National Listening Exercise: Report of the findings

March 2000
Purpose of this document:

This report provides details of a national listening exercise carried out during 1999 by the National Co-ordinating Centre for NHS Service Delivery and Organisation R&D. The findings discussed in this report provide the basis for the future work of the NHS Service Delivery and Organisation National R&D Programme, as outlined in the document Using Research to Improve Health Care Services.

Authors: Dr Naomi Fulop, Deputy Director, NCCSDO  
Ms Pauline Allen, Lecturer

Further copies: The Co-ordinator  
NCCSDO  
London School of Hygiene and Tropical Medicine  
99 Gower Street  
London WC1E 6AZ

Tel: (0) 20 7612 7980  
Fax: (0) 20 7612 7979  
Email: sdo@lshtm.ac.uk

Date of issue: March 2000

The SDO R&D Programme is a national research programme managed by the National Co-ordinating Centre for NHS Service Delivery and Organisation R&D under contract from the NHSE R&D Directorate.
Foreword

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

To ensure that this research programme responds to the needs of service users, health professionals and policy makers, the centre that manages the Programme, the National Co-ordinating Centre for Service Delivery and Organisation R&D (NCC SDO), undertook to consult widely and engage with those who work and are associated with delivering health care.

The themes that have emerged and are set out in this document are the findings of these discussions. All are important areas for the organisation and management of health care and will drive the SDO R&D Programme’s priorities for research.

There are expectations that this research endeavour will meet the needs of service users, health service managers and health care professionals and publish good scientific evidence to influence and inform the future shape of health care delivery and organisation.

Many challenges will need to be addressed but this exercise starts the spirit of engagement and signals the commitment that the Programme has to involving service users, health service managers, health care professionals, researchers and policy makers throughout the development and management of this research endeavour.

Dr Maureen Dalziel
Director, NCC SDO

March 2000
Acknowledgements

I would like to thank the following people for their contribution to the listening exercise:

- Colleagues in NCC SDO for their assistance in designing, setting up, running and reporting the focus groups – Naomi Fulop, Pauline Allen, Pamela Timms, Grainne Kavanagh, Kate Thomas, Razia Alam and other colleagues: Gillian Schiller, Sue Budd, Pam Garside, Barbara Jeffs, and Rhiannon Walters.
- Naomi Fulop and Pauline Allen for analysing and writing up the findings.
- Colleagues in R&D in Regional Offices for their help in setting up the focus groups.
- All those people who attended meetings of the listening exercise or sent in written contributions.

Dr Mareen Dalziel
Director, NCCSDO

March 2000
Contents

Summary

1. Introduction
2. Background
3. National Listening Exercise - Process
4. National Listening Exercise - Findings
5. Delivering the SDO Programme
6. Debating the findings
7. Main Messages
8. Conclusion

Annex I: Analysis of Participants in the Listening Exercise
Annex II: Participants in the Listening Exercise
Annex III: SDO Focus Group Meetings
Annex IV: Questions Discussed by Focus Groups
Annex V: Participants at Meetings of Expert Forum and Policy Makers
Summary

The Service Delivery and Organisation (SDO) Research and Development (R&D) Programme is an NHS national R&D programme with the remit of producing and promoting the use of research evidence directed at improving the organisation and delivery of health care services.

During autumn 1999, the centre that manages the SDO R&D Programme carried out a national listening exercise which brought together a wide range of stakeholders in focus groups around the country and in some expert groups, using structured discussions within a common framework. The purpose of this exercise was to enable the SDO R&D Programme to understand what issues are most important to those delivering and organising services, and to those receiving them, and to secure their ownership of the Programme. A wide range of people have been consulted during this process including service users, health care professionals, health service managers, researchers and others. The findings were debated during January and February 2000 with a wide range of policy makers and experts in the field. A total of 354 people have been consulted in person during this process.

This report has made a substantial contribution to the paper setting out the strategic direction of the SDO R&D Programme entitled Using Research to Improve Health Care Services.

Ten areas of particular concern and relevance to service users and NHS staff emerged from the listening exercise. The SDO R&D Programme should consider these when determining its priorities for commissioning, taking into account other relevant research funded by the NHS R&D Programme and others. The themes are as follows:

- Organising health services around the needs of the patient.
- User involvement.
- Continuity of care.
- Co-ordination/integration across organisations.
- Inter-professional working.
- Workforce issues.
- Relationship between organisational form, function and outcomes.
- Implications of the communication revolution.
- The use of resources, such as ways of disinvesting in services and managing demand.
- The implementation of major national policy initiatives such as the National Service Frameworks for coronary heart disease and mental health.

Research is not generally perceived as a lever for change in the NHS, and there is a gap between research evidence and implementation at both policy and local levels.

With a view to overcoming this, there is considerable support for:

- the continuing involvement of service users, health care professionals and health service managers in all aspects of the SDO R&D Programme;
- using a variety of methods for research and development such as action research, and commissioning reviews of existing evidence rather than primary empirical research;
• innovative ways of approaching the development end of the R&D spectrum;
• using research to identify the reasons for the gap between research and implementation;
• using a range of methods of commissioning;
• building capacity within the NHS to use research generated by the SDO R&D Programme; and
• training a cohort of service users to enable them to make an effective contribution (with clear objectives) to the Programme.

A key task for the SDO R&D Programme is effective communication. This is very important in influencing the take-up and implementation of research findings and will therefore be critical in ensuring the Programme’s success. Health service managers and health care professionals want high quality, rigorous research which is both timely and accessible.

It is vital that the SDO R&D Programme works closely with other R&D programmes, other parts of the NHS and partner agencies such as: the National Institute for Clinical Excellence (NICE), the Commission for Health Improvement (CHI) and the Audit Commission, to achieve maximum results.

Understanding the levers of change and how research can contribute to achieving change is vital. The SDO R&D Programme should stimulate debate about the need for incentives for managers and professionals to access and use research evidence.

The positive feedback to the listening exercise from participants and others needs to be built on and continued if interest in and ownership of the SDO R&D Programme is to be sustained.
1. Introduction

This report describes the process and findings of a national listening exercise which has been undertaken to inform the commissioning of research and development by the NHS Service Delivery and Organisation National R&D Programme. As such it provides a background paper to the report outlining the strategy for the SDO R&D Programme entitled Using Research to Improve Health Care Services. This strategy document draws on findings presented in this paper to develop the way forward for the SDO R&D Programme.

2. Background

The purpose of the SDO R&D Programme is:

**to produce and promote the use of research evidence on how the organisation and delivery of services can be improved to increase the quality of patient care, ensure better patient outcomes, and contribute to improved population health.**

The scope of the Programme is potentially very broad, its only limitation being the need to reflect national priorities. It could therefore include service delivery and organisation issues for a wide range of conditions and client groups and embrace primary, community, secondary and tertiary health care sectors. As there are already a number of projects on SDO-related topics within the NHS R&D Programme, the SDO R&D Programme will also need to draw this work together, give it strategic coherence and commission further work as necessary.

**Aims**
The aims of the SDO R&D Programme are to:

- ensure that good research-based evidence about the humanity, effectiveness, cost-effectiveness and equity of different models of service is available and accessible;

- generate the evidence base to encourage managers and others to implement appropriate change;

- identify and develop appropriate R&D methods;

- promote the development of expert R&D capacity; and

- involve service users and other stakeholders in the R&D Programme.

**Main Areas of Work**
The Programme’s four main areas of work are to:

- provide strategic advice concerning service delivery and organisation R&D;

- identify and prioritise themes for research and development;
• commission research and development; and

• communicate and promote the use of research evidence.

The National Co-ordinating Centre for NHS Service Delivery and Organisation Research & Development [NCC SDO] has been established to manage these areas of work and to ensure that the Programme’s aims are achieved. It is located at the London School of Hygiene and Tropical Medicine and commenced operating in April 1999.

How the SDO R&D Programme relates to the NHS and its agencies

The SDO R&D Programme is one of three main national NHS R&D programmes, the other two being Health Technology Assessment [HTA], and New and Emerging Applications of Technology [NEAT].

For the SDO R&D Programme to be successful, it is important that it works in partnership with the range of organisations concerned with the delivery of care, within and outside the Department of Health and the NHS. Its success will be judged on:

• the extent to which this Programme is relevant to the needs of the NHS and its users;

• its support of the implementation of major policies which underpin the white paper, The new NHS: Modern and Dependable, such as national service frameworks, clinical governance, controls assurance and primary care groups; and

• visible results that impact on health care delivery.

3. The Listening Exercise - Process

Identifying topics for research and development for a programme such as SDO requires a more innovative approach than has traditionally been used. The SDO R&D Programme therefore decided to carry out a national listening exercise, bringing together a range of stakeholders either in mixed focus groups around the country or in some expert groups, in order to:

• understand what issues are most important to those delivering and organising services, and to those receiving them; and

• build ownership for the Programme amongst these groups.

Prior to the listening exercise, an Expert Forum of around 40 invited specialists from health care professional, managerial, consumer, policy and research backgrounds was convened to advise on the composition of the focus groups and the main issues they should address. To offer a starting point for discussion within the Forum, a report was commissioned to provide an overview of the NHS R&D Programme and the context for the SDO R&D Programme.

The Expert Forum, which met in September 1999, considered a number of substantive issues concerning the SDO R&D Programme and agreed that the focus groups should concentrate on:

• identifying local and national issues relating to service delivery and organisation that will assist the SDO R&D Programme in setting its research commissioning priorities;
• identifying innovative research commissioning methods and ways of minimising bureaucracy;
• exploring the possible imbalance between research and development, and the role of the SDO R&D Programme at the ‘development’ end of the spectrum; and
• identifying processes for involving stakeholders in both the research and its implementation.

Members of the forum also helped identify the stakeholder groups to be invited to the focus groups and ranked them in order of importance. Five main rankings emerged, the first of which included service users and the public, users’ representatives, health care professionals at the front line of care and health service middle managers.

Annexes I and II show the rankings given by the Expert Forum and the proportion and numbers of each stakeholder group that attended the focus groups. Overall, the rankings advised by the forum were reflected in the mix of participants, although a greater number of users’ representatives than service users themselves were represented.

A full list of focus groups is shown in Annex III. Two focus groups were held in each of the eight health service regions in England, supplemented by six ‘expert’ focus groups such as consumer groups, research funders and academics. Discussion within each group was structured around a number of key questions, shown in Annex IV, designed to address the four main issues outlined above.

The analysis on which this report is based is drawn first from the 275 participants of the 22 focus groups held - 16 regional ones and six expert groups (consumers, educators, research funders, innovators and researchers) - together with a further 48 response sheets returned thereafter. In addition, the findings from these focus groups were debated in the following three arenas:
• At the second meeting of the Expert Forum (January 2000).
• Meetings with senior policy makers (February 2000).
• Written feedback from some Regional Directors of R&D and from the Policy Research Programme (PRP).

A list of those who attended either one or both meetings of the Expert Forum, and those who attended the meetings of policy makers is shown in Annex V.

In total, therefore, 354 people have been consulted in person during this process. From the numbers who have attended and the feedback received, it is evident that the response to the listening exercise has been very enthusiastic.

4. The Listening Exercise - Findings

Emerging themes for research and development

Given the deliberately broad range of backgrounds of the participants, it would have been inappropriate to ask directly about the kind of research the SDO R&D Programme should commission. So, as a prelude to identifying this, participants were asked to consider, in general terms, the changes they would like to see to the organisation of NHS services both from the perspective of their current role and, if appropriate, as a user of
services. They were also asked for their views on what major issues would be facing the health service in five years time.

The themes that emerged from these discussions are summarised below. It will be apparent that these include some topics that might legitimately fall within the remit of the SDO R&D Programme and others that might be more appropriately addressed by other R&D Programmes or other agencies. At this point, however, no distinction has been made – this will be discussed later in this document. The purpose of the listening exercise was to elicit participants’ views, not to evaluate what they said in terms of whether there is evidence to support their views.

Ten themes emerged consistently from all the focus groups.

i) **Organising the NHS around the needs of the patient**

Organising health services around the needs and wants of the people who use them came out strongly from all the groups. A holistic approach to patient care was also emphasised. The following issues were encompassed by this theme.

A **cess**
Participants perceived a need to develop processes that facilitate access to services and take account of individual choice, such as:

- More flexible opening hours outside standard working hours, particularly in primary care.
- Appointments that can be booked at times convenient to the patient.
- A choice of treatment settings.

**Information**
Information to users was seen as vital for improving access and choice. Several different types of information were discussed, such as:

- Service users require more information about the availability of and access to services - the information needs to be accessible to all, including those who do not have English as a first language, and might be enhanced by having people available to help patients negotiate their way through the system.
- Service users also want more and better information on the effectiveness of care, for example, how many operations a particular surgeon has performed and how successful they were.
- Health care providers want more and better information for patients to help them understand what services and treatments are available and what are not.

**Communication between health professionals and users**

Service users wanted to see improved communication between health care professionals and patients/carers, both in terms of:

- the process – service users want to be treated with more privacy and dignity by health care professionals; and
- the content – service users want clearer explanations of clinical issues.

This improved communication would include health care professionals admitting to uncertainty.
ii) **User involvement**

Participants wanted to see increased service user involvement in two spheres:

- Individual clinical decision-making, with patients being more involved in discussions with health care professionals about their care and treatment.
- Service planning and policy – assumptions made about the needs and wants of the public are often inaccurate and the NHS therefore needs to involve patients and voluntary organisations in planning services.

It was also felt that service users’ experiences of health care and across health and social care boundaries should be tracked – health service users’ views should not just be based on formal complaints.

iii) **Continuity of care**

Service users wanted to experience greater continuity of care both:

- within organisations, for example, when patients have follow-up outpatient appointments or when they see different professional staff; and
- across organisational boundaries, for example, between primary and secondary care.

There was also a wish to see much greater co-ordination of care, possibly achieved through new service delivery processes such as:

- ‘one-stop shops’ and ‘one-stop treatment plans’, for example, for breast cancer;
- A single [electronic] health record that can be easily accessed at any point in the system between health care professionals and across organisations.

iv) **Co-ordination/ integration across organisations**

At the organisational level, as well as better communication, participants wanted to see greater co-ordination and integration across:

- the interface between primary and secondary care, for example, by establishing clearer thresholds between these two sectors;
- the boundaries of primary, secondary and tertiary care so that patients experience a ‘seamless’ transition between them;
- the interface between health and social care; and
- the interface between the health service and other agencies that impact on health, such as housing, with the NHS working more proactively to reduce pressure on services.

Participants also raised some specific questions associated with this theme:

- Which services should be delivered where, and which setting, such as hospital or community, is best to a particular intervention of service?
- How can more rational use of hospital beds be achieved – bed management is the key to ensuring appropriate throughput, therefore how can we reduce multiple transfers, levels of readmissions and delays in discharge?
v) Inter-professional working

There was a strong call to improve working across professional boundaries:
- Barriers between health care professions are seen as detrimental to effective and efficient patient care.
- Genuine multi-disciplinary teams need to be created in all service areas, not only in specialist services [such as mental health and learning disability] where they generally work very well.
- Roles need to be clarified to avoid duplication.
- There needs to be real commitment from the Department of Health, the NHS Executive and professional bodies to multi-disciplinary team working and multi-skilling.
- There should be greater focus on multi-professional education, training and continuing development.

vi) Resources

There was concern about the lack of resources now and, more particularly, in the future. Issues were also raised about how resources are managed:
- Lack of resources leads to low staff morale and high sickness rates – health care professionals feel under great time pressures.
- The annual planning cycle does not lead to rational planning.
- NHS staff want help with allocating scarce resources, for example, what services should they stop providing and how can they disinvest from these?
- Some participants want the Government to address the issue of rationing head-on by debating which core services the NHS should provide.

Cost pressures will increase in the future due to:
- increasing patient expectations; and
- the ageing population.

There is therefore a need to manage expectations. It was suggested that this may lead to more explicit rationing and that the Government may need to prepare the public for the NHS to provide fewer, higher quality services.

Specific questions raised included:
- What alternative funding systems might be considered?
- What methods could be used to manage demand, for example, user charges?

vii) Workforce issues

Participants voiced considerable concern that over the next few years there would be a serious shortage of health care staff with appropriate skills, and that the following areas need to be addressed:
- Recruitment.
- Retention – including issues around staff morale.
- Skill mix – what skills and competencies are required to meet patient needs and which tasks can be delegated from doctors to other health care professionals?
• How to ensure changes in roles keep up with organisational change.
• How to improve basic nursing care.
• Staff expectations need to be defined.
• The NHS should look at how other employment sectors address their workforce crises.
• Will sub-specialisation result in better outcomes?

It was also felt that shortages of staff, combined with other factors such as professional training requirements, would lead to major structural changes resulting in fewer, larger units. This may result in patients having to travel further, unless technologies such as telemedicine are used as an alternative. But does this conflict with the wish of the public for access to local services?

viii) Implications of the communication revolution

Developments in information technology (IT) need to be taken into account in the way services are planned and delivered, particularly in relation to:
• service users becoming health ‘experts’, using information obtained over the internet, which has important implications for relationships between health care professionals and users;
• developments in IT being used to improve communication between health care professionals and between organisations; and
• technological developments, such as telemedicine, being used to overcome the problems of moving to fewer, larger units.

But in any drive towards the wider application of IT, particularly where this involves information for service users, care would be needed to ensure that those who are not IT-literate or able to access a computer or the internet are not disenfranchised.

ix) Relationship between organisational form, function and outcomes

This included:
• looking at how organisational change impacts on health care delivery;
• which organisational forms best suit function;
• the need to do experimental research to compare different health care organisations; and
• the need to develop robust outcome measures to test different organisational forms.

x) Evaluation of major policy initiatives

Many participants called for changes made at national policy level, as well as those affecting local services, to be based on research evidence. Some felt that there had been too many reorganisations not based on evidence. In particular, there was a call for some current policy initiatives to be evaluated, including:
• Primary care groups (PCG) [note: a national study of PCGs has been commissioned by PRP].
• Clinical governance.
• National service frameworks, e.g. for coronary heart disease and mental health.
• Clinical pathways.
• Performance management, such as concern that performance measures may distort activity.
• Partnership working – how is it working and what is being achieved?

5. Delivering the SDO R&D Programme

The focus groups were also asked to consider various aspects associated with delivering the SDO R&D Programme. During the course of these discussions, many participants emphasised that research is generally not a lever for change in the NHS, and reiterated the dissonance between research evidence and implementation at both policy and local levels.

The balance between research and development

One of the principal issues that the listening exercise was designed to address was the extent to which the SDO R&D Programme should concentrate on the development end of the research and development spectrum. It was clear from the focus groups that the term ‘development’ can be understood as covering a broad range of activities, from the dissemination and communication of research evidence to the implementation of change by organisations and individuals based on that evidence. For example, in the pharmaceutical industry, the term ‘development’ refers to the exploitation of basic scientific discoveries, and the term ‘implementation’ is used to describe how these new products are introduced and become widely used.

It is necessary that these very different understandings of the term ‘development’ are clarified for the purposes of the SDO R&D Programme. In the context of the NHS R&D Programme, ‘development’ has usually referred to disseminating research findings. Service developments, in contrast, have not been funded by the R&D Programme, but by the mainstream NHS. The R&D Programme has been concerned with the evaluation of service developments and also with the dissemination of knowledge based on research evidence.

Participants were therefore asked to comment on the appropriate balance between research and development for the SDO R&D Programme. The clear consensus was that development had been neglected in the past by NHS R&D programmes. The use of pilot or beacon projects was frequently suggested, which some people explicitly identified as ‘action research’. In other words, instead of using the classic research technique of observing other people’s activity while attempting not to influence their behaviour, an action research project consists of implementing the activity and evaluating its processes and outcomes simultaneously. But participants also noted a common problem associated with pilot projects: they frequently came to an end once the initial pump-priming funds had run out, as mainstream resources were not allocated to enable them to continue.

Appropriate R&D methods

Several participants raised the importance of recognising the wide range of suitable methods available for research into service delivery and organisation issues and encouraging their use. The biomedical model of the randomised controlled trial was seen as only one approach in a range of techniques, and not necessarily the ‘gold standard’. It
was suggested that the SDO R&D Programme promote the use of appropriate methodologies for service delivery and organisation research.

**Communication of existing knowledge**

Some participants recognised that a large amount of relevant evidence about service delivery and organisation issues (not all of which concerns health services) already exists within the academic sphere, but that there had been insufficient investment in bringing this to the attention of service users and NHS providers and ensuring it was used.

It was also recognised by a wide range of people that research evidence exists about the most effective methods of undertaking some of the component tasks of development. In particular, generic evidence is available about how best to disseminate and implement research findings.

It was suggested that, as one of its key tasks, the SDO R&D Programme should ensure that existing knowledge about effective techniques to communicate evidence and stimulate change in individuals and organisations is widely publicised. In addition, it was proposed that once areas of interest had been prioritised, the SDO R&D Programme should ensure that the relevant research evidence about appropriate organisational models and modes of service delivery is reviewed before any new primary empirical research is commissioned.

**Success factors and barriers to the implementation of research-based changes to services**

Several participants recognised that there was a substantial body of evidence in existence about how to implement change, and they suggested that the SDO R&D Programme provide summaries of this to the NHS in an accessible form. As well as being keen that the SDO R&D Programme should provide such evidence, participants identified some success factors and barriers from their own experience.

Success factors included:

- the importance of having a sufficiently powerful champion for the desired change – leadership was vital; and
- having a person whose role as a 'knowledge manager' was to communicate research evidence at local level – for example, within a single trust - in an easily understood form [this was being tried out in a trust in the South East Region].

Several barriers to change were identified, including:

- the need for additional resources in the early stages of the introduction of most service changes;
- lack of knowledge of what has been proven to be effective;
- the complexity of organisations and the numbers of people who need to be persuaded to act in order to effect organisational change;
- changes being introduced top down, with lack of ownership by those involved in actual service delivery; and
- conservatism and general resistance to change by individuals and professional groups.
Stakeholder involvement in the SDO R&D Programme

One of the aims of the SDO R&D Programme is to involve a range of stakeholders in research and development, including service users, health care professionals, health service managers, researchers and others. Throughout the listening exercise, the responses of focus group participants demonstrated why it is vital to increase the involvement of both service users and those working in the NHS: this will allow the most relevant topics for R&D to be identified and increase the likelihood of change being implemented at local level.

When asked how the Programme could secure this involvement, participants made a number of observations.

Identifying priorities:
Service users and health service staff should be consulted about priorities very early on in the process - the focus groups being held by the SDO R&D Programme were acknowledged as being a good way of achieving this.

But a warning note was sounded against seeking stakeholders’ opinions and then failing to pay sufficient attention to or value what they say. People need to see that their views have been taken into account, indicating that extensive communication is vital.

Commissioning and monitoring research and development:
• Criteria for commissioning research should explicitly include factors that are important to service users and staff, as well as scientific quality.
• Service users and front-line NHS staff should be involved in formal commissioning arrangements.
• Commissioning should be organised into themes, so that stakeholders could be involved in their particular areas of interest, rather than across the board, and follow projects through - this would allow people to learn more about the whole process of R&D, as well as ensuring that the outputs of projects were relevant.
• Commissioning processes should be relatively fast, in order to retain people’s interest and involvement.

It was suggested that one way of speeding up commissioning would be to use a list of preferred research providers, who could be approached to conduct research in areas of their particular expertise. But care would need to be taken not to exclude a wider range of participants. This could be achieved by requiring preferred providers to collaborate with specified categories of people, such as those delivering services.

Participating in undertaking research and development:
• Both service users and those involved in service delivery should be encouraged to participate in undertaking research and development - the SDO R&D Programme could do this by providing a networking facility to allow more experienced researchers to link up with less experienced people, and/or by funding training in relevant research and development techniques.
• It would help to encourage a wider range of NHS staff, especially non-medical staff, to be involved in R&D if their participation were to enhance their career prospects.
The role of education and training of health professionals in SDO R&D

Participants in the expert focus group of those involved in the education and training of health professionals were asked to consider their particular role in promoting the use of research evidence in respect of service delivery and organisation.

The following suggestions were made:
- Learning about the organisational context in which professionals work needs to be included in training programmes.
- The education of health care professionals needs to include the notion that their roles can and will change over time, and that individuals need to be flexible enough to recognise when this is appropriate and to adapt accordingly.
- Health professionals need to learn how to use research to reflect on their practice and make changes, if indicated.

Communicating the work of the SDO R&D Programme

It was clear from focus group participants that a crucial element of running a successful national research and development programme is to make communication with service users and NHS staff a high priority.

Ideas for how to do this included:
- establishing an SDO web site to report on the progress of commissioning projects and the outcome of those projects, and using the internet for interactive communication, such as discussion groups;
- making accessible forms of evidence readily available to service users and NHS staff, possibly in the National Electronic Library for Health (NeLH);
- facilitating and encouraging local groups and networks to put people with common interests in touch with each other – the model of the primary care research networks was cited; and
- running a second national series of focus groups after a couple of years to report on the SDO R&D Programme’s progress and to ascertain the extent to which evidence has been more readily accessible and how service delivery and organisation issues have altered over time.

6. Debating the findings from the focus groups

The findings from the focus groups outlined above were debated in three main arenas:
- At the second meeting of the Expert Forum (January 2000).
- Meetings with senior policy makers and shapers (February 2000).
- Written feedback was also received from some Regional Directors of R&D and from the PRP.

A summary of these debates is provided below.

Emerging themes

There was broad support for the themes which emerged from the focus groups, with particular support for:
• the process of care issues as encompassed by the theme on patient-centred service delivery and organisation; and
• the evaluation of national policies.

An additional theme which emerged is in the area of translating research into practice ie. the reasons why research findings on service delivery and organisation which do exist have not been taken up, why change happens when it does, and what facilitates the spread of good practice. This ties in with findings from the focus groups that existing evidence on the management of change needs to be more widely available in the NHS.

Types of R&D

There was strong support for reviewing existing evidence both within and outside the health care sector, and making it accessible to those within the NHS. It was felt that this should be prioritised above primary research.

In several arenas, the need for the SDO R&D Programme to develop research and/or generalisable implementation tools which had local ownership and which could be used at local level was suggested (but see the debate on who should do research below).

Relationships with other agencies

Working with partner agencies, in particular NICE, CHI and the Audit Commission, was seen as vital for the SDO R&D Programme to produce added value. Similarly, the importance for SDO to have a Programme which is clearly delineated from other R&D programmes was emphasised.

Communication and implementation

There was support for specific funding to be provided for these activities, and incentives built in to the research commissioning process. There was a questioning of whether researchers are the right people to be communicating and implementing findings and if they are not who else should be involved and how should they be involved.

A key message from the meetings with policy makers was that there needs to be a cultural shift to create the expectation that research evidence will be used, where available, in making decisions concerning service delivery and organisation. Incentives for health service managers and health care professionals need to be devised to encourage them to use research evidence. Clearly the latter is not within the remit of the SDO R&D Programme but the Programme can, with others, help to change the climate within which research evidence is produced and used.

Involving stakeholders

The SDO R&D Programme should have clear objectives for involving stakeholders, especially service users. Funds should be available to facilitate this involvement.

Building research capacity

The issue of who should conduct SDO research was debated and different views expressed. On the one hand, there is the view, evident in many of the focus groups, that
a wider range of health service staff should be ‘involved’ in research. The question is what this involvement entails. The view expressed in some focus groups that it is desirable to widen the range of health service staff conducting research was strongly contested by others. The implications of this would need to be carefully thought through, for example in terms of education and training. Further, there is a case for ensuring that SDO research is rigorous and can be generalised, which might militate against a wider range of NHS staff undertaking research. In any event, there was strong support for increasing the capacity of health service managers and health care professionals to access and use research evidence.

A model which emerged from the Expert Forum was one in which groups of expert researchers produced high quality, rigorous research funded by SDO and made strong links with local areas to involve service users and health care staff in the research as appropriate. A strong message was that this high quality, rigorous research should not be jeopardised by inclusivity.

7. Main Messages

It was evident throughout the listening exercise that there is a contradiction between the level of service provision stakeholders want to see as service users and their recognition that there is a lack of resources to meet these expectations. For example, on the one hand both service users and providers want to see services made more accessible – in terms of when, where and how – but on the other hand they perceive that the system does not provide sufficient resources to enable these expectations to be met.

Emerging Themes

The specific themes emerging from the listening exercise can be divided into three broad categories: those for consideration by the SDO R&D Programme; those which may be more suitable for other national R&D programmes to consider, possibly in partnership with the SDO R&D Programme; and those which may be most appropriate for other agencies to think about.

SDO R&D Programme

The SDO R&D Programme should take on board the following ten themes in the development of its research commissioning strategy:

- Organising the NHS around the needs of the patient.
- User involvement.
- Continuity of care.
- Co-ordination/integration across organisations.
- Inter-professional working. } in discussion with the human resources R&D initiative
- Workforce issues. } [see below]
- Relationship between organisational form, function and outcomes.
- Implications of the communication revolution.
• Some aspects associated with resources, such as ways of disinvesting in services and managing demand, although others should be considered elsewhere. [see below]
• Evaluation of major national policy initiatives [in discussion with PRP - see below].

In each case, it will be necessary to review any relevant research that has been previously undertaken. It is worth noting that many of these themes have emerged in previous R&D research prioritisation exercises.

Other R&D Programmes

It is vital that the SDO R&D Programme works closely with other NHS R&D programmes to avoid duplication and provide added value. An example of this relates to the theme evaluation of major policy initiatives, and how the SDO R&D Programme works with the PRP. The evaluation of major policy initiatives such as PCGs, clinical governance and national service frameworks, can be approached from two perspectives. First, their foundation i.e. the extent to which the policies themselves are appropriate in the light of research evidence and, secondly, their execution in terms of implementation and best practice. Evaluation of the former would be more suitable for the PRP to consider. This Programme has already commissioned some work on PCGs and is currently developing a research initiative that will include issues associated with the national strategy on quality, such as clinical governance. However, it would be appropriate for the SDO R&D Programme to commission research on specific areas concerning the execution of these policies, looking at how they are being implemented and what lessons can be learned from this.

Some of the topics raised under the theme of workforce issues would be more properly addressed by the human resources R&D initiative [part of the PRP], possibly in partnership with the SDO R&D Programme. Similarly, there are overlaps between these two programmes on the subject of inter-professional working. The human resources initiative will be commissioning some research in these two areas and discussions should be held between this programme and the NCCSDO about how these themes might be jointly taken forward. It is also expected that a number of the workforce issues highlighted during the listening exercise will be taken on board by the Workforce Planning Review, which is being set up under the auspices of the NHS Executive’s human resources initiative.

Working with other agencies

It is very important for the SDO R&D Programme to work closely with partner agencies such as NICE, CHI, and the Audit Commission to achieve maximum synergy.

Some of the points that emerged under the theme of resources - most notably the level of funding for the NHS, alternative methods of funding, rationing and the provision of core services - are matters that are properly the consideration of ministers and their advisers.

Methods for and types of R&D

A strong message for the SDO R&D Programme is that it needs to consider and help change the culture towards so-called ‘non-traditional’ methods for research and development, such as action research and ‘realistic evaluation’. This may also involve
commissioning work on the development of research methods appropriate for SDO (with the Methodology R&D Group).

For some topics, better value for money may be achieved by commissioning reviews of existing evidence rather than primary empirical research. This may be particularly true where research evidence is available outside the health sector, for example, on the management of change.

Development

The SDO R&D Programme needs to use a definition of ‘development’ which distinguishes clearly between communicating (disseminating) findings, on the one hand, and implementation, on the other, although obviously the two are closely related. A key task is also to identify who the best people are to work on the ‘development’ end of R&D – the most appropriate people may be different from those who carried out the research. The view of development used by the NHS R&D Programme to date has been limited to ensuring ‘relevant information [was] freely available... and packaged to secure practical application’ (Department of Health, Research for Health, second edition, 1993). Implementation has been seen as the province of NHS managers.

In the context of ‘non-traditional’ methods, the SDO R&D Programme needs to consider innovative ways of approaching the development elements of R&D. This might include funding pilot projects to test different models of service organisation and delivery. This raises the wider question of whether monies allocated to NHS national R&D programmes can legitimately be used to fund service delivery. Moreover, the problem of how pilot services can be continued once pump priming money has run out needs to be addressed. In the event that this is not deemed appropriate for the SDO R&D Programme to fund pilot projects, the Programme will still need to consider how it can encourage such pilot projects to be funded from other sources, and how it can contribute to the evaluation of those projects.

The SDO R&D Programme, working closely with other agencies, needs to understand the levers for change and the role of research in achieving change. It should stimulate debate about the need for incentives for managers and professionals to access and use research evidence

Involvement of stakeholders

The SDO R&D Programme needs to build on the involvement it has achieved so far with stakeholders, and to ensure their continued involvement in the processes of commissioning and dissemination. This will require additional resources if, for example, the listening exercise is to be repeated in the future.

If service users are to be involved on an on-going basis, the SDO R&D Programme should consider training a cohort of users to enable them to make an effective contribution. The objectives of any such contribution needs to be made explicit.

Training

In order to increase the health service’s capacity to carry out suitable research that is likely to be implemented, some investment in research training may be advisable. More
importantly, in order to increase the uptake of research findings among staff such as health service managers, nurses and the professions allied to medicine, it is desirable that training in the appraisal and use of research findings is funded.

Communication

It is clear from the listening exercise that communication is a key task for the SDO R&D Programme. This includes communication about the Programme itself and continuing to involve a range of stakeholders in its work, as well as communicating research evidence on service delivery and organisation to NHS staff and others. It is likely that resources will need to be designated for these activities.

Academic publications do not reach many of those who have an interest in matters of service delivery and organisation and effective communication will be vital in influencing the take-up and implementation of research findings. A range of innovative methods of communicating research evidence – via the internet, non-academic journals, seminars, etc. – will be required and, again, will need to be resourced. The people required to achieve some elements of communication may be different from those who have conducted the research.

8. Conclusion

The listening exercise has shown that there is considerable interest in the SDO R&D Programme and in this method of consulting a wide range of stakeholders. It has provided a wealth of ideas for debating what kinds of research the Programme should consider undertaking and how that research might be commissioned, carried out and communicated throughout the NHS and beyond. The listening exercise process, as reported in this background paper, has made a substantial contribution to the paper setting out the strategic direction of the SDO R&D Programme, entitled Using Research to Improve Health Care Services.
# ANNEX I

Analysis of Participants in the listening exercise

<table>
<thead>
<tr>
<th>RANK</th>
<th>ABBREVIATION</th>
<th>CATEGORY</th>
<th>NUMBER</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>P</td>
<td>Public/ Users</td>
<td>11</td>
<td>4.0</td>
</tr>
<tr>
<td>1</td>
<td>CR</td>
<td>Consumer Representatives</td>
<td>42</td>
<td>15.3</td>
</tr>
<tr>
<td>1</td>
<td>H</td>
<td>Hospital Clinical Staff</td>
<td>54</td>
<td>19.6</td>
</tr>
<tr>
<td>1</td>
<td>C</td>
<td>Primary &amp; Community Clinical Staff</td>
<td>21</td>
<td>7.6</td>
</tr>
<tr>
<td>1</td>
<td>MM</td>
<td>Middle Managers</td>
<td>52</td>
<td>18.9</td>
</tr>
<tr>
<td>2</td>
<td>SM</td>
<td>Senior Managers</td>
<td>20</td>
<td>7.3</td>
</tr>
<tr>
<td>2</td>
<td>PH</td>
<td>Public Health Specialists</td>
<td>7</td>
<td>2.5</td>
</tr>
<tr>
<td>2</td>
<td>PM</td>
<td>Policy Makers*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>LA</td>
<td>Local Authority (Social Services)</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>2</td>
<td>IN</td>
<td>Innovators</td>
<td>12</td>
<td>4.4</td>
</tr>
<tr>
<td>3</td>
<td>NED</td>
<td>Non-executive Directors</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>4</td>
<td>ED</td>
<td>Educators</td>
<td>9</td>
<td>3.3</td>
</tr>
<tr>
<td>5</td>
<td>RES</td>
<td>Researchers</td>
<td>20</td>
<td>7.3</td>
</tr>
<tr>
<td>5</td>
<td>RD</td>
<td>Research &amp; Development</td>
<td>13</td>
<td>4.7</td>
</tr>
<tr>
<td>5</td>
<td>RF</td>
<td>Research Funders</td>
<td>9</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td></td>
<td>275</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The ranking is as recommended by the first Expert Forum. The numbers and percentages relate to the actual participants in the focus groups held.

*The findings of the focus groups were debated by the second Expert Forum and at two dinners held for policy makers and people with an interest in the NHS at national level, including representatives of the media, voluntary sector, local authorities and non executive directors of NHS organisations. Together with the First Expert Forum, this included 79 people, giving a total of 354 people consulted in person during the Listening Exercise.

**Key to Categories:**
- C - includes GPs, health visitors, district nurses
- CR - includes CHCs, consumer organisations, voluntary organisations, carer representatives
- ED - representatives of education consortia, medical education, nurse education, pharmaceutical education
- H - includes front line hospital medical and nursing staff, ambulance staff, paramedics
- IN - includes successful change implementers in the NHS
- MM - includes ward managers & sisters, business, operations and service managers
- NED - non executive directors of health authorities and trusts
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>includes patients, carers</td>
</tr>
<tr>
<td>PH</td>
<td>includes both medically and non medically qualified public health specialists</td>
</tr>
<tr>
<td>RD</td>
<td>includes regional directors of R&amp;D, other R&amp;D staff and research nurses</td>
</tr>
<tr>
<td>RES</td>
<td>researchers based in academic institutions</td>
</tr>
<tr>
<td>SM</td>
<td>includes trust and health authority chief executives, executive directors and acting directors (including directors of public health)</td>
</tr>
</tbody>
</table>
Annex II

PARTICIPANTS IN THE LISTENING EXERCISE
## ANNEX III

### LISTENING EXERCISE FOCUS GROUP MEETINGS

<table>
<thead>
<tr>
<th>Focus Group</th>
<th>Location</th>
<th>Number of Participants</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumers Expert Group</td>
<td>London</td>
<td>11</td>
<td>28th October 1999</td>
</tr>
<tr>
<td>Educators Expert Group</td>
<td>London</td>
<td>9</td>
<td>29th October 1999</td>
</tr>
<tr>
<td>Research Funders Expert Group</td>
<td>London</td>
<td>9</td>
<td>2nd November 1999</td>
</tr>
<tr>
<td>West Midlands Region</td>
<td>Stafford</td>
<td>7</td>
<td>1st November 1999</td>
</tr>
<tr>
<td>West Midlands Region</td>
<td>Birmingham</td>
<td>17</td>
<td>2nd November 1999</td>
</tr>
<tr>
<td>London Region</td>
<td>London</td>
<td>10</td>
<td>3rd November 1999 (am)</td>
</tr>
<tr>
<td>London Region</td>
<td>London</td>
<td>12</td>
<td>3rd November 1999 (pm)</td>
</tr>
<tr>
<td>Northern &amp; Yorkshire Region</td>
<td>Newcastle</td>
<td>12</td>
<td>3rd November 1999</td>
</tr>
<tr>
<td>Northern &amp; Yorkshire Region</td>
<td>Leeds</td>
<td>18</td>
<td>4th November 1999</td>
</tr>
<tr>
<td>South East Region</td>
<td>Oxford</td>
<td>12</td>
<td>4th November 1999</td>
</tr>
<tr>
<td>South East Region</td>
<td>London</td>
<td>25</td>
<td>8th November 1999</td>
</tr>
<tr>
<td>North West Region</td>
<td>Warrington</td>
<td>16</td>
<td>9th November 1999</td>
</tr>
<tr>
<td>North West Region</td>
<td>Manchester</td>
<td>11</td>
<td>10th November 1999</td>
</tr>
<tr>
<td>South West Region</td>
<td>Bristol</td>
<td>14</td>
<td>10th November 1999</td>
</tr>
<tr>
<td>South West Region</td>
<td>Exeter</td>
<td>10</td>
<td>11th November 1999</td>
</tr>
<tr>
<td>Trent Region</td>
<td>Nottingham</td>
<td>14</td>
<td>15th November 1999</td>
</tr>
<tr>
<td>Trent Region</td>
<td>Sheffield</td>
<td>9</td>
<td>16th November 1999</td>
</tr>
<tr>
<td>Eastern Region</td>
<td>Chelmsford</td>
<td>10</td>
<td>30th November 1999</td>
</tr>
<tr>
<td>Eastern Region</td>
<td>Cambridge</td>
<td>19</td>
<td>1st December 1999</td>
</tr>
<tr>
<td>Researchers Expert Group</td>
<td>London</td>
<td>8</td>
<td>12th January 2000</td>
</tr>
<tr>
<td>Researchers Expert Group</td>
<td>London</td>
<td>10</td>
<td>14th January 2000</td>
</tr>
<tr>
<td>Innovators</td>
<td>London</td>
<td>12</td>
<td>15th February 2000</td>
</tr>
</tbody>
</table>

In addition to the Second Expert Forum, the findings from the focus groups were also discussed with two groups of policy makers and other people with an interest in the NHS at national level.
ANNEX IV

Questions Discussed by the Focus Groups

1. If there was one change to the organisation of NHS services which you would like to see, what would it be?
   • In your current role.
   • As a user of services.

2. Thinking forward to five years time, what do you think the major issues facing the NHS will be?
   • And, therefore, what would it be useful for the SDO R&D Programme to provide in the way of evidence?

3. Health service delivery and organisation: are there knowledge gaps that the SDO R&D Programme should address?

4. Do you know of successful changes to health services that resulted from research-based evidence?
   • If so, why do you think they were successful?
   • If not, what are the barriers to change?

5. The NHS R&D Programme has focused more on research than development.
   • Should the SDO R&D Programme concentrate on development in addition to research?
   • What kind of development would be useful?
   • What is the right balance?

6. What techniques should we use to involve stakeholders in all stages of the SDO R&D Programme for
   • identifying research priorities;
   • prioritising;
   • commissioning;
   • monitoring;
   • communicating; and
   • evaluating.

Thinking five years ahead, what would make you say the SDO R&D Programme was a great success?

**Question for research funders focus group only**
The NHS R&D Programme has made use of traditional commissioning processes.
   • Are research funders seeking new ways to commission research?
   • If so, what are they?

**Question for educators focus group only**
Does education and training have a role in promoting the use of research-based evidence?

- In particular, in relation to service delivery and organisation issues?

**Question for consumer representatives focus group only**

What techniques should we use to involve users and their representatives in all stages of the SDO R&D Programme for -

- identifying research priorities;
- prioritising;
- commissioning;
- monitoring;
- communicating; and
- evaluating.
**ANNEX V**

**Participants at Meetings of the Experts’ Forum and Policy Makers**

The following people attended either the first Expert Forum meeting on 14 September 1999 and/or the second Expert Forum on 18 January 2000.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof Mark</td>
<td>Medical Director</td>
<td>North Yorkshire Health Authority</td>
</tr>
<tr>
<td>Ms Kate</td>
<td>Associate Director of Development</td>
<td>NHS Executive</td>
</tr>
<tr>
<td>Prof Raman</td>
<td>Head of Transcultural Department</td>
<td>Eastman Dental Institute</td>
</tr>
<tr>
<td>Dr Helen</td>
<td>Redesign Director</td>
<td>National Patient Access Team</td>
</tr>
<tr>
<td>Ms Sarah</td>
<td>R &amp; D Co-ordinator</td>
<td>Consumers in NHS Research Support Unit</td>
</tr>
<tr>
<td>Ms Sue</td>
<td>Management Consultant</td>
<td></td>
</tr>
<tr>
<td>Mr Stephen</td>
<td>Director of Personnel &amp; Communications</td>
<td>Southend Hospital NHS Trust</td>
</tr>
<tr>
<td>Ms Sonia</td>
<td>Assistant Director for Educational Policy (R &amp; D)</td>
<td>English National Board for Nursing, Midwifery and Health Visiting</td>
</tr>
<tr>
<td>Prof Loraine</td>
<td>Head of Department of Health Studies</td>
<td>Brunel University</td>
</tr>
<tr>
<td>Dr Jennifer</td>
<td>Policy Advisor</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Mr Nigel</td>
<td>Policy Director</td>
<td>NHS Confederation</td>
</tr>
<tr>
<td>Prof Ewan</td>
<td>Professor of Public Service Management – Organisational Behaviour Group – Director of Research</td>
<td>Imperial College School of Management</td>
</tr>
<tr>
<td>Mr Jan</td>
<td>Chief Executive</td>
<td>Medway NHS Trust</td>
</tr>
<tr>
<td>Mr Keith</td>
<td>Chief Executive</td>
<td>Mayday Healthcare NHS Trust</td>
</tr>
<tr>
<td>Ms Beryl</td>
<td>Chief Officer</td>
<td>Southend District Community Health Council NCCHTA</td>
</tr>
<tr>
<td>Prof John</td>
<td>Executive Director</td>
<td></td>
</tr>
<tr>
<td>Prof Charles</td>
<td>Chairman</td>
<td>Joint Committee on Higher Surgical Training</td>
</tr>
<tr>
<td>Ms Pam</td>
<td>Senior Associate</td>
<td>Judge Institute of Management Studies</td>
</tr>
<tr>
<td>Ms Margaret</td>
<td>Chief Executive</td>
<td>The Stroke Association</td>
</tr>
<tr>
<td>Ms Sarah</td>
<td>Action Researcher</td>
<td>Consumers in NHS Research Support Unit</td>
</tr>
<tr>
<td>Prof Chris</td>
<td>Director of Health Services Management Centre</td>
<td>School of Public Policy, University of Birmingham</td>
</tr>
<tr>
<td>Prof Joan</td>
<td>Chair</td>
<td></td>
</tr>
<tr>
<td>Prof David J</td>
<td>Professor of Health Policy &amp; Management</td>
<td>Nuffield Institute of Health</td>
</tr>
<tr>
<td>Dr Myriam</td>
<td>Medical Director</td>
<td>Whipp’s Cross Hospital</td>
</tr>
<tr>
<td>Ms Clara</td>
<td>Senior Policy Researcher</td>
<td>Consumers Association</td>
</tr>
<tr>
<td>Name</td>
<td>Title/Role</td>
<td>Affiliation</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Ms Elizabeth</td>
<td>Chair</td>
<td>London Health Link</td>
</tr>
<tr>
<td>Mr Stuart</td>
<td>Director</td>
<td>Institute of Health Services Management</td>
</tr>
<tr>
<td>Ms Pinky</td>
<td>Physiotherapy Services Manager</td>
<td>Enfield Community Care NHS Trust</td>
</tr>
<tr>
<td>Dr Lucy</td>
<td>Director of Clinical Services</td>
<td>Barnett and Chase Farms Hospital NHS Trust</td>
</tr>
<tr>
<td>Ms Moira</td>
<td>Research Director</td>
<td>British Diabetic Association</td>
</tr>
<tr>
<td>Prof John</td>
<td>Clinical Director</td>
<td>St. Mark's Hospital, North West London Hospitals NHS Trust</td>
</tr>
<tr>
<td>Ms Mary</td>
<td>Deputy Director</td>
<td>PHLS Communicable Disease Surveillance Centre</td>
</tr>
<tr>
<td>Mr John Wyn</td>
<td>Secretary</td>
<td>Nuffield Provincial Hospitals Trust</td>
</tr>
<tr>
<td>Dr Vivienne</td>
<td>Assistant Medical Director</td>
<td>British Heart Foundation</td>
</tr>
<tr>
<td>Dr John F</td>
<td>Medical Director</td>
<td>North West London Hospitals NHS Trust</td>
</tr>
<tr>
<td>Dr Jane</td>
<td>Senior Researcher and Reader for Midwifery</td>
<td>St Bartholomew School of Nursing &amp; Midwifery</td>
</tr>
<tr>
<td>Mr Peter</td>
<td>Pharmacy Services Manager</td>
<td>Chelsea &amp; Westminster Hospital</td>
</tr>
<tr>
<td>Prof Trevor</td>
<td>Head of Department Health Studies</td>
<td>Institute for Research in the Social Sciences</td>
</tr>
<tr>
<td>Dr Jenny</td>
<td>Chief Executive</td>
<td>British Association of Medical Managers</td>
</tr>
<tr>
<td>Ms Jenny</td>
<td>Senior Policy Officer</td>
<td>British Diabetic Association</td>
</tr>
<tr>
<td>Mr Roger Gordon</td>
<td>Medical Information Services Manager</td>
<td>MSD UK</td>
</tr>
<tr>
<td>Dr Michael</td>
<td>Chief Officer</td>
<td>NHS Alliance</td>
</tr>
<tr>
<td>Prof Mark</td>
<td>Head of Division of Medicine</td>
<td>Imperial College School of Medicine</td>
</tr>
<tr>
<td>Dr Kieran</td>
<td>Senior Research Fellow</td>
<td>Health Services Management Centre, University of Birmingham</td>
</tr>
<tr>
<td>Prof Roger</td>
<td>Professor of Nursing</td>
<td>University of Hull</td>
</tr>
<tr>
<td>Ms Lesley</td>
<td>Chief Executive</td>
<td>Ipswich PCG Group</td>
</tr>
<tr>
<td>Ms Jeanette</td>
<td>Chief Nursing Officer</td>
<td>Macmillan Cancer Relief</td>
</tr>
<tr>
<td>Professor</td>
<td>Convenor Organisational Studies Group &amp; Professor of Work and Organisational Psychology</td>
<td>Aston Business School</td>
</tr>
</tbody>
</table>
The following people (including those who influence policy in a variety of ways) attended the Policy Makers Meetings on either 2 and 9 February 2000.

<p>| Professor | Isobel Allen | Head of Health and Social Care Research Group | Policy Studies Institute |
| Ms | Lynn Anglionby | Partner | Trowers and Hamlin |
| Mr | David Brindle | Social services correspondent | The Guardian |
| Ms | Tessa Brooks | Director, Leadership Programmes for Chief Executives | NHS Executive |
| Mr | Michael Buckley | The Health Service Ombudsman for England | |
| Mr | Brian Capstick | Senior Partner | Capstick Solicitors |
| Professor | Cyril Chantler | Vice Principal | King's College London |
| Dr | David Colin-Thome | Director of Primary Care | NHS Executive, London Region |
| Ms | Anna Coote | Programme Director Public Health | King's Fund |
| Ms | Jocelyn Cornwell | Project Director | Commission for Health Improvement |
| Dr | Penny Dash | Head of Strategy &amp; Planning | Department of Health |
| Mr | Ron de Witt | Chair | English National Board for Nursing, Midwifery and Health Visiting |
| Mr | Andrew Dillon | Chief Executive | NICE |
| Mr | Christian Dingwall | Partner | Le Brassier J Tickle |
| Professor | Liam Donaldson | Chief Medical Officer | Department of Health |
| Dr | J A Muir Gray | Director | Institute of Health Sciences, University of Oxford |
| Ms | Jenny Gubbins | Non-executive | National Blood Authority |
| Mr | Terry Hanafin | Director of Public Services Research | Audit Commission |
| Miss | Christine Hancock | General Secretary | Royal College Nursing of the United Kingdom |
| Mr | Richard Hancock | Health and Social Affairs Correspondent | BBC Television Centre |
| Dr | Chris Henshall | Deputy Director of R&amp;D | NASE |
| Dr | Peter Homa | Director | Commission for Health Improvement |
| Dr | Leila Lessof | Chairperson | Moorfield's Hospital Trust |
| Mr | Stuart Marples | Chief Executive | Institute of Healthcare Management |
| Mr | Laurie McMahon | Executive Director for Professional Practice | Office of Public Management |
| Ms | Rabbi Julia Neuberger | Chief Executive | King's Fund |
| Ms | Denise Platt | Chief Social Services Inspector | Social Services Inspectorate |
| Mr | John Ransford | Head of Social Affairs, Health and Housing | Local Government Association |
| Dr | John Reed | Principal Medical Inspector | HM Inspectorate of Prisons |
| Professor | Michael Richards | National Cancer Director | St Thomas's Hospital |</p>
<table>
<thead>
<tr>
<th>Ms</th>
<th>Hilary Scott</th>
<th>The Deputy Health Service Ombudsman for England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr</td>
<td>C Marc Taylor</td>
<td>Head of NHS R&amp;D Funding Department of Health</td>
</tr>
</tbody>
</table>
This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene & Tropical Medicine.

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