NHS SERVICE DELIVERY AND ORGANISATION R&D PROGRAMME

Programme of Research on Nursing, Midwifery and Health Visiting Service Delivery and Organisation

NM3: The contribution of nursing, midwifery and health visiting to protocol-based models of care and its variants on organizational, patient and staff outcomes, quality and costs of care (Empirical Research)

Introduction

The Nursing and Midwifery and Health Visiting Service Delivery and Organisation (NMHVSDO) Commissioning Group was established in April 2002 as a specific stream of funding to support research into the SDO aspects of nursing, midwifery and health visiting services. It is intended to build synergy with research already commissioned and planned under the remainder of the SDO Programme. As with the other SDO Programme Commissioning Groups, the NMHVSDO Commissioning Group draws its representation from policy, practice, and patient communities as well as researchers

`Making a Difference’ [http://www.doh.gov.uk/pub/docs/doh/nurstrat.pdf] was launched by the Prime Minister in 1999 and sets out the Government’s strategic intentions for nursing, midwifery and health visiting for the coming years. It includes plans to:

- help nurses, midwives and health visitors to contribute to plans to enhance quality
- strengthen leadership within the professions and across the NHS
- encourage and support new roles and new ways of working to release the untapped potential of nursing, midwifery and health visiting

‘Changing Workforce Programme’ identified ‘protocol based care’ as a key element in redesigning services around the needs of patient, maximizing the skills and potential of staff and assuring and improving the quality of care they deliver [www.doh.gov.uk/hrinthenhs/worktaskforce.htm]. Protocols are tools designed to ensure that service development is driven by evidence of clinical and cost-effectiveness, for improving the safety and consistency of care, and for co-ordinating health services across a range of environments and different professions [www.modern.nhs.uk/protocolbasedcare/default.htm].

A two-stage application process is being used for this call. The first stage requires an outline proposal only. Successful short-listed applicants will then be invited to submit full proposals for stage two. One study will be funded. This project should take 3 years to complete (see under ‘guidance notes’ below).

Questions to be addressed by this study include:

- what are the range of settings into which different models of protocol-based care have been introduced?
• in what ways do nurses, midwives and health visitors contribute to protocol-based care?

• what is the impact of that contribution in organizational, patient, staff outcomes, costs and quality of care?

• what is the impact of the introduction of protocol-based care upon the work of nurses, midwives and health visitors, their sense of professional identity and capacity?

Given the range of possible settings in which protocol-based care has been introduced the SDO Programme does not want to be prescriptive at this stage. Qualitative methods may be especially appropriate here. Applicants should familiarize themselves with relevant research already commissioned by the SDO Programme, especially the recent call for innovations in models of service delivery and organization, Policy Research Programme’s ‘Nursing Quality Research Programme’; the NHS R&D programmes (such as the Health Technology Assessment Programme). Efforts should be made to ensure that applicants can demonstrate that their proposals do not duplicate other research.

Outline proposals should address the following issues:

1. The key issues of generalisability and the applicability of the research. The SDO Programme generally wishes to commission large-scale, multi-centre studies of models of service delivery and organization. However, where a good case can be made to evaluate protocol-based care or specific models of service delivery which have not been taken up in more than 1 or 2 areas, these will be considered.

2. Applicants should explicitly state how their proposed research adds to our generalisable knowledge of the organisation and delivery of health services.

3. The policy relevance for the NHS of the findings (particularly relating to implementation of the NHS Plan).

4. Applicants should demonstrate that they have established appropriate partnerships between researchers and health service managers, professionals and users for their proposed evaluation.

5. Applicants should show that they have identified measures of patient and staff outcomes

6. Applicants should specify measures of quality of care and identify measures for costing measures of care

**NM3: it will be necessary to:**

• Critically review the literature on protocol-based care

• Identify the contexts in which protocol based care has been introduced
• Define models of protocol based care
• Demonstrate an awareness of the temporal aspects of change management
• Identify measures of quality of care
• Identify methods for costing models of care

Methods

Applicants should clearly outline their proposed methods

Methods described should include both qualitative and quantitative methods, where appropriate. Applicants should describe clearly what process and outcome indicators they propose to use.

In addition, applicants should indicate how they will:

• ensure that their team includes researchers whose knowledge and skills are sufficiently broad to deal with the variety of topic areas and methodologies which will need to be deployed.
• demonstrate the policy relevance of the research
• build in an active programme for disseminating results, in discussion with the SDO Programme and relevant stakeholders

Outputs

Outline proposals should demonstrate awareness that the principal final product will be a detailed report capable of:

• critically reviewing the background and available relevant literature
• critically describing the methods used in the study
• providing a rigorous analysis of the data gathered
• draw appropriate and policy relevant conclusions

This project should take 3 years to complete (see under ‘guidance notes’ below).
**Guidance Notes for submitting an outline proposal: Primary, Empirical Studies**

The process of commissioning for the primary empirical studies will be in two stages. At this stage we are requesting applicants to submit outline proposals. Outline proposals will be shortlisted, and a number of applicants subsequently invited to submit full proposals.

Applicants should therefore submit **outline proposals** by **1pm** on **July 9th, 2003**.

TWENTY-FIVE HARD COPIES of the outline proposals should be submitted (minimum font 10pt), using the **A4 Outline Proposal application form** to:

Daniel Burt,  
Commissioning Manager  
National Co-ordinating Centre for NHS Service Delivery and Organisation R&D  
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 Programme website: [http://www.sdo.lshtm.ac.uk/calls.htm](http://www.sdo.lshtm.ac.uk/calls.htm), or  
- by Email from: daniel.burt@lshtm.ac.uk  
- Guidance notes for the completion of the **A4 Outline Proposal application form** can be found at the front of the application form on pages 2 and 3.

Outline proposals should identify the proposed research team and describe the location and context of the proposed study. They should include a description of the methods to be used, and the intended outputs of the research. They should also include arrangements for project management, such as an advisory board. Applicants should clearly outline their plans for the dissemination of their findings.

Please ensure that your proposal complies with the Research Governance Framework, which can be found on the Department of Health website, or via a link on the SDO website under the ‘Call for Proposals’ page.

We wish to encourage researchers to propose completing their projects within three years. The funding available for a three-year project will be up to a maximum of £300,000. Applicants should clearly justify the timescale and cost of their proposal. Proposed costs of individual projects should not exceed the limits stated above.

We are likely to fund one project. Please note that our final decisions will be based on the overall quality of the applications received.
Following submission of outline proposals, we will endeavour to inform short-listed applicants as soon as possible after **August 26th 2003**. Short-listed applicants will then be invited to submit full proposals by **24th September 2003** (the exact deadline will be confirmed when applicants are informed that they have been short-listed). We will endeavour to inform short-listed applicants of the outcome their full proposals at the end of **5th November 2003**. Each of these projects should start no later than **5th January 2003**.

Successful applicants may be asked to make a short oral presentation of their completed research to the SDO Programme Board. Research outputs will need to be presented both in an academic format and in a format that will be helpful to end-users.

We anticipate that there might be informal discussions with NMHVSDO during the research to clarify issues as they arise.
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.