

Building evidence for improvement

**A plan for developing the NHS Service Delivery and
Organisation Research and Development Programme within
the national strategy for health research in England**

September 2006

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Introduction

This document outlines the direction that the NHS Service Delivery and Organisation (SDO) Research and Development (R&D) Programme will take over the next five years. It represents a component of the implementation plan for the new national strategy for health research in England, as set out in *Best Research for Best Health* (Department of Health, 2006).

The document has been produced following a process of strategic review involving the Programme Board and staff of SDO. This process included an independent analysis of SDO activities to date and a review of R&D management practice, which was international in its scope. The [Programme Board](#) itself represents a wide range of stakeholder interests and has been able to contribute a rich variety of perspectives in shaping this consultation draft.

In this document, we set out the context for the strategic review and propose a refreshed vision, mission and strategic objectives. We then review our priorities and current challenges before putting forward strategies to move us towards more fully achieving these objectives.

Background and context

The case for undertaking a strategic review of the SDO Programme at the current time rests upon two considerations. Firstly, the Programme has not updated its strategic planning in a comprehensive way since soon after its establishment in 1999. Secondly, the environment for health research is now changing substantially under the impetus of the new national strategy.

Following establishment in 1999, SDO embarked upon an extensive 'listening exercise' that subsequently received international recognition as a model for setting research priorities through inclusive process. The scope of this exercise included not just research priorities but also the question of how SDO should go about conducting its business. The outcome was the Programme's first strategy *Using research to improve health care services* (Dalziel, 2000), which should be read alongside the report of the [listening exercise](#) (Fulop, 2000). A more limited update to the [listening exercise in 2002](#) (Cherry, 2002) did not materially change the approach set out in these documents.

The wider context for this document is the rapidly changing environment for health research in England following the launch early in 2006 of a new national strategy, *Best Research for Best Health* (Department of Health, 2006). The national strategy is positioned within the wider context of the government's ten-year *Science and Innovation Investment Framework 2004-2014* (HM Treasury, 2004) which sets out goals for strengthening health research to improve health care and population health and also to contribute to the economy of the UK.

Best Research for Best Health (Department of Health, 2006) positions SDO as one of the research programmes of the new National Institute for Health Research (NIHR). It pledges an increase in programme funding for research commissioning. It also calls for strengthened partnerships with other agencies for research priority setting and to encourage the uptake of research into policy making and practice. Increased funding will, rightly, bring increased expectations of the Programme and, in particular, increased expectations of impact from SDO-commissioned research.

This updated programme strategy is fully consistent with the vision and strategic goals of *Best Research for Best Health* (Department of Health, 2006) and should be seen as part of the process of implementation and development of the national strategy (see *Box 1*).

Box 1. *Best Research for Best Health: A new national health research strategy*

Vision

To improve the health and wealth of the nation through research.

Mission

To create a health research system in which the NHS supports outstanding individuals, working in world-class facilities, conducting leading-edge research, focused on the needs of patients and the public.

Strategic goals

- Establish the NHS as an internationally-recognised centre of research excellence.
- Attract, develop and retain the best research professionals to conduct people-based research.
- Commission research focused on improving health and care.
- Strengthen and streamline systems for research management and governance.
- Act as sound custodians of public money for public good.

Like other NHS R&D Programmes, the SDO Programme operates under the overall strategic direction of the Department of Health. However, to ensure that it only supports research of the highest scientific quality and relevance, the SDO Programme operates a transparent and independent system of peer review. It therefore achieves its twin aims of ensuring scientific rigour and providing relevant research evidence for policy makers, health professionals, health service managers, and service users. The challenge for SDO is to balance this autonomy and the maintenance of scientific rigour with relevance to the needs of policy makers, health professionals, health services managers and service users. In the remainder of this document, we set out ways in which this challenge might be met over the near future.

The scope of our strategic review was the SDO Programme, rather than the support arrangements for delivering the Programme. These are, in themselves, undergoing a period of change as the Department of Health moves towards a centralised commissioning facility for NIHR programmes. This will, in time, impact upon the national co-ordinating centre for SDO (NCCSDO) based at the London School of Hygiene and Tropical Medicine, but the future of NCCSDO itself is outside the scope of this review.

Vision, mission and strategic objectives for SDO

As one of the NIHR research programmes, SDO must share the same vision as that articulated in the national strategy.

To improve the health and wealth of the nation through research

Within this over-arching vision, SDO has a specific mission which is derived from its role as a research commissioner and its field of interest.

To produce research evidence directed at improving the organisation and delivery of health services and to promote the uptake and application of that evidence in policy and practice.

It should be noted that 'health services' is interpreted widely within this mission statement to include personal social care, public health services, preventive care, self care, health systems and palliative care as well as the more obvious curative care.

In pursuit of this mission, we will pursue the interlinked strategic objectives listed below.

Commissioning research

- To commission research that is of high scientific quality, timely and enduring in its relevance to the improvement of health services.
- To adopt commissioning practices that are effective, efficient and fair and which contribute to the building and maintaining of capacity in UK health services research.

Promoting the uptake of research

- To encourage the uptake and application of research evidence by promoting greater linkage and exchange between researchers, policy makers and practitioners.
- To engage with service users in the setting of the research agenda and to promote user engagement in SDO-commissioned projects.
- To make SDO-funded research as accessible as possible through effective communication and dissemination.
- To work in partnership with other agencies who are responsible for encouraging the spread of evidence-based best practice in the NHS to ensure that activities are aligned and that there is an effective 'value chain' from research production through to service improvement.

Programme management and governance

- To have clear success criteria and to monitor the programme's progress against those criteria.
- To ensure good governance, accountability and value for money in all aspects of the programme's activities.

SDO focus and outputs

Focus

The NHS SDO R&D Programme exists to increase the knowledge base from research evidence into how health services are managed, organised and delivered and to encourage the application of that evidence in policy making and practice. It is thus primarily concerned with the study of systems, sub-systems, organisations and teams (all broadly defined) rather than with health, disease and health care at the level of individuals and populations.

SDO is resourced from the parliamentary vote that funds the NHS in England. As such, it is under a particular obligation to ensure that the research it commissions is relevant to the needs of England's national health and social care system. However, SDO can and does fund research in other settings (usually in the other UK administrations) if the findings will be relevant to the NHS in England, generalisable across national settings, or if the research will contribute to methodological development.

The field of service delivery and organisation studies borders other fields, such as clinical research, behavioural research, health technologies assessment, health systems research, population health sciences and policy research. The Programme is concerned to avoid duplication at these boundaries, but also accepts that a degree of overlap is inevitable because these fields shade into each other and because different funders of research develop their programmes from different starting points. SDO is also made distinctive by its 'customer base', which includes policy makers, clinical practitioners and health services managers. The last of these is almost uniquely served by SDO, and brings with it particular challenges in terms of knowledge transfer.

The SDO Programme is committed to engaging with patients, carers and the public, as their views are central to providing responsive and high quality health service. Patients, carers and the public are represented in governance, in setting priorities for research and in commissioning groups.

SDO research is important to the UK economy because it addresses issues of cost-effectiveness in health-care delivery; of the utilisation of health services and of preventive health services. As the review *Securing good health for the whole population* (Wanless D, 2004) demonstrated, these will be vital questions for the performance of the UK economy as the population continues to age.

Outputs

SDO has been successful in producing a steadily increasing output of good quality research. At the end of March 2006, the SDO Programme had commissioned 144 projects, of which 52 had reached completion. A full listing of these projects is available on the SDO website: www.sdo.lshtm.ac.uk

These projects cover a range of topics within the six main research themes of the Programme:

- Patient- and carer-centred services
- Workforce
- Evaluating models of health care delivery
- Change management
- Studying health care organisations
- Research methodology

Final reports, and in some cases, briefing papers, for these projects are freely available on the website and provide a growing resource for a variety of users.

The type of project also varies from scoping studies, through systematic reviews and synthesis to empirical studies. Most of the projects completed to date are scoping studies and reviews, reflecting the longer time scale for empirical studies but this will change as the programme matures and a growing number of empirical projects are completed over the next few years.

In the remainder of this document, we discuss the five aspects of SDO's activities that were used to structure the review process.

- Research needs assessment
- Strategic commissioning
- Knowledge mobilisation
- Evaluation and monitoring
- Governance

After identifying the current situation and challenges under each heading, we propose strategies that are intended to move the Programme closer towards achieving our strategic objectives.

Research needs assessment

Research themes

The Programme's research themes provide an administrative taxonomy for the Programme and have been seen as providing the framework for identifying research needs. The current themes have their origins in the [1999 and 2002 listening exercises](#) (Fulop, 2000; Cherry, 2002) but have evolved and been simplified over time.

Box 2 gives a more detailed picture of the types of research topics that are studied under the various themes.

Box 2. Current research themes

<p>Patient- and carer-centred services</p> <ul style="list-style-type: none"> Continuity of care Access to health care Self care Carers Medicines use Patient choice 	<p>Change management</p> <ul style="list-style-type: none"> Approaches and methods Leadership User involvement Spread and sustainability
<p>Workforce</p> <ul style="list-style-type: none"> Skill mix Labour markets Health outcomes 	<p>Studying health care organisations</p> <ul style="list-style-type: none"> Organisations and boundaries Organisational forms Networks Performance Cancer services
<p>Evaluating models of health care delivery</p> <ul style="list-style-type: none"> Nursing and midwifery Health care innovations Evaluating models E-health Mental health 	<p>Research methods</p> <ul style="list-style-type: none"> Instruments Synthesis Human resources Implementing users' views Implementation methods

A number of emerging new themes have been identified for 2006/07 onwards. In some cases, the Department of Health has specifically requested SDO to commission research in these areas and provided earmarked budget allocations to support these. In other cases, the themes have emerged through dialogue with other agencies. The Department has also asked SDO

to commission more research focused around disease-based topics that are identified as priorities by the UK Clinical Research Collaborative (UKCRC).

These emerging areas are identified in Box 3. For those themes without earmarked funding, SDO will need to decide on the allocation of funding between themes so as to achieve a balanced and strategic portfolio of commissioned projects.

Box 3. Emerging themes

<p>Evaluating systems reforms</p> <ul style="list-style-type: none"> Patient choice Payment by results Practice-based commissioning Primary care contracts and incentives Role of the independent sector 	<p>Delivering public health services</p> <ul style="list-style-type: none"> Organisation and delivery of public health services Multi-agency interventions for health improvement Reducing health inequalities
<p>Improving patient safety (with National Patient Safety Agency)</p> <ul style="list-style-type: none"> Organisation and delivery of safe health services Safety and leadership Culture and safety Instruments for measuring safety culture 	<p>Using research evidence in practice (with NHS Institute for Innovation and Improvement)</p> <ul style="list-style-type: none"> Implementation of research evidence Adoption of new technologies Productivity

The research themes have proved useful for categorising research and for the administration of the Programme and have proved sufficiently broad over time to encompass a considerable diversity of projects. However, SDO has found it equally possible to analyse its funded projects by other categories, such as “by National Clinical Director area”, (i.e. by disease and service user groups). These observations suggest that the research themes may not actually be a very effective starting point for research needs assessment. The very broadness and flexibility that makes them useful for administrative reasons means that they may not be capable of supporting a more focused thematic approach to research needs assessment.

An alternative model is offered by the Economic and Social Research Council (ESRC), which has identified strategic challenges for social sciences research as the starting point for a range of initiatives (ESRC, 2005). These are social and economic issues of wide public interest that are likely to endure for at least the next ten years. These challenges, which have been identified through a consultative process, drive all aspects of the ESRC’s programme of work, including research commissioning and capacity building.

In order to move the programme towards achieving its strategic objectives, the following strategies are proposed.

- To rationalise existing themes, rather than simply adding further themes to existing themes.
- To introduce an inclusive process for identifying strategic challenges as the top-level driver of the SDO Programme's activities.
- To introduce a 'sunset clause' whereby all themes must be reviewed by the Programme Board for their continuing relevance after a specified period of time.

Developing research topics and specific calls

At present, research topics and briefs for specific projects are developed within the research themes by the academic staff at NCCSDO, applying the following criteria for project selection and prioritisation.

- There is evidence that a significant problem in health service delivery exists.
- There are research questions that are important and can be answered.
- A project would add value to the existing stock of knowledge.

The process for applying these criteria and developing specific calls for research involves discussion with various other agencies including NICE, the NHS Institute for Innovation and Improvement, the National Patient Safety Agency and the National Clinical Directors. SDO may also organise theme- or topic-specific workshops involving both researchers and practitioners to develop the research agenda. In addition, previous SDO-commissioned research, and in particular scoping studies, will often suggest research topics or questions which are then developed by the academic team into specific calls.

There are advantages and disadvantages to this approach. The advantages are that it is responsive to a wide range of stakeholders and generates a high level of multi-lateral engagement between the Programme and various actors in the policy-making process. The disadvantages are that it may result in a portfolio which appears lacking in coherence or strategic focus and which may find itself 'skewed' if some users of research are more adept than others at engaging with the Programme. It may also lead to the Programme 'over-promising' if it engages with too many other agencies at one time.

A further issue is that the SDO Programme Board is not involved in developing the research agenda or agreeing research priorities. This has led

to an unwelcome loss of engagement by Board members, which is most marked in the case of representatives of the health service management

community. It also means that the original intention that the Programme Board would be the main vehicle for involving managers and users in setting the research agenda has increasingly ceased to apply in practice – although this has, to some extent, been compensated for by the emergence of the Chief Executives' forum.

In order to move the Programme towards achieving its strategic objectives, the following strategies are proposed.

- The agreement of research priorities and programme budgets to be re-instated as a formal role for the re-constituted Programme Board, together with supporting information and processes to enable them to discharge this role.
- More engagement of the likely end users of research and of service users in setting the research agenda, looking at the scope to introduce deliberative forums to generate research themes through intensive interaction.
- Increasing the input of the Chief Executive's forum into research needs assessment.
- Working with the Department of Health and UKCRC to develop better means of research co-ordination with other NIHR programmes and UK funders of applied health services research.
- Using strategic relationships with key partners to help shape the research agenda.
- Maintaining multi-lateral engagement with a range of other agencies and potential users of research.

Strategic commissioning

Guidance on good practice in commissioning research stresses that the processes adopted should balance different objectives including effectiveness, efficiency, fairness, probity and accountability. Other considerations include the need to build or sustain capacity in the research community and balance between investigator-led and commissioner-specified research (National Audit Office, 2003; Social Research Association, 2002).

In recent years, SDO has routinely adopted a commissioning process with the characteristics listed below.

- Research questions are specified by the Programme, but methods are not.
- Projects are widely advertised and open competition is used to select proposals, using a one-stage process.
- There are generally only two forms of project specified: secondary study (or scoping project) for reviewing literature and identifying research needs; and an empirical study of up to three year's duration.
- Selection by commissioning panels based on written proposals.
- Very limited use of 'rapid-response' mode, under which a number of research groups have been pre-selected (through competitive process) to undertake projects which require rapid turnaround.
- Unsuccessful submissions receive only limited, written feedback.

This approach has undoubtedly paid great attention to fairness and probity and, in general, has been effective in securing good quality research outputs. However, our analysis highlighted several considerations, listed below, that suggest that amendments to commissioning practice are now overdue.

- Long and increasing delay between calls for research appearing and projects initiation. This had risen to 12 months by 2005. Such delays work against timeliness in research.
- A low success rate for bids (currently 12 percent) compared with similar research commissioners, reflecting the habitual use of open competition when tendering all projects. This is despite the fact that SDO has a number of research groups on standby under a framework contract for 'rapid response' mode projects. This imposes substantial costs for failed bids on the research community and transactions costs on the Programme. It may also discourage some researchers from bidding to SDO with adverse consequences for quality.
- A commissioning panel structure that relies very heavily on the good will of a relatively small number of individuals, with the inevitable consequence that SDO is not sometimes given top priority, which then contributes to delay and transactions costs.
- The risk that commissioning panels may sometimes be too small, because of problems in securing attendance, to reliably make good decisions. There is also a concern that this approach may be driving SDO-funded

research towards a small methodological common ground, rather than encouraging innovation and diversity of approach.

In order to move the programme towards achieving its strategic objectives, the following strategies are proposed.

- The adoption of a wider range of commissioning practices, including greater use of framework contracts for smaller projects (scoping studies and reviews) and projects which are more highly specified.
- Routine use of two-stage processes, with the use of initial outline proposals, to reduce the costs of abortive bids for the researcher community.
- The Programme Board to give greater consideration to questions of the impact of SDO commissioning on research capacity and the balance between investigator-led and commissioner-led research.
- Review the numbers and composition of commissioning groups and their relationship to the Programme Board and improve the management of the commissioning group process, for example by scheduling meetings further in advance and streamlining commissioning and review processes.
- Improve feedback to unsuccessful applicants.

Knowledge mobilisation

SDO is concerned with promoting the uptake and application of evidence from research in policy making and practice. We refer to this as ‘knowledge mobilisation’, which encompasses knowledge transfer, knowledge exchange and knowledge management. This aspect of our mission follows from the wider NIHR objectives of ensuring that publicly funded health research is translated into improved health care and population health.

Whilst the Programme has, without doubt, succeeded in establishing a strong presence in the health services research field, and has built strong links with the academic community, it is less clear that SDO has achieved significant impact with decision makers. During 2005, the Programme commissioned a communications audit. This found that SDO has a low profile with potential research users and that this has an adverse effect upon the Programme’s influence and upon its ability to ensure that otherwise valuable research has as much impact as it could or should have. The answer to this was seen as improved communications but, whilst important, this is only part of the answer and must sit alongside the promotion of an increased dialogue between researchers and decision makers. We refer to this as promoting ‘linkage and exchange’.

We believe that there is a great deal more that SDO could do to support knowledge mobilisation that would fall within its remit as a research commissioner. We see these activities as falling under three headings.

1. Improved communications of research findings, increasing the ‘push’ of knowledge out to research users.
2. Encouraging an increased dialogue between researchers and potential users of research through research needs assessment and commissioning processes, so as to increase the ‘pull’ for research from the management and policy-making communities.
3. Working in partnership with other agencies whose responsibilities include getting research into practice, diffusing best practice and building research capacity to ensure that SDO practices and outputs support the common goal of service improvement and improved public health.

However, SDO remains primarily a research commissioning agency and it would not be appropriate to divert large sums from this activity into service development activities, which must remain the responsibility of other parts of the national health care system. The key question, therefore, is how we can build in to our commissioning activities a focus on the end goal of knowledge mobilisation.

Improved communications

The communications audit carried out for the Programme in 2005, identified a range of possible improvements in communications, some of which have already been completed.

In order to move the Programme towards achieving its strategic objectives, the following strategies are proposed.

- Implement the recommendations of the communications audit, including a refreshed annual report and improved briefing materials.
- Re-develop the SDO website so that it includes a fully indexed and searchable knowledge repository with links to both full reports and briefing papers, aiming at a global audience.
- Increase our requirements upon researchers to produce outputs targeted at practitioners.

Linkage and exchange

The model of 'linkage and exchange' has been pioneered by the Canadian Health Services Research Foundation to encourage partnerships between researchers and research users. At the heart of this approach is the involvement of policy makers and practitioners in the formulation and conduct of research. There is growing evidence that this is the most important pre-condition for evidence-informed policy making and practice.

SDO has sought to involve research users in various ways through its governance structures, commissioning groups, workshops and forums. However, we believe that this process can and should be taken further.

In order to move the Programme towards achieving its strategic objectives, the following strategies are proposed.

- More engagement of the likely end users of research and service users in setting the research agenda (see *Research needs assessment*, page 9).
- Encouraging, through project briefs and through the selection process, research projects that build in active engagement between researchers, practitioners and service users and adopt a collaborative model of knowledge production.
- Expanding the Chief Executive's forum so that it has better geographical coverage and replicating it with other professional groups. Using these forums to develop research themes and topics as well as for knowledge transfer.
- Establishing an SDO Trust Research Support Network to facilitate contact between SDO researchers and Trusts. This will provide greater access to NHS organisations for research and increase involvement by NHS staff in research teams, encouraging joint supervision of researchers and generally creating the conditions for more collaborative knowledge production.
- In partnership with other NHS agencies or charitable organisations, develop training programmes in research application targeted at senior managers and policy makers.

Partnerships with other agencies

The activities of SDO need to be carefully aligned with those of a range of other agencies who are either concerned with developing capacity in the NHS or with ensuring that evidence from a variety of sources, including research, is used in developing best practice.

In order to move the Programme towards achieving its strategic objectives, the following strategies are proposed.

- Strengthen strategic relationships with a variety of other agencies, including the NHS Institute for Innovation and Improvement, NICE, INVOLVE and the NHS Confederation.
- Develop relationships with agencies and organisations concerned with research capacity development to support the availability of personal research awards in the field of service delivery and organisation, with a particular emphasis on developing career paths for managers and policy makers that include research activities.

Evaluation and monitoring

SDO needs to evaluate and monitor its activities in order to understand how far it is being successful in pursuing its strategic objectives; to demonstrate good use of public funds; and to enable it to pursue continuous improvement in its performance. The requirement for, and scope of, evaluation can be expected to increase as SDO receives increased levels of funding for research commissioning at a time when other aspects of NHS funding are subject to budgetary constraints. Evaluation is also likely to focus increasingly on the impact of SDO-funded research on policy and practice, rather than being confined to conventional measures of research output, such as those that can be provided by bibliometric analysis.

SDO has not yet formally evaluated its activities and can not present evidence on the impact of its projects on any basis other than reports and publications outputs. Given the level of completed research outputs hitherto and the time lag before impact can be assessed any such appraisal may well have been premature before now. In 2006, SDO will begin systematically collecting evidence on impact, focusing on impact on policy and practice as well as more conventional measures such as publications and citations.

We see monitoring as more concerned with measuring performance against specific, shorter-term targets, although these targets need to be derived from strategic goals. Evaluation also encompasses more qualitative judgements about process and outcomes and seeks to address issues of causality.

Evaluation can be used for reasons of accountability and to demonstrate the returns from investment in research. It can also be used to identify lessons about what works in programme management so as to improve processes and practice over time.

In order to move the Programme towards achieving its strategic objectives, the following strategies are proposed.

- Identify a more rigorous range of monitoring metrics for the Programme and report against these to the Programme Board and to external stakeholders through the annual report.
- Within the next three years, commission a formal evaluation of the SDO Programme that assesses impact, broadly defined, as well as outputs.
- To move towards greater use of staged reporting and to use this to develop a dialogue between researchers and the members of commissioning groups.
- To routinely undertake end-of-project evaluation.

Governance

Good governance is important for SDO not just to ensure probity and wise deployment of public funds but also to 'hold the ring' between the interests of the Department of Health, various groups of current and actual research users, researchers and service users.

The governance structures for the Programme have evolved over time from arrangements that were set up with laudable intentions to balance different interest groups. Our review identified that there is now a widespread lack of clarity about roles within the governance structures of SDO, and a subsequent loss of engagement by some stakeholders. This issue is linked to difficulties in sustaining the current model for commissioning groups, which rely increasingly on the good will of a small number of people, mostly from the academic community.

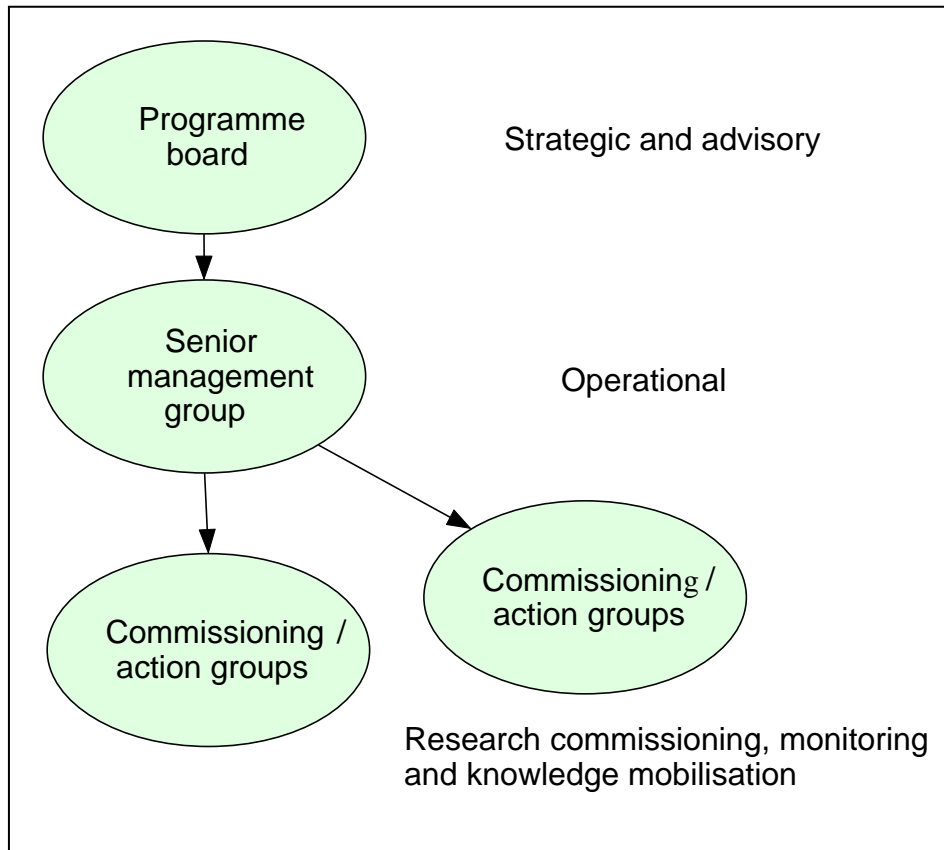
A further issue, which is linked to the question of mobilisation, is that of the role of commissioning groups. These have previously had a relatively narrow focus on selecting projects on their scientific merits and committing research funding. SDO has previously debated the merits of re-conceptualising these as 'action groups' with a broader remit extending from the development of research topics, through selection and monitoring to knowledge transfer activities. This might require a different model of leadership, with an ongoing commitment of time from the chairs of the action groups. This model might also require the adoption of a lead scientific adviser to support the action group.

We propose that the model for governance should follow that in Figure 1.

In order to move the programme towards achieving its strategic objectives, the following strategies are proposed.

- Refresh terms of reference for all parts of the governance structures and review membership of boards in the light of revised terms of reference, seeking in particular to reduce the size of the Programme Board and to achieve greater balance between different interest groups in the commissioning/action groups.
- Rationalise the number of commissioning/action groups.
- Adopt a new model of leadership for the commissioning/action groups, in which a lead scientific adviser take responsibility for advising on the research topics, selection of proposals, ensuring academic rigour and coherence and engaging with likely users of the research throughout the lifetime of the group, which should be time limited.
- Link commissioning groups more firmly to the Programme Board by adopting a 'liaison member' system, in which responsibility for each theme (or challenge) is designated to a Board member.

Figure 1. Governance model



Conclusion

The SDO Programme has achieved a great deal in the first five years of its existence. Now it is time for the programme to move into a new phase characterised by a more dynamic national context for health research, a greater emphasis on engagement with users of research, re-invigoration of governance and a more innovative approach to programme management. We hope, through the actions proposed, to have established the Programme by 2012 as the most authoritative source of evidence in its field with an international profile and reputation.

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