, NHS Scotland</td>
<td>July 2005 (online)</td>
<td>National</td>
<td>Practice guidance</td>
</tr>
<tr>
<td>SDO/23 Alborz</td>
<td>Promoting access to healthcare for people with a learning disability – a guide for frontline NHS staff (Best Practice Statement)</td>
<td>NHS Quality Improvement Scotland</td>
<td>February 2006</td>
<td>National</td>
<td>Practice guidance</td>
</tr>
<tr>
<td>SDO/15 Arksey</td>
<td>Equality and Human Rights: Access to Health and Social Services in Northern Ireland (Section 9)</td>
<td>Department of Health, Social Services and Public Safety (Northern Ireland)</td>
<td>Date unknown</td>
<td>National</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/29 Cooke</td>
<td>Standards for the provision of emergency admission services: a review of the evidence</td>
<td>National Public Health Service for Wales</td>
<td>November 2005</td>
<td>National</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/15 Arksey</td>
<td>SCIE position paper 4. Developing social care: the past, the present and the future</td>
<td>Social Care Institute for Excellence (SCIE)</td>
<td>July 2005</td>
<td>National</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/48 Arksey</td>
<td>Update for SCIE best practice guide on assessing the mental health needs of older people</td>
<td>Social Care Workforce Research Unit</td>
<td>August 2005</td>
<td>National</td>
<td>Practice guidance</td>
</tr>
<tr>
<td>SDO/17 Rose</td>
<td>SCIE position paper 3. Has service user participation made a difference to social care services?</td>
<td>Social Care Institute for Excellence (SCIE)</td>
<td>March 2004</td>
<td>National</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/11 While</td>
<td>SCIE research briefing 4. Transition of young people with physical disabilities or chronic illness from children’s to adult’s services</td>
<td>Social Care Institute for Excellence (SCIE)</td>
<td>April 2004</td>
<td>National</td>
<td>Practice guidance</td>
</tr>
<tr>
<td>SDO/11 While</td>
<td>Adolescent transition care. Guidance for nursing staff</td>
<td>Royal College of Nursing (RCN)</td>
<td>2004</td>
<td>National</td>
<td>Practice guidance</td>
</tr>
<tr>
<td>SDO ref.</td>
<td>Title of citing policy or guidance</td>
<td>Publishing organisation</td>
<td>Date of publication</td>
<td>National or local</td>
<td>Policy or guidance</td>
</tr>
<tr>
<td>---------</td>
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<td>------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>SDO/4 Iles &amp; Sutherland</td>
<td>Pressure ulcer risk assessment and prevention: Implementation guide and audit protocol 2003</td>
<td>Royal College of Nursing (RCN)</td>
<td>2003</td>
<td>National</td>
<td>Practice guidance</td>
</tr>
<tr>
<td>SDO/82 Roland</td>
<td>A Joint Statement from the RCGP and the RCP. Making the best use of doctors' skills – a balanced partnership</td>
<td>Royal College of General Practitioners (RCGP) and Royal College of Physicians (RCP)</td>
<td>April 2006</td>
<td>National</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/4 Iles &amp; Sutherland</td>
<td>Royal College of General Practitioners Position Statement: Mental Health and Primary Care</td>
<td>Royal College of General Practitioners (RCGP)</td>
<td>November 2005</td>
<td>National</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/35 Rosen</td>
<td>Guidance on Developing New Ways of Working in Primary Care Services including the development of GPs and Practitioners with Special Interests</td>
<td>Avon, Gloucestershire and Wiltshire Strategic Health Authority, and Severn and Wessex Deanery</td>
<td>May 2006</td>
<td>Regional</td>
<td>Guidance</td>
</tr>
<tr>
<td>SDO/4 Iles &amp; Sutherland</td>
<td>Salford Royal Hospitals NHS Trust Leadership Strategy</td>
<td>Salford Royal Hospitals NHS Trust</td>
<td>December 2002</td>
<td>Local</td>
<td>Policy</td>
</tr>
<tr>
<td>SDO/4 Iles &amp; Sutherland</td>
<td>Innovation through staff development. A strategy for nurses, allied health professionals, psychological therapists and support workers</td>
<td>Fareham and Gosport Primary Care Trust</td>
<td>March 2004</td>
<td>Local</td>
<td>Policy</td>
</tr>
</tbody>
</table>
Citations in other ‘grey’ literature

Due to the ephemeral nature of ‘grey’ literature, diverse types of material were traced. These have been grouped into four categories.

1. **Online resources (e.g. web pages)**

2. **Newsletters**

3. **Reports from national organisations**

4. **Conference and workshop proceedings**

Examples from each category are described below. In summary:

- 75 citations of SDO research in ‘grey’ literature were found.
- The most commonly cited research from the sample of 23 projects was the *Organisational Change: A Review* book (SDO/4 Iles & Sutherland), which was cited 20 times in ‘grey’ literature.

1. **Online resources**

The project *From the cradle to the grave. A literature review of access to health care for people with learning disabilities across the life span* (SDO/23 Alborz) is described in an issue of the *E-Bulletin* (Health Scotland Library, 2005).

Details about the project *Reducing attendance and waits in A&E Departments: A review and survey of present innovations* (SDO/29 Cooke) appear in the Emergency Care Specialist Library on the Managing Emergency Care page of the National Library for Health’s website.

2. **Newsletters**

SDO-funded research is often disseminated through articles in newsletters, especially those which are directed at practitioners and managers. For example:

- The study examining respite for carers of people with dementia (SDO/15 Arksey) was highlighted in issue 144 of the *Chief Executive Bulletin* (Department of Health, 2002).
- Issue 43 of a newsletter for primary care prescribing advisers cites SDO/38 Greenhalgh.
- The 24 February 2006 *Viewpoint* newsletter (Herts) *Information sharing critical in improving care for mental health clients* (Mental Health Service User group newsletter) cites SDO/54 Huxley.

SDO-funded research has been cited in Parliament. The Joint Committee on the Draft Mental Health Bill Minutes of Evidence (Oct 2004) Memorandum from Rethink (DMH 192) cites SDO/54 Huxley – *Professionals sharing information with carers – examples of good practice.*

3. **Reports from national organisations**

Research is often used in background reports which inform policy or organisational positions. It is also used in assessments of practice as well as in guidance itself. For example the following publications cite the *Organisational Change* resources (SDO/4 Iles & Sutherland).

- *Innovation; lessons from the private sector.* A ‘think piece’ in support of the Invest to Save Study (Ling, 2002)

4. **Conference and workshop proceedings**

An example of a conference presentation or workshop which referred to SDO-funded research (*The Organisational Change* book [SDO/4 Iles & Sutherland]) is:


“This workshop articulated some of the things I’ve been doing/wanted to do and this was a big help.”

PCT prescribing adviser. Strategic workshop, London (citing workshop on diffusion of innovations, SDO/38 Greenhalgh)
Citations in the mass media

This search found 12 examples where SDO-funded research has been mentioned in professional or public media, such as newspapers and magazines (see Table 9). It is evident from feedback from researchers that there has been media interest and coverage of most projects (particularly in the professional or ‘trade’ media) and these examples illustrate this.

“Fears about breaching confidentiality have created a barrier to the effective involvement of carers in the mental health system, says a report published [by the SDO Programme] yesterday. The briefing paper [research summary] by the Department of Health, Institute of Psychiatry and Rethink argues carers should be involved in services through sharing information with them.”

Coverage of SDO/54 Huxley in Community Care
24 February 2006

<table>
<thead>
<tr>
<th>Title of piece</th>
<th>SDO ref.</th>
<th>Date</th>
<th>Name of publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for more carer involvement</td>
<td>SDO/54 Huxley</td>
<td>02 March 2006</td>
<td>Community Care</td>
</tr>
<tr>
<td>Confidentiality fears bar carers from involvement</td>
<td>SDO/54 Huxley</td>
<td>24 February 2006</td>
<td>Community Care</td>
</tr>
<tr>
<td>Five steps to tomorrow</td>
<td>SDO/38 Greenhalgh</td>
<td>29 September 2005</td>
<td>Health Service Journal (HSJ) Supplement</td>
</tr>
<tr>
<td>No evidence for benefits of nurse-led COPD care</td>
<td>SDO/37 Taylor</td>
<td>16 August 2005</td>
<td>Patient Health International (Astra Zeneca) News</td>
</tr>
<tr>
<td>Inhuman rights</td>
<td>SDO/54 Huxley</td>
<td>5 January 2005</td>
<td>Guardian Society</td>
</tr>
<tr>
<td>GPwSi dermatology a hit</td>
<td>SDO/34 Salisbury</td>
<td>10 December 2005</td>
<td>Pulse</td>
</tr>
<tr>
<td>Short and sweet</td>
<td>SDO/48 Arksey</td>
<td>18 November 2004</td>
<td>Community Care</td>
</tr>
<tr>
<td>Study to examine effectiveness of extended roles</td>
<td>SDO/31 McPherson</td>
<td>19 August 2003</td>
<td>Therapy Weekly</td>
</tr>
<tr>
<td>Caring attitudes</td>
<td>SDO/15 Arksey</td>
<td>13 March 2003</td>
<td>Community Care</td>
</tr>
<tr>
<td>Organising Work for Effective Clinical Governance</td>
<td>SDO/4 Iles &amp; Sutherland</td>
<td>2003</td>
<td>UK Work Organisation Network Journal, number 4</td>
</tr>
<tr>
<td>Supporting the Supporters</td>
<td>SDO/15 Arksey</td>
<td>November 2002</td>
<td>Mental Health Today</td>
</tr>
</tbody>
</table>
Case studies

Eleven of the 23 projects were selected as case studies to explore the impact and utilisation of SDO-funded research. These case studies are based on data from a range of sources, including semi-structured telephone interviews with researchers and users of the research, such as NHS managers, practitioners and policy makers. (See Appendix 2 for discussion of the methodology.)

The case studies were selected from the portfolio of 23 projects using the following criteria.
- Potential use by a range of stakeholders
- Range of disciplines of PIs and geographic spread of institutions
- Different research methods (e.g. empirical, literature review)
- Range of SDO commissioning groups and methods (e.g. general call, rapid response)
- Different levels of funding
- Varied origins for research (e.g. csars, commissioning group)

Semi-structured telephone interviews based on the analysis framework (see Appendix 1) were arranged and conducted with the PIs of each study to supplement information from NCCSDO project files, the NCCSDO database, the literature review and the bibliographic analysis. Interviews covered the following topics:
- How were policy makers, NHS managers and practitioners (local, regional and national) involved?
- Outputs produced from the research (local, regional and national)?
- Reaction to the research (local, regional and national)?
- How the research has been used (local, regional and national; policy, practice, research)?

Users of the research (and other members of the research team) were also approached and interviewed by telephone and/or asked for feedback via email. Users were identified through the interviews with PIs, citations, NCCSDO database and publications, and interviews with the SDO staff, including the academic leads on the projects. Notes were made during the telephone conversations and any further outputs identified were added to the database.

A short summary of each of the 11 research projects follows, including a brief description of the research and its impact and utilisation in five domains; services, policy, practice, research and capacity building. These summaries were sent to the PIs for verification.
Case study 1: SDO/11 While

A multi-method review to identify components of practice which may promote continuity in the transition from child to adult care for young people with chronic illness or disability

Description of the research
This was a multi-method review to identify practice that may promote continuity in the transition from child to adult care for young people with chronic illness or disability. The researchers made recommendations for managers and practitioners and developed a framework with seven phases to guide service providers and commissioners in addressing continuity.

Research impact and utilisation
Local NHS trusts from all over the UK have contacted the PI for advice and to obtain copies of the report. For example, the Director of Children’s Nursing at Lewisham University Hospital NHS Trust consulted the PI on how the research might inform service changes they were planning.

The research had a direct impact on the National Service Framework (NSF) for Children, Young People and Maternity Services and is referenced in the document Transition: Getting it right for young people which outlines best practice (Department of Health, 2006c). The document draws on this research to reinforce the statement that:

“The most prevalent model for a transition service is not transition at all, but rather a transfer of young people to what looks like the most relevant adult clinic – or, worse still, discharge from the children’s or young person’s clinic with instructions to ask the GP for a referral to adult services. Many different models of transition have been described and studied though no single approach has been shown to be superior.”

Recent practice guidance on Adolescent Transition Care (Royal College of Nursing, 2004) cites the research, and encourages transition planning and outlines a clinical pathway for transition. The report Bridging the Gaps: Health care for Adolescents (Royal College of Paediatrics and Child Health, 2003) pre-dates the NSF for Children and argues the case for an improved focus on adolescent health care, and acknowledges the contribution of the SDO-funded review, particularly in relation to the evidence of the benefits of transition planning.

The PI is now involved in advising similar research projects at King's College London which follow up this research (one is examining services for children with diabetes, the other is investigating services for children with cystic fibrosis).
Case study 2: SDO/13b Baker

Patients’ and carers’ views and choices in their use of primary care services

Description of the research
This research aimed to determine patients’ and carers’ views about the importance of relational, informational and managerial continuity compared to other aspects of care. This largely qualitative, multi-method study was conducted in two locations (London and Leicestershire) and collected the views of over 2000 patients (and carers). It found that patients particularly value continuity when in poorer health or for problems with great impact on their lives. Despite their preferences, patients in London were less likely than those in Leicestershire to experience relational, informational or longitudinal continuity. Recommendations were made to improve the monitoring of relational and informational continuity (particularly by Primary Care Trusts), to increase staff training, and to build continuity into policy (e.g. the Quality and Outcomes Framework).

Research impact and utilisation
This research influenced the White Paper Our health, our care, our say: a new direction for community services (Department of Health, 2006b). This was achieved by the PI who met with the Department of Health at the time of drafting (the report is not cited because it was not published but the drafting team were given a copy) and ensured that other key bodies (e.g. the NHS Alliance, Royal College of General Practitioners) who were also influencing the White Paper development used the research to emphasise the importance of continuity of care.

The PI is using the research to influence the review of the primary care Quality and Outcomes Framework as he is involved in this review process. There has also been coverage of the research in the professional press (e.g. Pulse magazine).

The research has been published in three peer-reviewed journals (see Table 6, page 29), and other papers are planned. The research has also been presented at numerous academic conferences. The research has fostered further research, for example, the Society for Academic Primary Care has a Personal Care Study group looking at continuing care and is led by a member of the research team.

The PI uses the research as a case study for research methodology when teaching students (including nurses and GPs) on the MSc in Primary care research at the University of Leicester.
Case study 3: SDO/35 Rosen

A study of general practitioner specialist clinics to evaluate their impact on access to specialist care, costs and patient and clinician satisfaction

Description of the research
This research aimed to evaluate the impact of general practitioners with special interest (GPSI) services on access to specialist care, user satisfaction and costs. The study used a combination of quantitative and qualitative methods in four sites (three dermatology GPSI services and one GPSI musculoskeletal service). The study found many factors shaping the development and continued existence of these services, and that the impact of GPSIs on referral rates and waiting times is unpredictable.

Research impact and utilisation
The research was used in the development of NICE guidelines on cancer services for people with skin tumours (see Table 8, page 35), informing the review of the potential economic impact of the guidance. The report noted that:

“...cost-effectiveness research has not yet been completed comparing GPwSI services in primary care with traditional secondary care OP [outpatient] services with a consultant dermatologist. There are two NHS Service Delivery and Organisation (SDO) trials currently underway into the cost effectiveness of GPwSI services.”

The PI believes that the research influenced the White Paper Our health, our care, our say: a new direction for community services (Department of Health, 2006b). While the research is not cited directly in the documents relating to the White Paper, there is evidence that the study was brought to the attention of key policy makers at the Department. For example, the PI made a presentation to the Department, including the preliminary findings from the SDO-funded research.

The PI was also a member of the policy taskforce ‘Who Supports and Helps Me?’ which was one of five taskforces set up to provide an academic steer to the consultative process through which the White Paper was produced (Department of Health, 2005).

As a result of the findings from this research, the PI is developing guidance for NHS managers and policy makers on how to cost the implementation of such services.

The ambiguity of the research evidence on GPSIs shown in this research is cited in a recent guide for commissioners and providers produced by the Avon, Gloucestershire and Wiltshire Strategic Health Authority (see Table 8, page 35).
Case study 4: SDO/15 Arksey

Services to support carers of people with mental health problems

Description of the research
This review of research evidence and service provision regarding support for carers of people with mental health problems consisted of a literature review and a consultation. Most of the identified studies focused on the effectiveness of specific interventions and did not account for the wider circumstances affecting people’s lives. However, a consensus view emerged from the consultation that effective services should be based on the following principles: positive and inclusive; flexible and individualised; accessible and responsive; and integrated and coordinated. This review led the SDO Programme to commission a series of studies to clarify key issues for carers of people with mental health problems (measurement of outcomes for carers, respite care for carers of people with dementia, carers’ assessments, and sharing information between carers and professionals).

Research impact and utilisation
This research has influenced several national policy documents, including a Social Care Institute for Excellence (SCIE) position paper on developing social care and the Equality and Human Rights Strategy & Action Plan (Access to Health and Social Services) in Northern Ireland (see Table 8, page 35). It has also influenced national guidance on service delivery. Guidance on developing carer support services (Department of Health, 2002a), which is aimed at local health and social care commissioners of mental health services, refers to the study, stating that:

“... studies [have] been able to identify some positive outcomes for carers and service users when carer support services are provided, and this work has informed this guidance.”

The guidance draws directly on findings from the study, for example:

“The consensus view from carers themselves is that carer support workers will be more effectively managed by an organisation that is seen as being independent of the statutory services.”

The PI is also advising a collaborative project between the University of Wales, Bangor and Crossroads Wales, which is investigating the needs and support for carers of people with mental health problems across Wales with a view to developing a new service (correspondence from PI, 7 July 2006).

The researchers have also contributed to methodological debates. Two papers have been published on the methods used in the scoping study (one peer-reviewed journal article [see Table 6, page 29] and a Social Policy Research Unit briefing, published by the University of York), and these have influenced other researchers’ methodology. For example, researchers used the ‘six part framework’ method in a review of services for people with early-onset dementia for the Scottish Executive. The researchers also involved service users and carers as a result of the methods used by Arksey et al., noting that it: “was a useful exercise which identified some new research” (Stalker, 2006).

Similarly, a review of social care developments “drew on other recent systematic literature reviews in the field” (Knapp, 2004).

“The [methodological] approach of Arksey et al. in their 2002 review for the NHS Service Delivery and Organisation Programme was adopted.”

Bradshaw, 2004
Case study 5: SDO/54 Huxley

Professionals sharing information with carers – examples of good practice

“a live and kicking issue.”
Rethink respondent

Description of the research
This collaborative project between the charity Rethink and the Institute of Psychiatry investigated good practice within health services for the sharing of general, personal and sensitive information between mental health professionals and carers. The study included a policy and literature review, national surveys and in-depth interviews of stakeholder groups, group discussions and two multi-disciplinary workshop events. The researchers were supported by an academic steering group, an expert panel (which included service users, carers and professionals) and a ‘virtual panel’ of about 250 service users and carers, and staff working in the mental health field. The study identified many issues with policy and practice and the researchers suggested a decision-making framework should be developed for how to share information and support carers.

Research impact and utilisation
The engagement with a range of stakeholders throughout the process was invaluable in terms of asking the right questions and getting a “more appropriate message”. One carer commented that after meeting the professionals through this project, they came to understand the professional perspective and fed this back to their local network.

The PI has had requests for information about this research from NHS Trusts. Rethink has been contacted by a Trust chief executive in North-West England who is willing to be a pilot site for developing the work further.

In a survey of carers in 2003, around 60 percent identified confidentiality as a problem. One interviewee noted that this research will be relevant to practice for some time. The team are working (with the NCCSDO) to take the work forward by either developing or feeding into the production of resources to help practitioners “prepare before [they] go into practice” (correspondence from PI, 2006).

The NCCSDO has distributed 25,000 research summaries to practice nurses and GPs, and a press release (Rethink, 2006) was issued on 23 February 2006, which stimulated several articles in the trade and mainstream media, demonstrating its relevance to a range of audiences. For example, a carer was interviewed on BBC Radio 4 about information sharing and the researcher from Rethink was interviewed for The Guardian.
Case study 6: SDO/31 McPherson

Enhanced or extended roles for allied health professionals in the NHS

Description of the research
This systematic literature review aimed to define the range of extended or enhanced practitioner roles within five allied health professional (AHP) groups: physiotherapy, occupational therapy, speech and language therapy, radiography and paramedics. It also aimed to evaluate the effectiveness of extended practice in relation to the impact on patients, other health professionals and health services delivery. The review found that despite the introduction of extended scope roles across all of the professional groupings considered, there is little evidence about the impact of these new roles with few qualitative studies or robust trials. The main recommendation is for more specific and robust investigation to develop evidence-based policy on this issue, including research into the impact on patient outcomes, along with pragmatic local evaluations where new roles are introduced.

Research impact and utilisation
The research has generated a great deal of interest (both in the UK and other countries, including Australia and New Zealand). The findings have been met positively with targeted funding and new initiatives for training and mentoring extended scope practitioners as well as investigation of health outcomes.

The study has been seen as both informative and challenging by practitioners. Each of the professions has continued to explore the application of new roles in practice, as has the NHS. The PI believes that the fact the findings have prompted a re-think about what AHPs might see as ‘evidence’ of benefit should be considered to be a positive impact.

The PI received invitations from national and international policy makers to present the research. She was invited to present the research to policy makers at a Department of Health conference in 2004. A paper on this research is to be published in the Journal of Health Services Research & Policy in October 2006.
Case study 7: SDO/37 Taylor

Evaluating the effectiveness of innovations involving nurses for people with chronic obstructive airways disease

Description of the research
This research examined the evidence concerning the effectiveness of innovations involving nurses for the care of people with chronic obstructive airways disease (COPD) living in the community. The research included a systematic review of literature and a survey of practitioners and professionals. The study found little evidence of the effectiveness of community-based COPD nurses, and whereas 234 community-based specialist nurse-led services for patients with COPD were identified in England and Wales, provision of specialist respiratory nurse services is scattered and there appears to be inequality in the provision. The researchers made recommendations for service providers, future research around COPD care, systematic reviews and research funders.

Research impact and utilisation
The PI was invited to speak to the British Thoracic Society, and was subsequently invited to join the committee developing the British Thoracic Society Guidelines for Intermediate Care of People with COPD. The guidelines cite this research and were approved for publication in the journal Thorax later in 2006. It is likely that the guidelines will have a considerable impact on services and practice, particularly as the Government has also announced plans for a National Service Framework for Chronic Obstructive Pulmonary Disease (Department of Health, 2006a).

Practitioners (particularly nurses) on the research advisory group provided detailed expertise and were actively involved in the research, such as collecting information on interventions. This endorsement gave credibility to the research and ensured that it was relevant to current practice.

“The SDO Programme is ‘invaluable’ and it is ‘difficult to know where else you’d go’ to get funding for this type of research as other organisations – including medical charities – tend to concentrate on funding treatment research, not service delivery.”

Dr Stephanie Taylor, Principal Investigator
Case study 8: SDO/4 Iles & Sutherland

Review of existing research evidence on change management and quality improvement

Description of the research
The White Paper *A first class service* (Department of Health, 1998) commissioned the SDO Programme to review evidence in the field of change management. This was also a key issue raised in the first SDO Programme national listening exercise. Based on a comprehensive literature review, the SDO Programme published a report called *Organisational Change: A Review* and a booklet called *Making Informed Decisions on Change: Key points*.

Launched in 2001 at a national conference co-hosted by the *Health Service Journal*, the resources are intended for managers, professionals and researchers. The uptake and impact of these resources was evaluated by the SDO Programme in 2002 (Cranfield, 2002). Following the success of the resources, the SDO commissioned another resource *Developing Change Management Skills*. This remains the most popular download from the SDO Programme website, with 59,788 copies being accessed in the first quarter of 2006. *Organisational Change: A Review* was BAMM Medical Management Book of the Year in 2002.

Research impact and utilisation
The co-author was approached by many stakeholders in the NHS, primarily human resources managers and people with a quality remit, to present the report and to advise on how to use it. While it was not possible to fulfil all these requests, she did engage with several organisations. For example, she conducted a workshop for the Medical Leadership Programme.

The review is highly valued by managers working with clinicians as it summarises evidence in a field where evidence-based practice is valued, and has created a new vehicle for discussion that had not been available before. The non-executive director of a Primary Care Trust in Birmingham used the ‘5 whys?’ model in his work in the voluntary sector, noting that it has helped him to understand the NHS and to “talk the same language”.

The project has facilitated access to a complex theoretical field for many managers, practitioners and policy makers. It has also had an impact in other fields; for example, it is cited in a report on the analogue-to-digital TV switchover for the Department of Trade and Industry (DTI) (Damodaran, 2002).

“The Peterborough and Stamford Hospitals NHS Trust used some of the concepts (e.g., ‘unfreezing’ and ‘refreezing’ views) in order to introduce a new system for co-ordinating and controlling parenteral nutrition.”

Bird, 2004

The review is on the recommended reading list for courses (especially Masters courses) at many universities, including Bolton, Portsmouth, Napier, Essex, Cardiff Business School, Lancashire School of Health and Postgraduate Medicine, University Dental Hospital of Manchester, Thames Valley University and the London School of Hygiene and Tropical Medicine. It was used as a development resource by several cohorts of students on leadership programmes supported by the NHS leadership programme from 2001 onwards.
Case study 9: SDO/38 Greenhalgh

Diffusion, spread and sustainability of innovations in health service delivery and organisation

“one of the most important [papers] around evidence-based medicine in the last 15 years.”

Medical Director, National Prescribing Centre

Description of the research
This was a systematic review of literature on the diffusion, spread and sustainability of innovations in health service delivery and organisation. A ‘fishbowl’ session was held during the project that involved managers and senior policy makers from the Department of Trade and Industry and Department of Health. The feedback from this led to the researchers changing their focus to concentrate on making sense of the literature. The PI believes that this was crucial in producing research that has subsequently been extremely popular.

Research impact and utilisation
The research was originally commissioned on behalf of the Modernisation Agency and the researchers now have strong connections with the NHS Institute for Innovation and Improvement, which is mediating interaction with NHS managers. The NHS Institute is publishing a book entitled Sustainability and Spread of Organisational Change, which draws on the Modernisation Agency’s work in this field and the SDO-funded research.

The PI has provided consultancy to the Scottish Office and they held a three-day workshop for senior policy makers (including the Chief Medical Officer) to examine the application of it. The PI has met with the Chief Medical Officer of England, as well as policy makers at the Department of Health to examine the implications of the work for the White Paper on primary care. The Director of Clinical Knowledge Process and Safety at Connecting for Health (Sir Muir Gray) congratulated the researchers, noting how relevant the research is.

The National Prescribing Centre (NPC) approached the PI after reading about the research in the British Medical Journal (see Table 6, page 29). The PI subsequently conducted two workshops on ‘How to Spread Good Ideas’, which were attended by almost 200 prescribing managers. Feedback was positive.

The PI has had many national and international invitations to advise projects, get involved in further research and present the research. The PI has had around 30 offers from the UK to get involved in projects and initiatives. For example, the Coronary Heart Disease (CHD) Collaborative approached her to be expert consultant. The research is also being used in New South Wales, Australia, where there is a state-wide clinical services re-design project underway – one of the researchers from the team is a consultant for that work.

The PI is collaborating with another academic on a research proposal to address the gaps in the research that this project found. The PI is also involved in a research project (funded by a charitable foundation) to evaluate the modernisation of a service initiative at Guy’s, King’s and St Thomas’ Hospital, using the model developed in the systematic review.

“I understand my own organisation from the ideas discussed today.”

PCT prescribing adviser, Feedback on NPC strategic workshop, London
Case study 10: SDO/37 Goodwin

Managing across diverse networks of care: Lessons from other sectors

“There has been much interest in networks recently, e.g. the seminal SDO report ‘Networks Briefing’…”

West Midlands SHAs, Review of Networks, 8 June 2006

Description of the research
This systematic review draws on public- and private-sector literature to synthesise the research, provide an analytical interpretation of the evidence and derive implications for management, governance, leadership and policy in health and social care. The study focused on developing understanding of key theories and principles underpinning network governance and management. Four practical examples were selected for in-depth review: biotechnology; defence industry; crime, disorder and drugs; and health and social care partnerships. The study produced several outputs including an extended SDO research summary entitled Key lessons for network management in health care which summarises the 10 key lessons for network management.

Research impact and utilisation
The PI is working with the National Clinical Directors at the Department of Health to advise them on how networks can aid their work. The research is informing the development of a national framework (Cavill, 2006), which will summarise knowledge about networks and examples of effective practical applications to give Primary Care Trusts and service delivery networks a starting point for their local and specialised application.

The Draft framework for the self assurance of service delivery networks (Cavill, 2006) uses the three categories of networks described in the research summary and the characteristics of successful networks identified in the research.

“This document … provides useful background to consideration of the role and activities of networks.”

Cavill, 2006

Strategies outlined in the research have been used as a tool by NHS managers and clinicians to establish new networks and evaluate existing ones.

The relevance for NHS managers was demonstrated when the PI’s presentation at the Institute for Healthcare Managers conference 2005 was the most popular article downloaded from the conference website.

The implications of the project findings for network development have also been shared with managers directly. For example, the PI presented to the London Cancer Network and the West Midlands Mental Health Network.

“The research was used as a diagnostic tool for evaluating a Managed Clinical Network for Cardiac Services in Dumfries and Galloway. This study also aims to contribute to the development of increased understanding of the impact of networks on patient care.”

Hamilton, 2005

The researchers have also written a book for managers, policy makers, students and researchers entitled Managing networks of twenty-first century organizations, published by Palgrave Macmillan in March 2006.
Case study 11: SDO/82 Roland

Outpatient services and primary care

Description of the research
This was a scoping review of research into strategies for improving outpatient effectiveness and efficiency in order to reduce demand and waiting times for specialist care. There was a paucity of high-quality research for any one intervention which made it difficult to draw firm conclusions but the research suggested that transferring services from secondary to primary care and strategies to change the referral behaviours in primary care were often effective. The researchers recommended that in light of the proposals for change at the primary–secondary care interface in the White Paper *Our health, our care, our say: a new direction for community services* (Department of Health, 2006b), which was launched before the final report of this research was published, there should be evaluations of any forthcoming initiatives and interventions.

Research impact and utilisation
The research team was in regular contact with policy makers before starting this research because this issue is coming up the agenda. The researchers’ own organisation (the National Primary Care Research and Development Centre [NPCRDC]) produced a briefing note ahead of an SDO research summary specifically to influence the policy-development process of the White Paper. The PI also had discussions with Number 10 policy advisers and with the Department of Health Strategy Unit during the White Paper’s drafting process.

The review has led to proposals to introduce a package of research evaluating ‘closer to home’ initiatives in the core grant of the NPCRDC. This work would include an evaluation of pilots of moving hospital outpatient clinics to primary care and conducting a ‘before and after’ evaluation of the effectiveness of the service changes in various local health economies. In addition to this planned project, the NPCRDC is currently conducting a descriptive study of the 30 pilot ‘Closer to Home’ projects announced in the White Paper (Department of Health, 2006b).

Greater Manchester Strategic Health Authority (GMSHA) are re-designing services and developing ‘closer to home’ clinics which move outpatients into the community. As part of its plans to introduce a package of research evaluating these initiatives in the core grant of the NPCRDC, the research team is in discussion with GMSHA about the possibility of using GMSHA as one of the sites for evaluation.
The impact of the NHS Service Delivery and Organisation Research and Development Programme 2001–2006

Conclusions

The aim of this report is to provide a descriptive account and summary assessment of the SDO Programme and the research that it commissions within the scope defined by an ‘impact-analysis framework’ (see Appendix 1). After describing the SDO Programme and its processes, a case-study approach was used to describe outputs and impact of the research. The key methods used for data collection were:

- a documentary and literature review
- bibliographic analysis
- semi-structured interviews with researchers and research users (see Appendix 2).

This conclusion presents data from the case studies and outputs to demonstrate the impact of the SDO Programme and the utilisation of SDO Programme research in the following five key domains:

1. service delivery
2. policy
3. practice
4. research (within and outside the SDO Programme)
5. capacity building.

There is then a short discussion of the findings, and conclusions and recommendations are made about the Programme.

1. SDO Programme impact: Service delivery

The case studies demonstrate a range of ways in which NHS managers and policy makers have used SDO-funded research to develop service delivery. Three case studies from the SDO commissioning themes dealing with change management and the study of health care organisations (SDO/4 Iles & Sutherland, SDO/38 Greenhalgh and SDO/39 Goodwin) demonstrate the popularity of generic research in this domain.

These research projects have produced quite different outputs but there is evidence that the knowledge generated has been in high demand. The three projects are all literature reviews and draw together knowledge on timely and pertinent issues to the NHS (diffusion of innovations, managing change and managing networks). Clearly though, the resources produced from each of the projects are of a high quality, with each having been acknowledged by independent organisations as valuable, high-quality research (e.g. the outputs of SDO/4 Iles & Sutherland and SDO/38 Greenhalgh both won awards).

One researcher attributed the impact and utilisation of their research into the diffusion of innovations (SDO/38 Greenhalgh) to the research process, as they consulted key policy makers and managers halfway through the process to gauge the usefulness of their findings and the presentation of the evidence. This led to the focus of the work being shifted to making sense of the knowledge available, and ensured that it was usable for the intended target audience. One of the users of the research indicated that they found out about the research from the BMJ article, which led to them contacting the PI (SDO/38 Greenhalgh) and this demonstrates how important it is to get knowledge into respected and well-read (high-impact) publications.

Evidence of the complexity of the process for knowledge development is demonstrated by the group of projects on mental health (e.g. SDO/56 Barkham). The SDO Programme has a close working relationship with the mental health leads at the Department of Health and they indicated that the dialogue that they have has been very fruitful in ensuring that only the most policy- and service-relevant research has been commissioned in this area. Indeed the National Clinical Director for Mental Health acknowledged the SDO Programme’s contribution to mental health services policy and development in his five-year review of the NSF for Mental Health. This collaborative approach also means that the flow of knowledge is continued from the Department (as well as the SDO Programme) as the research is regularly presented in their seminars for regional mental health leads who discuss the key messages for policy makers, commissioners and frontline staff.
The importance of timing the research impact evaluation is discussed later. However, in collecting information for the case studies, it became apparent that having another impact on the utilisation of research knowledge are the political and structural events happening in services. Several interviewees indicated examples where their research was going to be used in developing services but that current structural changes at a national, regional and local levels in the NHS (e.g. changes to Strategic Health Authorities and the Modernisation Agency) have impeded this. This may also explain the popularity of the knowledge generated about informal organisations (networks), and the success of the resources on change management.

2. SDO Programme impact: Policy

The data on outputs (particularly Table 8, page 35) and case studies indicate that knowledge generated by the SDO Programme is used extensively in the development of policy – nationally (and across the UK) and locally. The research is clearly regarded as an important contributor to the evidence base for policy development and the expertise of the researchers is sought after, indicating that the SDO Programme works with highly respected academics. SDO-funded researchers have also given examples of their proactive engagement in policy making.

A group of projects where there is evidence of impact is in Primary Care policy development. Four research projects within the sample (SDO/13b Baker, SDO/34 Greenhalgh, SDO/35 Rosen and SDO/82 Roland) influenced the same primary care policy Our health, our care, our say (Department of Health, 2006b). The literature review did not identify any citations in the documents related to this policy, but evidence from interviewees indicates other, informal mechanisms in which the knowledge was transmitted, such as meetings with the Department of Health. This demonstrates that knowledge can be effectively transferred in different ways but these may be difficult to trace when building an understanding of knowledge flow and research output.

3. SDO Programme impact: Practice

The literature and documentary review found some examples of where practitioners have written up their experience of using knowledge gained from SDO-funded projects to inform their own practice (e.g. case study 8, SDO/4 Iles & Sutherland) and the research is cited in practice guidance from professional bodies (e.g. RCN guidelines, see Table 8, page 35) and has influenced clinical guidelines (e.g. NICE guidance). However, it has been difficult to confirm the use of SDO-funded research by practitioners through case studies.

The data on outputs show that there is potential for a wide range of practitioners to access the research as the majority of it is published in peer-reviewed journals aimed at clinicians (Tables 6 and 7, pages 29 and 34 respectively). However, the influence of this mode of knowledge transfer on practice is contested (Jones, 2004; Seglen, 1997).

To increase the likelihood of knowledge utilisation by clinicians and practitioners, one researcher (SDO/54 Huxley) indicated that the SDO Programme and researchers might liaise with the subjects of the research (e.g. Community Mental Health Teams) to find out what format they find useful and to aid dissemination (although this raises issues of capacity and resources).
4. SDO Programme impact: Research

The research knowledge produced by the SDO Programme influences the development of the SDO research portfolio, in terms of feeding back issues for further research (e.g. SDO/15 Arksey led to the commissioning of four more research projects) and developing the body of knowledge from the SDO Programme on mental health.

SDO-funded research also contributes to research outside of the SDO Programme. Evidence of the range of ways in which this is achieved has been presented – for example in the bibliographic analysis (e.g. citations in peer-reviewed journal articles) and the case studies (e.g. PIs who are advising other research projects as a result of their SDO-funded project).

The volume and variety of outputs from SDO-funded research demonstrates the valuable contribution of the knowledge generated by the SDO Programme to further research and to understanding a field which is not familiar with health services (e.g. case study 8, SDO/4 Illes & Sutherland). Other examples of the influence on external research has also been found though. For example, the PIs have sought funding and/or collaboration with other researchers to extend the work they have done (e.g. case study 11, SDO/82 Roland) and researchers have been approached to provide expert advice to other research projects (e.g. case study 1, SDO/11 While).

There is an increasing number of primary outputs from SDO-funded research (see Figure 1, page 27) and this demonstrates the SDO Programme’s contribution to the knowledge base. The volume of these outputs is increasing dramatically as the number of projects which are reaching completion increases, particularly empirical research projects, which arguably produce more outputs due to the length of the project and the complexity and depth of data involved.

5. SDO Programme impact: Capacity building

There are several ways in which the SDO Programme is contributing to research and service capacity. A key indicator is that the research into methods of synthesis is cited by other researchers, and also the methodology developed by researchers is being replicated and evaluated. For example, project SDO/37 Taylor (case study 7) is cited in the Social Care Institute for Excellence (SCIE) report *Using evidence from diverse research designs* (Popay, 2003).

In addition to research capacity building, these projects demonstrate contributions to building the capacity of the workforce, as there are many examples from the bibliographic analysis and the case studies where the knowledge is used in teaching in universities. There is some evidence that the research is stimulating user involvement in research, too, as the research into service-user involvement in change management led to a user-led project on change management at a local level (SDO/17 Rose).
Discussion

The overall picture of research utilisation is positive, as examples of research being used within all the key domains and by all the key audiences having been found. All 23 projects have primary outputs, including papers in peer-reviewed journals.

Generally speaking, it seems that the critical mass of outputs leads to some impact (e.g. SDO/38 Greenhalgh) and that the type of output (e.g. where they are tailored for a specific audience, such as SDO/4 Iles & Sutherland) can lead to impact. However, the combination of data on outputs and case studies suggest that those projects which are prolific in producing outputs (e.g. SDO/34 Greenhalgh, SDO/37 McPherson, SDO/38 Greenhalgh and SDO/58 Lavis, Mays, Harvey, see Table 6, page 29) is not necessary to produce utilisation. For example, another project, SDO/4 Iles & Sutherland, did not produce any peer-reviewed journal articles but was found to have influenced six policy documents, compared to a total of four from those projects which produced the most peer-reviewed articles.

It is clear that many factors affect the impact and utilisation of research, and SDO-funded research is no exception. Whereas this report found various methods by which SDO-funded research knowledge is disseminated and utilised, it is very difficult to predict what research is likely to be used (and how) in each of the domains. However, some of the innovative mechanisms that the SDO Programme employs to maximise the potential for research utilisation do appear to have a positive effect on uptake when used alongside the ‘traditional’ processes which are assumed to optimise research utilisation (e.g. quality-assurance mechanisms such as peer review). For example, commissioning research in consultation with policy makers (see SDO Programme impact: Policy, page 53) and encouraging the involvement of NHS managers, patients and the public in the research process (see SDO Programme impact: Service delivery, page 52).

This report reinforces what is already known about the complex influences on policy, service delivery and practice and that research funding bodies get more value for money where the perceived need for knowledge and evidence from within the health service is greater and where research is timely and accessible (Allen, 2005). Indeed, a key issue raised by the researchers in this report was the need to ensure that knowledge is disseminated in a timely way without compromising the intellectual rigour for which the SDO-funded research is known.

Many researchers in the sample of projects have been proactive in publicising their work (e.g. Rethink press release). However, it is difficult to evaluate the use of such dissemination methods. Another proactive way researchers have highlighted their work is through articles in their own organisations’ publications, (e.g. Social Policy Research Unit [SPRU] and National Primary Care Research and Development Centre [NPCRDC] briefings, from the Universities of York and Manchester, respectively). Citations of these documents have been included in the section on outputs. Whereas these additional outputs are helpful and contribute to demonstrating the flow of knowledge, it does raise issues regarding the acknowledgement of SDO funding.

Data on primary outputs and case studies also demonstrate researchers’ commitment to presenting the research (e.g. in conferences) and helping stakeholders to use it (e.g. conducting workshops, advising projects and other researchers). Although these initiatives promote knowledge flow and utilisation, it raises issues regarding the capacity and expectations of the SDO Programme and the researchers. In addition, the practical issue of how knowledge should be attributed is raised, as well as how to ensure equity of access to knowledge. The case studies in particular have demonstrated that stakeholders want to be actively engaged with
research and that there is a demand for the provision of expertise and consultation from the NHS. However, it is not clear who is responsible for providing these services and what happens to people’s perceptions of the research and the longer-term utilisation of SDO-funded research when expectations cannot be met. Similarly it is not clear how the support provided is prioritised and whether the knowledge and learning reaches the groups with most need.

This report has not identified the economic impact of SDO-funded research and did not attempt to identify what other factors may have caused the impacts identified. These could form part of a longer-term strategy for measuring the impact and utilisation of SDO-funded research. The relationship between input and outputs could be explored further and it would be useful to explore how funding is used within projects (e.g. proportion of resources used for user involvement and dissemination).

The timing of research-impact evaluation is important and it is vital that conclusions about the usefulness of the knowledge produced are not drawn too soon (UK Evaluation Forum, 2006). This could be a limitation of this report, as the relatively high proportion of articles under review at peer-reviewed journals (see Figure 1, page 27) could show the importance of allowing for the time-lag in getting articles published before assessing the impact of research. Nevertheless, the outputs found provide a useful baseline and basis for exploring knowledge flow and utilisation.

As well as providing examples of the outputs, impact and utilisation of SDO-funded research, this report has highlighted ways in which the SDO Programme can build on its successes and continue to deliver high-quality, accessible and useful research for the NHS.
References


UK Evaluation Forum. 2006. Medical research: assessing the benefits to society. London: Academy of Medical Sciences, Medical Research Council and Wellcome Trust.

Appendix 1. SDO Programme impact-analysis framework

1. Researchers
- Have the researchers been funded before for this type of work by the SDO Programme?
- Is the principal investigator (PI) or any other significant member of the research team involved in the NHS? (e.g. membership on boards, advisory committees)
- Is the project linked to the NHS in any other way? (e.g. teaching hospital)
- What disciplines and professions are represented by the PIs?

2. Origin of research
- To what extent are projects derived from NHS service managers and practitioners?
- Is the research policy relevant? (Requested by Department of Health/csars; specific reference to policy)
- Does research derive from an identified need for a new practice?
- Research identified by patient/carer/advocacy groups?
- Does the research address a gap in research knowledge? Theoretical or practical?

3. Engagement with policy makers and practitioners
- Who is involved in undertaking the research? Practitioners, NHS trusts, etc.
- Collaboration with practitioners and managers? Letters of support, facilities, etc.
- Did any links with NHS exist before the research project started?
- Who is on the advisory committee/group? Involvement of patients, practitioners, managers, policy makers.
- What disciplines and professions are represented?

4. Research design and methods
- Does the design involve working with NHS service providers and/or patients?
- Are NHS service providers and/or patients active researchers?
- Are the methods participative?
- Has there been any evaluation of the methods? (e.g. attempts to involve the NHS?)

5. Dissemination
- What types of outputs have been produced? e.g. journal articles, citations in journal articles, citations in grey literature (e.g. newsletters), presentations (e.g. at conferences), leaflets, practice guidance, training resources, media coverage, lectures to trainees (e.g. nurses/doctors, NHS Managers)
- How much output?
- What audiences have been addressed by outputs? (local/regional/national, academic, services/practitioners, patient/carers, advocates)
- Have specific attempts been made to engage key stakeholders in outputs? (e.g. service managers, practitioners, patients, policy makers)
- Have there been any unintended outputs? (e.g. invitations to advise specific NHS organisations, briefing for practitioners)

6. Impact of research
- What is the knowledge of specific research projects and findings among relevant stakeholders? (e.g. managers, practitioners, patients, carers, researchers)
- Who has read the findings?
- How important is the research/findings thought to be? (a) within body of research, (b) amongst NHS?
- Do research findings contribute to understanding of NHS service delivery? How? (quantitative and/or qualitative?)
- Has there been any reaction to the findings from the NHS participants? (favourable or unfavourable?)
- Have recommendations been made for (a) policy, (b) practice in the NHS, (c) further research?

7. Demonstration of impact (utilisation of research)
- Have there been specific changes to services as a direct result of the research?
- Has the research influenced service delivery?
- Has the research directly influenced policy?
- Has the research been used in policy development?
- Has the research directly defined further areas of research?
- Have the researchers sustained any links made with the NHS? How? Why?

8. The NCCSDO
- How does commissioning respond to policy and practice? How is research prioritised? (calls for proposals, scrutiny, commissioning, involvement mechanisms)
- How does the SDO Programme encourage and ensure good practice and quality research? (e.g. peer-review mechanisms, contributions to methodology and theory)
- How does the SDO Programme communicate its work and research it commissions?
- What monitoring mechanisms has the NCCSDO got?
Appendix 2. Methodology

This report aims to provide a descriptive account and summary assessment of the impact of the SDO Programme and the research that it commissions within the scope defined by an ‘impact-analysis framework’ (Appendix 1). After describing the SDO Programme and its processes, a case-study approach was used to describe outputs and impact of the research.

The case-study approach is useful in providing in-depth and focused examples of research utilisation. However, limitations of the approach include difficulty in summarising the large volume of data, time-lags (especially between research completion, outputs and utilisation) and the linearity and retrospective method (e.g. it relies on the recall of researchers and users of research).

Previous reports on how to assess the impact of health services research were reviewed. The simplest way to organise evidence in research evaluation is to describe inputs, process, outputs and impact. A report (Wooding, 2004) was identified which uses the ‘payback model’ – an approach developed by Hanney (2000) which focuses on outputs and impact evaluation. The payback model covers knowledge production (outputs, e.g. publications), research targeting and capacity building (e.g. informing future research, developing research skills), informing policy and product development (e.g. guidance and policy), health and health-sector benefits (e.g. service development) and wider economic benefit. In the report (Wooding, 2004), the payback model is adapted and applied to 16 case studies selected from the range of research funded by the Arthritis Research Campaign (Hanney, 2004). The model provides a useful framework and informed the organisation of the data collected in this report.

Methods for collecting evidence

Several methods can be used to collect evidence of the impact of health services research. The key methods used for data collection were:
- documentary and literature review
- bibliometric analysis
- semi-structured interviews (with researchers and research users).

Documentary and literature review
The knowledge created by the SDO Programme and by researchers for 23 research projects were identified. These are referred to as the primary outputs. The volume and type of outputs were recorded, along with details of the outputs, such as the date published and intended audience.

Bibliometric analysis
This refers to the assessment of the quality and quantity of primary and secondary outputs from research (e.g. publications and citations). It is used in this report to begin to describe the impact of SDO-funded research on:
- the evidence base in health services research (e.g. citation in peer-reviewed journals)
- health services organisation (e.g. citation in policy)
- health service delivery (e.g. citation in clinical guidelines).

The bibliometric analysis provides insight into awareness of the SDO Programme itself and provides leads for tracing examples of how SDO-funded research has been utilised in health services. It also enables the identification of trends (UK Evaluation Forum, 2006). The type and number of secondary outputs are key measures of impact used in this report. Secondary outputs include citations in policy and practice guidance, ‘grey’ literature (e.g. reports) and mass media coverage. Only material in the English language was included and secondary outputs from outside the UK were omitted.

Databases used for the search for outputs included:
- Google Scholar
- HMIC
- JSTOR
- PubMed
- SIGLE
- Web of Knowledge (Social Science Citation Index)
- Zetoc (conference proceedings)
- Department of Health library, including: Letters and Circulars library, Bulletins library
- NICE
- National Electronic Library for Health
- SCIE
- Mass media publications such as the Health Service Journal, Community Care, Nursing Times

For the case-study projects, the search also included:
- material from organisations involved in the research (newsletters, websites, etc.)
- material from at least three relevant national organisations (e.g. advocacy groups, professional organisations).

In this report, case studies are used to supplement the findings of the literature review and bibliometric analysis, and to illustrate how knowledge generated by SDO-funded research is used.
Appendix 3. SDO commissioning groups

As of July 2006

- Access to health care
- Carers
- Change management
- Continuity of care
- E-health
- Evaluating models of health services delivery
- Nursing and midwifery
- Studying health care organisations
- Workforce issues

For current members, see Commissioning groups in the About us section at www.sdo.lshtm.ac.uk
The SDO Programme aims to produce research evidence directed at improving the organisation and delivery of health services, and to promote the uptake and application of that evidence in policy and practice.
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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.