Introduction
Under its Studying Health Care organisations theme, the SDO Programme is inviting proposals for a single empirical study that will undertake organisational research into the role and effectiveness of public-private partnerships through examining the case of joint ventures appearing in primary care through NHS LIFT.

In the initial phase of work under this theme, the SDO commissioned three literature reviews, one of which specifically examined the relationship between organisational factors and performance (Sheaff et al, 2004). A major finding from this review was the need for empirical research to “fill the gap in knowledge surrounding the organisation and development of new public-private partnerships … in primary care” (p.171). In particular, it identified that research was needed to examine how public-private partnerships schemes are promoting new provider structures and investigate the organisational processes necessary to meet policy objectives whilst limiting any unwanted or unintentional consequences. The SDO wishes to address this need by commissioning an investigation into the role and effectiveness of public-private partnerships in the development of enhanced primary care premises and services.

Background
The overwhelming majority of patient contacts in the NHS – more than 90 per cent - occur in primary care (predominantly at general practices). However, it has long been recognised that the condition and functionality of the existing primary care estate, especially in deprived urban areas, is poor. Hence, necessary service developments in primary care settings are often severely hampered by the limitations of premises (Department of Health, 2001). To address this, the
NHS Plan (2000) promised that up to £1 billion would be invested in primary care facilities including a ‘substantial contribution’ from the private sector.

The Department of Health uses two main forms of public-private partnerships: the private finance initiative (PFI) and the NHS Local Improvements Finance Trust (NHS LIFT). PFI provides a way of funding major capital investments, without immediate recourse to the public purse. Private consortia, usually involving large construction firms, are contracted to design, build, and in some cases manage new projects. Contracts typically last for 30 years, during which time the building is leased by a public authority. NHS LIFT, on the other hand, is a vehicle specifically developed for improving and developing frontline primary and community care facilities and is, therefore, the public-private partnership approach that this research call is interested in investigating.

In 2001, NHS Local Improvement Finance Trusts (LIFTs) were established as a major policy initiative to help develop primary and social care services and facilities in England. LIFT aims to develop a new market for investment in primary care and community-based facilities and services for the regeneration of local care facilities via the creation of new surgeries, clinics and health centres (Appleby, 2001). It involves the local health community in developing a Strategic Service Development Plan, incorporating its local primary care service needs and relationships with, for example, intermediate care and local authority services (Montague, 2004). The intended strategic advantage of LIFT, therefore, is that it allows for long-term investment projects to be prioritised according to local needs.

The LIFT initiative was established in 2001 and has consisted of four ‘waves’. A total of 42 LIFT Companies (now operational) were approved by August 2002, followed by a further 8 in November 2004 (NELH, 2005). By the end of 2005, the total capital value of commissioning primary and community care facilities through LIFT amounted to over £866 million (CIPHP, 2005) with 54 buildings having been opened to patients (Department of Health, 2006). This number of new LIFT buildings is expected to grow at the rate of one building per week in 2006, part of a major commitment to improve and expand primary care and community services within the White Paper Our Health, Our Care, Our Say (Department of Health, 2006).

The NHS LIFT process involves the competitive procurement for a private sector partner followed by a joint venture established between that partner, the local public sector bodies, and Partnerships for Health. The local joint venture, known as a LIFT Company, is bound by a long-term partnering agreement (over 20 years) to deliver investment and services in local care facilities.

Research by the National Audit Office suggests that LIFT is a potentially attractive way of securing value-for-money improvements in primary and social care (National Audit Office, 2005). However, the research also recognised that
the success of LIFT was not guaranteed since it depended on the effectiveness of local partnering arrangements. In particular, the report highlighted a range of potentially adverse cultural and behavioural issues related to the set-up, implementation and governance of LIFT Companies that needed to be investigated such that the lessons from the early adopters could enable refinements in the form of future operational guidance (Partnerships for Health and Partnerships UK, 2005).

**Current call for proposals**

The SDO programme is inviting research proposals that will undertake an exploration into the effectiveness of public-private partnerships in health care with a specific emphasis on the development of enhanced primary care premises and services through NHS LIFT. The research should investigate the behavioural and organisational processes through which new provider structures have been developed and assess the extent to which public-private partnerships are meeting policy objectives whilst limiting any unwanted or unintentional consequences. The overall aim of the research should be, through the case study on NHS LIFT, to establish generic lessons on the implementation of public-private partnerships in healthcare and to establish lessons for the future of such schemes.

The following key questions should be considered in designing the research project:

- How should public-private partnerships be developed and established?
- What are the grounds or circumstances in which public-private partnerships are desirable, which stakeholders should be involved, and what are the criteria by which their performance should be measured?
- What are the organisational and behavioural factors that influence the relationship between a public organisation and its private partner(s)?
- What factors underpin the most effective working arrangements and performance of public-private partnerships?
- What are the implications of public-private partnerships for the governance of public services, and what governance arrangements should be put in place for public-private partnerships?
- What are the actual and potential conflicts of interest and problems which arise in relation to operating public-private partnerships and how should these be managed?

**Methods**

Applicants should provide a clear conceptual and theoretical grounding for this research and are encouraged to explore a variety of methods. Applicants should
provide a full description of the study design and methods and demonstrate that they have a research team in place with the appropriate research skills.

**Outputs**

The SDO is keen to ensure that all projects produce a variety of outputs of practical use to a diverse range of stakeholders. The principal end product will be a detailed report containing details of the research and its findings. This report will need to include:

- A short and coherent executive summary of no more than three pages;
- A full account of the methods used in the research project, including a critical appraisal of these methods;
- A rigorous and detailed account that evaluates the organisation and delivery of public-private partnerships concluding with the development of a framework for good practice;
- A commentary that indicates how these findings relate to current policy and practice in the NHS, and the key lessons to be learned in the successful future implementation of public-private partnerships; and
- An agenda that establishes the key areas for further research and the appropriate methods that should be used in this research.

Research teams are encouraged to publish their findings in peer-reviewed journals and provide a plan for an active programme of dissemination of their findings. Successful applicants will be required to present their completed work to the SDO Programme and its relevant stakeholders at various times.

**References**


Application process and schedule

The process of commissioning this study will be in one stage and applicants should submit full proposals.

Applicants must submit proposals using the A4 Full Proposal application form, which 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 e-mail from: Donna.Cox@LSHTM.ac.uk

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

To ensure the efficient and equitable answering of additional queries, all questions about this research call should be sent by e-mail only to Donna.Cox@LSHTM.ac.uk with the words ‘OP134 query’ in the subject/header.

Questions received by Wednesday 21 June 2006 will have generic answers posted on the SDO website (www.sdo.LSHTM.ac.uk) by Wednesday 28 June 2006.

No other correspondence about this research call can be entered into.

Applicants are asked to submit proposals by Wednesday 26 July 2006, at 1.00 pm to:

Donna Cox
Commissioning Manager
NCCSDO
London School of Hygiene and Tropical Medicine
99 Gower Street
London
WC1E 6AZ

AN ORIGINAL PLUS TWENTY 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.**

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

Funding within an envelope of **£250,000 to £325,000** is available for awarding **one** project in this topic area. **Applicants should note that value for money is an important consideration in respect of this research.** Proposed costs of the project should not exceed the limits stated above. NHS R&D Programmes are currently funding Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NHS R&D may fund 100% of costs. However, the SDO Programme reserves the right to award a grant for less than this maximum where appropriate.

Following submission of **full** proposals successful applicants will be notified no later than **October 2006**. The project should take no longer than **two to two and a half years** to complete and start no later than **December 2006**. Please note that these dates are approximate and may be subject to change.

The SDO Programme will look favourably on proposals that include an element of research capacity building.

Please clearly label the outside of the envelope in which you submit your proposal with the following: **‘Tender Documents – ref. no OP134’**. 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 website under the ‘Call for Proposals’ page.

**Before funding, 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 website under the ‘Calls for Proposals’ page).

Successful candidates will be expected to attend at least one meeting with the SDO Programme at their Central London offices during the project lifetime and as such should ensure that travel costs are appropriately costed within the proposed budget. We anticipate that there will be informal discussions with NCCSDO throughout the duration of the project regarding the final report.
Applicants should visit the SDO website: http://www.sdo.lshtm.ac.uk to familiarise themselves with the work of the SDO Programme and its workforce research programme.
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.