



Review of research needs and priorities 2007

**The National Institute for Health Research Service Delivery and
Organisation Programme**

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August 2007

Purpose of this document

This report provides findings from a review of research needs and priorities carried out during 2006/07 by the National Co-ordinating Centre for the National Institute for Health Research Service Delivery and Organisation Programme (NCCSDO).

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Date of issue: August 2007

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The National Institute for Health Research Service Delivery and Organisation Programme is funded by the Department of Health.

Foreword

Since its inception, the Service Delivery and Organisation Programme has sought to inform its priorities for research commissioning by seeking out the views of a wide range of stakeholders. In 1999, the newly-established programme used a systematic 'listening exercise' to set its original priorities. This exercise has since been internationally acknowledged as an example of good practice in research needs assessment and was updated through an online survey in 2002.

This report presents the results of our most recent exercise in testing opinion on priorities for future research commissioning. It describes the processes involved and the outcome in terms of our priority areas for the immediate future. It reflects the contribution of over 1000 people who took the time to contribute to our most recent survey. I am very grateful for that contribution, which will help us to ensure that we commission research that is relevant to current issues in health care delivery and organisation.

Stephen Davies

Director

National Institute for Health Research Service Delivery and Organisation Programme

Acknowledgements

The authors would like to thank all those individuals who have been involved in this review. They include:

- all stakeholders who took time to respond to the survey and who have helped to inform the future direction of the Service Delivery and Organisation Programme
- colleagues at NCCSDO for their assistance in designing, setting up and running the survey. Particular thanks to Adrian Newman, Emma Hawkrige and Pamela Baker
- all those individuals who have attended meetings at which the findings from the survey have been discussed and refined. Particular thanks to Stephen Davies and Kieran Walshe.

The views expressed in this publication are those of the authors and the individuals involved in this exercise and are not necessarily those of the NHS, the National Institute for Health Research or the Department of Health.

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1. Introduction

The National Institute for Health Research (NIHR) Service Delivery and Organisation Programme (SDO) is committed to reviewing its research priorities at regular intervals. An initial listening exercise was conducted in 1999 (Fulop and Allen, 2000), and this was refreshed in 2002 (Cherry and Anderson, 2002). Alongside this, a review was undertaken of research questions identified in scoping exercises (Cherry, 2002) and from national policy initiatives (Clarke and Pillaye, 2002). An overview report was also produced (Clarke, Cherry and Anderson, 2002).

A more extensive review of research needs and priorities was initiated in 2006. It began with an online survey of SDO research needs and priorities, which was used to inform further elucidation of the priorities and their subsequent consideration by the SDO Programme Board. The outcome of this process has been the ranking by the Board of the top six research priority areas, which will be the focus of SDO funding and commissioning over the coming years.

This report presents the results of the survey of research needs and priorities, and the process by which these were refined into discrete priority areas. It concludes by listing the top six research priority areas as ranked by the Programme Board at its meeting on 13 June 2007.

2. Background

The Service Delivery and Organisation Programme (SDO), originally established in 1999, is now part of the National Institute for Health Research (NIHR). The SDO Programme improves health outcomes for people by:

- commissioning research and producing research evidence that improves practice in relation to the organisation and delivery of health care; and
- building capacity to carry out research amongst those who manage, organise and deliver services and to improve their understanding of research literature and how to use research evidence.

The SDO identifies topics to commission in a number of distinct ways. These include:

- listening exercises with key stakeholders
- direct requests (e.g. from Department of Health policy groups or national clinical directors)
- topics identified by the SDO's Chief Executives' Forum (e.g. patient choice)
- emerging issues (e.g. prison health, chronic disease management)
- responding to government policy (e.g. self care).

The views of NHS stakeholders have been integral to developing the direction of the SDO Programme from its inception (Dalziel, 2000). The programme was launched with a national listening exercise to ensure that it focused on the issues of greatest importance to those responsible for organising and delivering services and for those receiving them. This listening exercise involved consultation with 354 consumers, educators and researchers through six expert forums and 22 focus groups across the country. The areas of particular concern and relevance that emerged were distilled into ten initial themes. These were later consolidated into the SDO's six enduring research themes, around which a coherent body of knowledge is being developed.

a) Patient- and carer-centred services

Patients are the central focus of the NHS and transforming services so that they are more patient- and carer-centred remains an important policy goal. The goal of the SDO Programme is to improve health outcomes for people, and such services are a key focus of SDO research. Key topic areas include continuity of care and access to care.

b) Workforce issues

Patients receive care through interactions with the NHS workforce. Research on workforce issues such as the organisation, recruitment, retention, training and development of NHS staff is therefore a key part of the SDO Programme.

c) Evaluating models of health service delivery

The SDO Programme aims to build an evidence base on different models of service delivery, e.g. through shared care or innovative chronic disease management models.

d) Change management

Service configurations for the delivery of health care are constantly changing in response to users' needs and as new evidence of effectiveness comes to light. This theme acknowledges the need for support in cultural change and strengthening leadership.

e) Studying health care organisations

This theme explores the ways in which teams, networks and organisations are put together to form broader systems of care.

f) Research methods

Underpinning each of the themes is the need to develop a knowledge base on research methods appropriate for the SDO Programme.

The initial listening exercise was refreshed in 2002, by questionnaire, to address any changes in stakeholders' priorities in light of the ever-changing context of the NHS (Cherry, 2002). It emerged that the same issues that were encompassed in the original SDO themes continued to be of concern. However, there were some changes in priorities; workforce issues were seen to have the highest priority in 2002, whilst in 2000 the top priority was change management.

3. Research needs and priorities survey 2006

In 2006, the SDO Programme Board considered the benefits of periodic online consultation in further engaging the views of NHS stakeholders including both professionals and the public. A research needs and priorities survey was proposed which would:

- identify the current research needs and priorities of a sample of health professionals and service users
- provide a rich source of opinion from both practitioner and research communities on the current SDO themes
- assess the usefulness of current SDO resources and identify improvements that could be made.

The questions for the online survey were generated in team discussion around the survey objectives, and these questions were piloted for clarity amongst colleagues. The final questionnaire contained 17 questions and took approximately 15 minutes to complete. The questions addressed:

- important issues with regard to the delivery and organisation of NHS services
- potential future research questions with regard to the delivery and organisation of NHS services
- the relevance of current SDO themes
- the usefulness of current SDO resources
- demographic details.

The questionnaire was completed online via a link that was circulated in an introductory email. The intention of the survey was to access a broad range of opinion from a wide range of stakeholders. This email was therefore sent direct:

- to all contacts on the SDO database
- via email lists of professional bodies such as the Institute of Healthcare Management (IHM), the NHS Confederation and the British Association of Medical Managers (BAMM)
- the service user organisation INVOLVE.

In addition, the survey link was made available on the SDO website, and respondents were asked to pass the link on to interested colleagues to widen the coverage. Respondents were given a period of four weeks to complete the questionnaire (between 20 October and 17 November 2006) and a prize draw was offered as an incentive for completion. Once the survey had closed, the database was cleaned and any empty questionnaires deleted.

4. Respondent profile

A total of 1002 individuals responded to the survey; 876 (87%) of these respondents described themselves as 'professionals' and 126 (13%) described themselves as members of the 'public'. Nearly half of respondents (47%) heard about the survey via our direct email. There was variable uptake through the professional bodies and 26% (220) of respondents had the email passed on to them by a colleague.

Sixty-eight percent of respondents were female and more than half of respondents (62%) were aged over 45 with the majority in the 45–54 age category. Eighty-two percent of respondents described themselves as 'White British' with smaller proportions in 16 further ethnic categories (see **Table 1**). Respondents came from all over the United Kingdom, with the highest proportion coming from London and the South-East (27%), followed by the North-East (14%), the East (13%) and the North-West (10%).

Table 1. Age and ethnicity of respondents

Age range	Percentage (%)	Ethnicity	Percentage (%)
Under 24	2.4	White British	82.4
25–34	10.4	White other	7.4
35–44	25.2	White Irish	3.1
45–54	41.2	Indian	1.7
55–64	18.3	Chinese	1.1
65+	2.4	All others	5.3

Respondents were asked to select their job role from a list of role descriptions. There was a wide diversity with 45 different roles specified. The largest respondent group described themselves as 'researchers' (35%), followed by 'members of the public' (9%); 'allied health professionals' (7%); and 'clinicians in secondary care' (7%).

5. The usefulness of SDO resources

The survey contained six questions about the usefulness of current SDO resources. Prior to receiving the survey email, 51% (512) of respondents were aware of the SDO and, of these, 72% (366) had accessed the SDO website in the past 12 months.

Those respondents who had made use of SDO resources were asked to indicate how useful each resource was on a scale of 1 to 7, where 1 was 'of no use' and 7 was 'extremely useful'. A response average was then calculated for each resource which reflects its usefulness. The SDO project reports and research summaries (formerly known as briefing papers) were most commonly accessed and were found to be the most useful resources (see **Table 2**).

Table 2. The uptake of, and usefulness of, SDO resources

Resource	Percentage used (%)	Usefulness response average
Project reports	65	4.34
Research summaries	65	4.26
Newsletter	60	3.58
Annual report	45	2.67
Events information	58	3.39
Other SDO publications	45	3.14

Respondents were asked for what purpose they had used SDO resources in the past year. This question was answered by 480 respondents and many gave more than one response. The usage of SDO resources was diverse. The single most common use given was for research (see **Table 3**). This is perhaps not surprising given that a high proportion of respondents described themselves as researchers. The 21 'other' uses included fifteen respondents who had used SDO resources to investigate funding opportunities; and six respondents who were circulating SDO resources to others for information.

Table 3. The purposes for which SDO resources are used

Purpose	Number using resource for this purpose	Percentage (%) using resource for this purpose (n=480)
For research	306	64
For general interest	190	40
For teaching	98	20
For management	89	19
For policy making	50	10
For consulting	43	9
For information as a service user	27	6
Not used	77	17
Other	21	4

6. Increasing the awareness and uptake of SDO resources

A final question focused on what more the SDO Programme could do to increase the awareness and uptake of its research findings. Respondents gave a total of 558 suggestions. These fell into two major categories.

1. Improving the format of project reports, e.g.
 - using simpler, more accessible language
2. Widening the circulation of findings, e.g.
 - emailing updates to professional/service user bodies (64)
 - sending updates to NHS Trusts for circulation (40)
 - using the general media: tv, press releases (35)
 - publishing updates in professional journals, e.g. Health Service Journal (HSJ), Nursing Times (31)
 - hosting local events/workshops/seminars to disseminate SDO research findings (19).

One of the benefits of the survey was increasing the SDO profile: 49% of respondents (490 individuals) had not previously known about the SDO. Additionally 402 respondents requested that their name be added to the SDO database for ongoing updates and 248 enquired about becoming a peer reviewer for the programme in the future.

7. The relevance of the current SDO themes

As indicated previously, the SDO programme organises and commissions research under six broad research themes generated from the first listening exercise, with the aim of developing coherent knowledge in these areas. Respondents were asked how important these broad themes currently were to them by rating the importance of each theme from 1 to 7, where 1 was 'not important' and 7 was 'extremely important'. A response average was then calculated for each theme which reflects its perceived importance. The response averages ranged from 4.86–5.93 which indicates that these themes are still important and relevant to respondents.

The response averages and the subsequent ranking of each theme are shown in **Table 4**. The responses for the public and professional groups are shown separately to reflect any differences in perspective between the two groups.

The two themes emerging as important for both groups (ranked 1 and 2) are 'patient- and carer-centred services' and 'evaluating models of health service delivery'. This finding can be compared to that from the survey in 2002, which found that the theme considered likely to be of most importance in five years time would be 'workforce issues' (Cherry, 2002). This ranked only third in importance for each group in the current survey.

Table 4. The importance of current SDO themes

SDO theme	Response average (with rank in brackets)	
	Public	Professional
Patient- and carer-centred services (for example, studies investigating the support available to carers, continuity of care for different service users and access to health care services)	5.93 (1)	5.77 (2)
Workforce issues (for example, studies investigating the organisation, recruitment, training, development and needs of the health care workforce)	5.31 (3)	5.64 (3)
Evaluating models of health service delivery (for example, studies examining innovative models of service delivery such as shared care and chronic disease management)	5.59 (2)	5.86 (1)
Change management (for example, studies investigating how change is effectively managed, how successful change is diffused to other organisations and the impact change has on health care providers and users)	4.77 (4)	4.92 (5)
Studying health care organisations (for example, studies exploring the ways in which different health care organisations function and the impact that governance and incentives have on effectiveness)	4.48 (5)	4.86 (6)
Research methods (for example, studies developing innovative research methods, such as how to effectively involve service users in research and how best to synthesise research information)	–	5.13 (4)

8. Important issues in the delivery and organisation of NHS services

The main purpose of the survey was to establish stakeholders' current research priorities. To achieve this the following question was asked:

From your perspective, what are the three most important issues concerning the delivery and organisation of NHS services at the current time?

There were 2854 responses to this question:

- 972 respondents gave a first issue
- 950 respondents gave a second issue
- 923 respondents gave a third issue.

To allow for comparisons with the previous listening exercises, the coding of these responses was initially guided by the research topic areas within the existing SDO themes. Eighty-two codes were used in total: 44 of these were pre-determined from the current research topics; and 38 were emergent during the coding process – for example, patient safety (clean hospitals, safe medicines, MRSA); and treating users with respect and dignity. These codes were then clustered into 13 overarching categories (see **Table 5**). The top four categories are discussed in more detail below.

Table 5. The 13 emergent categories of importance from the survey (n=2845 responses)

Important issues	Percentage of responses (%)
Organising the NHS around the needs of the patient	25.3
Investigating the financial context	15.2
Creating, developing and maintaining the workforce	11.4
Investigating the organisational context	10.7
Developing services based on evidence	8.9
Delivering joined-up services within the NHS	7.8
Managing the consequences of organisational change	7.5
Involving users in decision making	2.8
Maximising health service quality and outcomes	2.6
Delivering joined-up services: NHS and other organisations	2.4
Assuring the safety of patients	2.4
Investigating the technology context	1.8
Investigating the policy context	1.2

8.1. Organising the NHS around the needs of the patient

The largest proportion of responses (25%) fell into the 'organising the NHS around the needs of the patient' category. This category contained five broad topic areas plus a large miscellaneous group. These are listed in **Table 6**. Issues around access to health care emerged as being of central importance. An equitable service available to different groups of individuals at different locations was considered important by 26.5% (190) of respondents.

Considered equally important was 'a responsive service' which was defined as a locally available service, open at times of the day to suit users. Waiting times were perceived as important both to see GPs and acute care specialists as well as for admission to acute services. Other access issues included responses simply stating 'access' as important. The other category included: 'more availability of disease specific treatments'; 'holistic care'; 'choice'; and 'respect'.

Table 6. Organising the NHS around the needs of the patient (n=720 responses)

Important issues	Percentage of responses (%)
An equitable service	26.5
A responsive service	25.3
Waiting times	16.6
Other access issues	10.3
Information/communication	7.0
Other	14.3

8.2. Investigating the financial context

In the light of the financial challenges in the NHS it is not surprising that financial management emerged as an important issue (see **Table 7**).

Table 7. Investigating the financial context (n=432 responses)

Important issues	Percentage of responses (%)
Resource issues	53
Cost effectiveness	40
Other	7

There were a number of responses around the importance of accessing resources such as financial resources, equipment, staff and time. There were also issues relating to managing resources appropriately, e.g. use of agency staff and prioritising.

Cost-effectiveness emerged as important for 40% (173) of those who identified this issue. This was seen particularly as a continual drive for efficiency and achieving financial viability. The other category included managing competing priorities and crisis management.

8.3. Creating, developing and maintaining the workforce

Creating, developing and maintaining the workforce emerged as a key concern to respondents and clearly carried the assumption that there were links with quality of patient care. The main topic areas emerging are listed in **Table 8**.

Table 8. Creating, developing and maintaining the workforce (n=324 responses)

Important issues	Percentage of responses (%)
Staffing levels	29
Education and training	26
Skill mix	15
Recruitment and retention	14
Morale	10
Other	6

Staffing levels were seen to be important by 29% (94) of respondents. This involved maintaining appropriate staffing levels to provide even basic services. Education and training were valued and seen as important across all professional groups. Skill mix and ensuring that appropriate expertise is in place despite challenges of staffing was also in this category as was the importance of ensuring recruitment and retention and having structures in place to support this aim in terms of pay, job security and support.

Issues also emerged around the importance of maintaining staff morale in light of the high demands on individuals, e.g. additional workload from increased paperwork. Uncertainty was also seen as an important issue to overcome in order to maintain morale in the current NHS climate.

8.4. Investigating the organisational context

Many structural and organisational issues emerged as important (see **Table 9**). Commissioning of health care was perceived to play a key role in successful care delivery and this was being driven

by the policy emphasis on making this function stronger. Practice-based commissioning was used as a frequent example.

Management issues were seen as a fundamental determinant of organisational performance: in particular the importance of different management practices; the competency of managers to fulfil their roles; the ability to link in with front-line staff; and involving key figures in proposed changes/developments.

Table 9. Investigating the organisational context (n=304 responses)

Important issues	Percentage of responses (%)
Commissioning	40
Management issues	21
Accountability and governance	14
Targets	9
Inefficient processes/structures	7
Other	8

Accountability and governance were considered important elements, as was the importance of understanding these issues in the light of continual changes. Targets, for example *Payment by Results*, were seen to be important as was having appropriate incentives for different professional groups. Some respondents emphasised the need for structures and processes to be in place to deal with inefficiency.

9. Comparing different perspectives

The views of the 876 professional respondents were compared with those of the 126 respondents who described themselves as members of the public to establish any diversity in perspectives. The top priority issue, 'patient- and carer-centred services', was the same for both groups (**Figures 1 and 2**), although by a larger proportion for the public group (83% against 48% of respondents).

Figure 1. Comparing priority issues for the public group of respondents

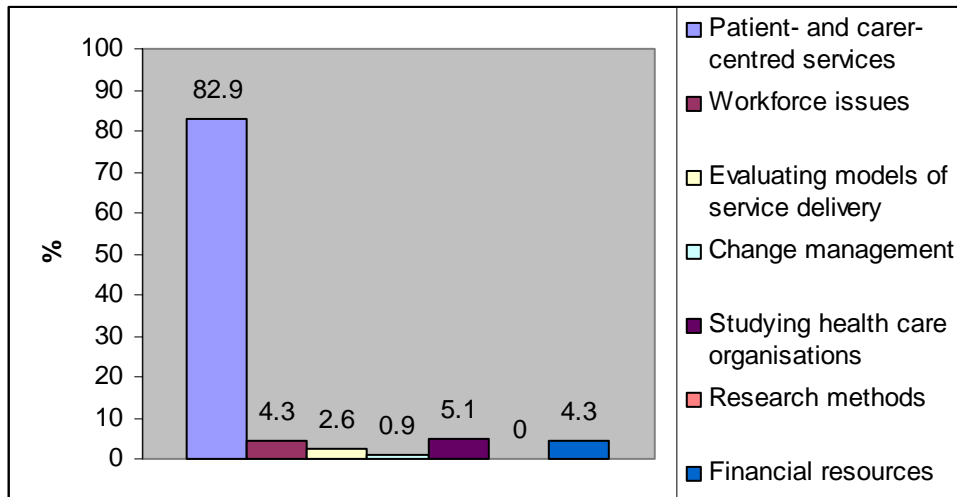
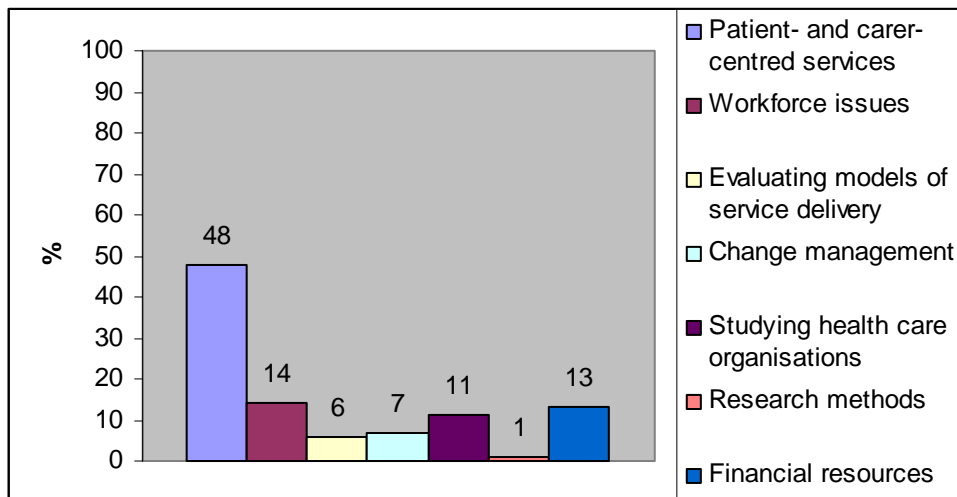


Figure 2. Comparing priority issues for the professional group of respondents

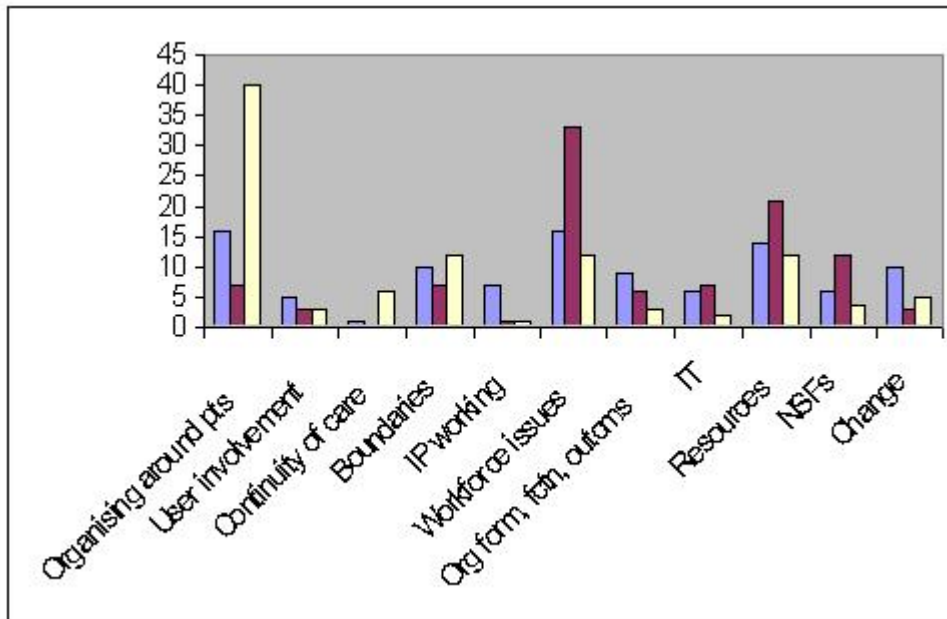


The top four priority issues were the same for each group, with some slight variation in ordering and with far smaller proportions outside of the top priority for the public group.

10. The sustainability of important issues

Ninety-two per cent of the professional respondents and 74% of the public respondents considered that these same issues will continue to be of importance to them over the next five years. There were clear differences in the priorities identified in 2002, those that were expected to be priorities in 2006, and those were found to be actual priorities in 2006 (see **Figure 3**).

Figure 3. Comparing priority issues in 2002 with those predicted for five years time and those found in 2006



Key

- Important issues 2002
- Predicted issues for 2006
- Actual issues for 2006

For example, it was predicted in 2002 that the highest priority issue in 2007 would be workforce whereas our findings indicate that this is a high priority but that organising the NHS around the needs of patients was considered a far higher priority. This illustrates that the NHS is moving and changing rapidly and so are the ensuing priorities making prediction and horizon scanning more difficult.

11. Future research questions

The survey aimed to establish potential future research questions through the following question:

From your perspective, what are the three most important research questions that need to be addressed concerning the delivery and organisation of NHS services at the current time?

There were 2054 suggestions for research questions:

- 725 respondents gave one suggestion
- 697 respondents gave two suggestions
- 632 respondents gave three suggestions.

The complete set of 2054 responses were interrogated independently for emergent priority areas by four experienced health service researchers. Thirty-nine priority areas were independently identified. These were refined to 15 emerging priority areas through group discussion. These priority areas are presented in **Table 10**. The priorities are not in any order of importance or rank at this stage.

Table 10. Priority research themes emerging from the survey

1. Workforce issues
2. Evidence-based decision making
3. Diverse providers
4. Service re-configuration
5. Patient safety
6. Health and social care integration
7. High-performing organisations
8. Management practice
9. Patient and public involvement
10. Commissioning
11. E-health and new technologies
12. Managing organisational change
13. The built environment
14. Public health
15. Chronic disease management

Each of the emerging research areas were then summarised in terms of:

- the case for research in the field
- the existing body of knowledge
- what research in the field is underway and planned (within and outside of the SDO)
- main areas of inquiry
- how the research would benefit patients and the NHS.

Each of these summaries was presented and discussed in detail at a special workshop of the SDO Programme Board held on 27 March 2007. An explicit set of criteria were used to assess the priority areas. The proposed areas had to:

- be needs-led
- have the capacity to generate new knowledge
- be consistent with the SDO's mission
- be of enduring interest
- not duplicate funding by other research commissioners
- be likely to produce actionable findings
- build on the existing body of SDO-funded research.

By the end of the workshop, the Programme Board had identified its top ten priority areas for research and suggested a provisional ranking for them. It requested that the academic team provide further information on each of the ten areas, and agreed to finalise its top priority areas at the next Programme Board meeting.

The SDO Programme Board considered the more detailed account of the top ten research priority areas it had identified at the earlier workshop at a meeting held on 13 June 2007. It concluded that the management practice and evidence-based decision making areas could be combined, and confirmed the ranking of the first six research priority areas.

12. Research priority areas to be taken forward

The six priority areas that were selected by the SDO Programme Board to receive funding in 2007/08 onwards are:

1. Diverse providers of care and the impact on staff and service users
2. Commissioning
3. Integrating health and social care
4. Workforce issues
5. Management practice/evidence-based decision making
6. E-health and new technologies.

13. Conclusions

Some general conclusions can be drawn from the survey exercise and its contribution to the identification of research priority areas. The online survey was a successful method of capturing a broad range of opinion from a wide range of stakeholders. Key SDO priority areas for the next few years were driven by the opinions of a large sample of health professionals and service users. The findings have also re-iterated the importance and endurance of topics that were identified in the original listening exercise as well as helping SDO to understand what the key priorities currently are within these topics.

The discrepancies between the topics which were *predicted* in the previous survey to be priorities in 2006/07 and those which were *found* to be priorities highlights limitations in predicting what key priorities might be over time in the rapidly changing NHS. This adds support to the SDO Programmes' current mixed-method approach to identifying research topics to commission and setting the research agenda.

The survey has also generated vital information on how SDO resources might be improved and thus more widely used.

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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.