NHS SERVICE DELIVERY AND ORGANISATION R&D PROGRAMME

PROGRAMME OF RESEARCH ON EVALUATING MODELS OF ORGANISATION AND DELIVERY OF HEALTH SERVICES

CALL FOR PROPOSALS ON THE ORGANISATION AND DELIVERY OF CARE FOR PEOPLE WITH PERSONALITY DISORDER: PD1; EVALUATION OF PILOT SERVICES FOR PEOPLE WITH PERSONALITY DISORDER IN ADULT NON FORENSIC SETTINGS AND PD2; IN FORENSIC SETTINGS

Introduction

As part of its programme of research evaluating models of organisation and delivery of health services, the SDO Programme wishes to commission research on services for people with personality disorder. Two studies will be commissioned, the first evaluating aspects of new pilot services for people with personality disorder in community settings and the second evaluating new pilot services for people with personality disorder in forensic settings.

It is recognised that there are serious deficiencies in current services for people with personality disorder (1). As far as general adult mental health services are concerned, current services for people with personality disorder are significantly deficient: staff feel they do not have appropriate skills and these clients are often marginalised. Some mental health providers do not provide a service for people with personality disorder at all. Among mental health providers who are providing services for people with personality disorder, there is a diversity of therapeutic approach and mode of service delivery.

As far as forensic services are concerned, it is recognised that as many as one third of patients with a primary diagnosis of personality disorder in high security units could be appropriately cared for in a less secure environment. In the prison services there is also a demand for personality disorder services which currently local NHS medium secure services are not meeting. Due to lack of suitable services in medium security or community settings, however, patients may have to wait long periods of time for appropriate placements to be found. There is very little dedicated infrastructure for the assessment and treatment of personality disorder in local and regional forensic services.

In January 2003 the National Institute for Mental Health in England (NIMHE) issued policy implementation guidance for the development of services for people with personality disorder. The guidance states:

‘General Adult Mental Health Services

1. Good practice indicates that service provision for personality disorder can most appropriately be provided by means of:

- the development of a specialist multi-disciplinary personality disorder team to target those with significant distress or difficulty who present with complex problems

- the development of specialist day patient services in areas with high concentrations of morbidity.

Forensic Services

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2. In future forensic services will need to consider how to develop expertise in the identification and assessment of personality disordered offenders in order to provide effective liaison to MAPPs [multi-agency public protection panels].

3. The DH [Department of Health] expects to pump prime the development of a small number of personality disorder centres nationally within regional forensic services to provide dedicated infrastructure for the assessment, treatment and management of personality disordered offenders.’ (p 7)

New services to be piloted

In response to the NIMHE guidance (1), the Department of Health has initiated a bidding process which has enabled the commissioning of a series of pilot projects consisting of new services for people with personality disorder designed to cover the gaps in service identified in the guidance.

In respect of general adult non-forensic services, eight clusters of new community services, 11 new projects in all, will be established across the country. These services have been funded from April 2004 onwards and build up their operational capacity over the following 9 months. A key aim of the pilot programme is to test out approaches which strengthen whole-systems responses to supporting the needs of people with personality disorder. Hence the range of stakeholders is likely to include secondary mental health services, primary care, community services (such as health visiting and district nursing), local authority services (such as housing and social services), local non-governmental organisations, police and probation. (Some projects may integrate training which will be subject to a separate evaluation process.)

Service user input has been an integral aspect of the pilot development process with an emphasis on the active participation of service users in both the development and selection of the sites.

In respect of forensic services, there will be three new services including medium secure places at the South London and Maudsley NHS Trust, the East London and the City Mental Health NHS Trust, and the Newcastle, North Tyneside and Northumberland Mental Health NHS Trust. They will build up their operational capacity from June 2004. These will each consist of a system of services taking clients from a diversity of agencies and services, to gradually lower security services. The new services will include Medium Secure Services, hostels and outreach teams.

The SDO Programme wishes to commission two research projects to evaluate the appropriateness, acceptability, effectiveness and cost effectiveness of these pilot services.

Each service pilot has included some local evaluation measures. It is important that applicants coordinate their research plans with the local evaluations. There are also national monitoring arrangements in place. Applicants should also take these arrangements into account.

Current calls for proposals

PD1: Evaluation of new general adult community services for people with personality disorder

The SDO Programme wishes to commission one research project to evaluate the operation of the new general adult community services referred to above. These services are likely to
vary in many respects. Such an evaluation should allow conclusions to be drawn about the
most suitable service models to be recommended to providers.

In order to provide a comprehensive evaluation of these new services, it will be necessary to
look at aspects of each new service individually, and also to draw conclusions by comparing
the services with each other. The evaluation should develop a systematic approach to
constructing a useable terminology (for aspects such as outcomes and descriptions of
clients) that can be used across the differing structures that are likely to be funded. It is
likely that a short period of time will be needed by successful applicants to agree with the
providers of each of the pilot services the exact aspects of each service to evaluate (such as
treatment modalities, partnerships and care pathways) and to work with them to develop
data collection systems.

The evaluation should address as much of the following as possible:

- A structured description of the objectives of each new local service, in terms of which
  clients it is proposed to serve, in which geographical area;
- Detailed descriptions of each element of the new local services and their partner
  organisations, together with their contexts e.g. organisational, demographic and
  epidemiological;
- An analysis of the inputs to the new services, such as staff, and other resources
  used;
- A profile of clients using the services, including their diagnoses and risk
  assessments, where they came from, their pathways of recruitment and the mix of
  clients in each new service;
- A structured description and understanding of the pathways through the new set of
  services of particular individuals and sub groups of clients, including the range of
  settings and interventions used and to whom, in what ways and for how long;
- An analysis of the reasons why clients who are eligible for care cannot or do not
  make use of the service;
- An analysis of clients’ views of the new services;
- How the service providers plan to measure outcomes for clients together with the
  results of the measurement of outcomes, either by the service providers and/or the
  research team. This should include matters such as changes in the lives of clients
  and changes in patterns of service use, as well as clinical outcomes;
- An analysis of the levels of engagement among clients;
- An analysis of the expectations and attitudes of the staff involved in providing the
  new services;
- Assessment of the effectiveness of team functioning in the pilot services;
- An analysis of how networks of services operate and relate to each other;
- A discussion of how the new services relate to the prescriptions of the NIMHE
  guidance (1) and to those of existing and proposed Mental Health legislation;
- A cost analysis of the new services, as compared to current provision (or lack
  thereof).

In order to increase the effectiveness of the evaluation, applicants should explain how they
would collaborate with the commissioners, providers and users of these services to design
the form of the evaluation and how they would add value to other monitoring and/or local
evaluation. In particular, applicants may wish to consider the use of standardised forms of
reporting in respect of some items of data. They will also have to agree the evaluation in line
with the operational start dates of the projects.

Methods
In order to undertake the evaluation of such complex services, a range of methods will be required. These are likely to include both qualitative and quantitative approaches in respect of different aspects of the services and their outcomes.

It is suggested that applicants consult the methodology book, *Studying the Organisation and Delivery of Health Services* (Fulop et al, 2001) when considering the range of methods they propose to use to carry out this research.

**PD2: Evaluation of new forensic services for people with personality disorder**

The SDO Programme wishes to commission one research project to evaluate the operation of all three new forensic services referred to above, which are likely to vary in some respects. Such an evaluation should allow conclusions to be drawn about the most suitable service models to be recommended to providers.

In order to provide a comprehensive evaluation of these new services, it will be necessary to look at aspects of each new service individually, and also to draw conclusions by comparing the services with each other. The evaluation should develop a systematic approach to constructing a useable terminology (for aspects such as outcomes and descriptions of clients) that can be used across the differing structures that are likely to be funded. It is likely that a short period of time will be needed by successful applicants to agree with the providers of each of the pilot services the exact aspects of each service to evaluate (such as treatment modalities, partnerships and care pathways) and to work with them to develop data collection systems.

The evaluation should address as much of the following as possible:

- A structured description of the objectives of each new local service, in terms of which clients it is proposed to serve, in which geographical area;
- Detailed descriptions of each element of the new local services and their partner organisations, together with their contexts e.g. organisational, demographic and epidemiological;
- An analysis of the inputs to the new services, such as staff, and other resources used;
- What learning can be distilled in relation to outcomes (clinical/social/other) and the way in which projects are organized and interventions delivered;
- Assessment of the strengths and weaknesses of staff training and support and the ways in which effective team functioning is sustained;
- A profile of clients using the services, including their diagnoses and risk assessments, where they came from, their pathways of recruitment and the mix of clients in each new service;
- A structured description and understanding of the pathways through the new set of services of particular individuals and sub groups of clients, including the range of settings and interventions used and to whom, in what ways and for how long;
- An analysis of the reasons why clients who are eligible for care cannot or do not make use of the service;
- An analysis of clients’ views of the new services;
- How the service providers plan to measure outcomes for clients together with the results of the measurement of outcomes, whether by the service providers and/or the research team. This should include matters such as changes in the lives of clients and changes in patterns of service use, as well as clinical outcomes;
- An analysis of the levels of engagement among clients;
- Assessment of the effectiveness of team functioning in the pilot services;
• An analysis of the expectations and attitudes of the staff involved in providing the new services;
• An analysis of how networks of services operate and relate to each other;
• A discussion of how the new services relate to the prescriptions of the NIMHE guidance (1) and to those of existing and proposed Mental Health legislation;
• A cost analysis of the new services, as compared to current provision (or lack thereof);

In order to increase the effectiveness of the evaluation, applicants should explain how they would collaborate with the commissioners, providers and users of these services to design the form of the evaluation and how they would add value to other monitoring and/or local evaluation. In particular, applicants may wish to consider the use of standardised forms of reporting in respect of some items of data. They will also have to agree the timetable for the evaluation in line with the operational start dates of the projects.

Methods

In order to undertake the evaluation of such complex services, a range of methods will be required. These are likely to include both qualitative and quantitative approaches in respect of different aspects of the services and their outcomes.

It is suggested that applicants consult the methodology book, *Studying the Organisation and Delivery of Health Services* (Fulop et al, 2001) when considering the range of methods they propose to use to carry out this research.

Application process

A one stage commissioning process is being used in respect of both projects outlined above, and applicants are invited to submit full proposals by 1pm on Wednesday 15th September 2004.

Funding up to a maximum of £300,000 is available for PD1: ‘Evaluation of new general adult community services for people with personality disorder’ whilst up to £200,000 is available for PD2: ‘Evaluation of new forensic services for people with personality disorder’.

Applicants should ensure that they can demonstrate value for money in respect of their proposal. Applicants should clearly justify the timescale and cost of their proposal.

The projects should take no longer than two years to complete and start no later than January 2005.

A full report of interim results will be required by October 2005.

A final report (in a form to be agreed in advance with the SDO Programme) will be required no later than two weeks after the completion of the project.

Successful applicants may also be required to make a short oral presentation concerning their project to the SDO Programme Board.
Guidance Notes for submitting a full proposal

TWENTY-FIVE HARD COPIES of the completed A4 Full Proposal application form should be submitted together with a copy on disk or CD. Please note we will not accept electronic submissions or hand written proposals. No late applications will be considered.

Applicants are asked to submit proposals by Wednesday 15th September 2004 at 1pm to:

Michael Yates
Commissioning Manager,
National Co-ordinating Centre for Service Delivery and Organisation Research and Development,
London School of Hygiene and Tropical Medicine,
99 Gower Street,
London
WC1E 6AZ.

Please note we will not accept electronic submissions, faxed or hand written proposals. The application form is available as a Word 97 file or Rich text format from:
- the SDO website: http://www.sdo.lshtm.ac.uk/calls.htm, or
- by Email from: Michael.Yates@LSHTM.ac.uk

Guidance notes for the completion of the Full proposal application form can be found at the front of the application form.

Please do not use any previously obtained version of an SDO Programme application form.

Please clearly label the outside of the envelope in which you submit your proposal with the following: Tender Documents’ along with the appropriate reference number. This will enable us to identify proposals and keep them aside so that they may all be opened together after the closing date and time.

Teams should ensure that their proposal complies with the Research Governance Framework, which can be found on the Department of Health website, or via a link on the SDO Programme’s website under the ‘Call for Proposals’ page. In addition, successful teams will be required to provide proof of research ethics committee approval for their project, if this is required (information regarding this can be found on the SDO Programme’s website under the ‘Calls for Proposals’ page).

Applicants should visit the SDO website: http://www.sdo.lshtm.ac.uk to familiarise themselves with the work of the SDO Programme.

Key words:
Mental health; models of service delivery; forensic; inpatient; community

Reference
1 NIMHE (2003) Personality disorder: no longer a diagnosis of exclusion: policy implementation guidance for the development of services for people with personality disorder (can be accessed via the NIMHE website: www.nimhe.org.uk)
Addendum
This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene & Tropical Medicine. The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk.