Invitation to tender

International case studies of integrated models of chronic disease care at the primary-secondary care interface that deliver improved health care quality and efficiency

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1.0 Summary

The purpose of this research project is to generate case studies of integrated models of chronic disease care at the primary-secondary care interface in non-UK Organisation for Economic Co-operation and Development (OECD) countries that offer potentially valuable learning for improving services in the UK. Alongside aspects of care quality such as patient outcomes and experience, we have a particular interest in care models that deliver greater efficiency or reduced service utilisation. Both well-evidenced, established care models and emerging care models with a growing evidence base will be considered.

The Health Foundation is seeking a supplier to work with us on this research project and develop these case studies.

The case studies developed will focus on: the care models themselves and how they differ from current approaches in the UK; what is known about their impact and their advantages and disadvantages; the enablers and barriers to implementing and delivering these care models successfully; and learning relevant to health care policymakers, leaders and practitioners in the UK. The research will take a mixed methods approach. It will include review of peer-reviewed and grey literature, as well as engagement with international stakeholders; with the latter element being central. The supplier should therefore possess the breadth of skills and expertise needed to deliver on this ambition.

There is potential for this research project to lead to additional follow-on work to further explore the potential for translating these care models to the NHS context, or to extend this research approach to other aspects of health and social care.

2.0 About the Health Foundation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

This research project will sit within the Health Foundation's strategic priority of 'Supporting radical innovation and improvement in health and care services', by which we mean the deep-seated and far-reaching shifts needed in health and care over the coming decade, and the application of new and cutting-edge methods and approaches to drive change in services. We want to give policymakers, system leaders, service providers, health care staff, service users and the public the insights, practical resources and opportunities needed to support these changes.

The Insight and Analysis Unit, located within the Health Foundation's Improvement Directorate, will act as the Foundation's content lead for this research project. The team

conducts research and analysis within health care improvement, and generates and shares learnings, using insights from practice to influence policy. The team shines a light on how to make change happen through a range of approaches.

3.0 Background to the project

The Health Foundation's radical innovation and improvement strategic priority includes a focus on identifying and supporting specific service changes and new care models to meet future health care needs sustainably, including a focus on shifting care into the community. Better management of chronic disease care at the primary-secondary care interface will be pivotal in managing the challenge of increasing health care demand in the context of an ageing population. The importance of improved integration and joint working at this interface has been emphasised by several UK-based organisations in the past decade, including the Academy of Medical Royal Colleges, the British Medical Association, NHS England, NHS Confederation, and the Royal College of General Practitioners.

Compared to the substantial body of research and policy literature exploring international best practice in chronic disease care more broadly, including integration of primary and community care services, there has been more limited effort to examine integrated models of chronic disease care at the primary-secondary care interface.[1,2,3] Existing literature reviews have been restricted to peer-reviewed articles, with some only including English language literature. None of these reviews involved qualitative engagement with international stakeholders embedded within the health systems of other countries, which is the key element of this research project.

Most known care models at the primary-secondary care interface take a disease-centred perspective and many include multiple components.[1,3] Recent reforms have typically focused on shifting chronic disease care (and accompanying resources) into the community, facilitating greater collaboration between multidisciplinary primary and secondary health care professionals, and reducing 'unnecessary' use of secondary care services.

In terms of factors that enable the successful implementation and delivery of these integrated models of care, existing literature reviews point to the importance of design elements such as interdisciplinary teamwork, information exchange, shared care guidelines or pathways, training and education, access and acceptability for patients, and a viable funding model.[2] At a systems level, cultural factors, contractual obligations, health care professional role mix and professional boundaries, and structural factors such as the existence of specialist clinics delivered from community settings, would be expected to underpin the successful working of these care models.

4.0 Research details

Details of the work	Aims and objectives	The aims of the project are to: • develop 6–8 case studies of international examples of integrated models of chronic disease care at the primary-secondary care interface that have the potential to deliver improvements in health care quality in comparison to current practice in the UK, including more efficient resource use and service utilisation • explore the micro, meso and macro-level enablers and barriers to the implementation and delivery of these care

		models, identifying lessons that may be translatable to the UK NHS context.
	Research questions	1. What integrated models of chronic disease care at the primary-secondary care interface in non-UK OECD countries exist (whether well-established or recently introduced) that offer potentially valuable learning for improving chronic disease management in the UK with regard to quality or efficiency? 2. Does the evidence base suggest that these care models deliver improved quality or efficiency (in terms of resources or service utilisation)? 3. What micro, meso and macro-level factors serve as enablers or barriers to the implementation and successful delivery of these care models and would be relevant to translation of these models to the UK NHS context?
	Target audiences	• National and integrated care board health care leaders and policymakers • Other UK-based national organisations including professional or representative bodies (eg Royal College of General Practitioners, Academy of Medical Royal Colleges, NHS Confederation) • Major UK-based chronic disease charities • Local primary and secondary care clinical and management teams engaged in the development, transformation and integration of care pathways and in quality improvement activities focused on the primary-secondary care interface
	Decisions to be agreed with the supplier	Where possible, the Health Foundation takes a partnership approach to its work. We will want to meet or speak with the provider regularly (any costs incurred for meetings should be factored into the budget). The overall research contract will be managed by the Research team at the Health Foundation, with the Insight and Analysis team providing strategic and content input. The following will be discussed and agreed with the supplier through ongoing engagement: 1. The methods used to conduct the research. 2. The choice of non-UK OECD countries to be included in the research process and case studies. 3. The selection criteria used to identify care models for further investigation, including an approach to assessing the strength of evidence for improvements in quality or efficiency.

		4. The choice of stakeholder groups to be included in the qualitative interviews. 5. The selection of final case studies for inclusion in the report.
	Target countries	• The choice of non-UK OECD countries to be included may be influenced by the capabilities of the supplier and links with existing international networks. • We are interested in countries with a health system and primary-secondary care interface similar to the UK (eg Spain, Portugal, Denmark, Ireland, New Zealand), which may aid identification of translatable care models. However, there may also be interesting learning from countries with contrasting systems and interfaces (eg Australia, USA) and there is no reason to exclude these if they provide promising examples of care models for the UK. • There may be particular value in including non-English speaking countries, which are sometimes less well-represented in literature reviews and studies – this is something we would be keen to see.
	Care models	**Definition** • Integrated models of care are defined as approaches to service delivery with a high degree of integration and coordination at the primary-secondary care interface. **Selection criteria** • Any care model with integration of care at the primary-secondary care interface for one or more named chronic disease, which differs from current practice in the UK or offers valuable learning for service reform in the UK, will be included in the initial scope. • Case studies may be based on both established care models with an existing evidence base and emerging care models that might hold important learning for the NHS and for which the evidence base is still evolving. Examples of maturing good practice which are lacking detailed evaluation and evidence on outcomes will not automatically be excluded from further investigation. However, the evidence base for each identified model of care will be assessed and will be explicitly considered within the case studies, with description of any given model of care being appropriate to the level of evidence. • Selection criteria will be applied to determine which care models are investigated in more detail and included in case studies. These criteria could include: the strength of

		evidence for improvements in outcomes; the potential to offer valuable learning for service reform in the UK; longevity of the care model and improved outcomes; evidence of spread and scale in the country of origin; and the ability to obtain further information through discussion with international stakeholders. • It is envisaged that descriptions of care models will focus primarily on longer-term care planning and processes for patients with chronic diseases and other relevant aspects of chronic disease management, rather than having a more limited focus on the transition of patients between primary and secondary care (emergency care attendance, hospital admission and discharge), though interventions focusing on these transition phases will not be excluded.
	Relevant outcome measures	We are interested in identifying case studies which demonstrate improvement in one or more of the following outcomes: **Efficiency outcomes** • Resource use: cost savings, cost-effectiveness, staff time, staff and role mix • Service utilisation: emergency care attendances; hospital admissions, readmissions and length of stay; avoidable/unnecessary appointments • Waiting times **Other health care quality outcomes** • Health outcomes: morbidity, mortality, disease and treatment complications, other safety outcomes • Patient and staff satisfaction/experience • Access, accessibility • Equity
	Overview of the work required	**Stage 1:** • Review of academic and grey literature, including relevant non-English language literature, to identify promising care models for further investigation and inclusion in case studies. **Stage 2:** • International stakeholder interviews with relevant health care leaders/practitioners to identify and explore care models and enablers and barriers to successful implementation and delivery of these models.

Deliverables	Delivery requirements	Our aim in terms of dissemination is to provide outputs that are usable by those in policy and practice. The key deliverables for the work will be: • A written report containing a series of 6–8 case studies illustrating integrated models of chronic disease care at the primary-secondary care interface. These case studies, which are envisaged to each be 4–6 pages in length, will include: - a summary of the care model - relevant background and context - the aims of the care model - how the model differs from, or improves upon, current practice in the UK - the design and implementation of the care model, including relevant enablers and barriers to implementation and delivery - the change in outcomes achieved following implementation of the care model, including an examination of the strength of available evidence - resource requirements and implications of implementing the care model - stakeholder feedback (including quotes) - discussion of the above in relation to translation of learning relevant to the UK NHS context • A technical report detailing: - methods used - approach to the literature review - literature examined and included in or excluded from the research process - all care models identified through the literature review, including the source of, and evidence base for, each care model - prioritisation process used to select care models for further investigation (including in qualitative interviews) and for inclusion in written case studies - sampling approach for qualitative interviews - stakeholders approached and interviewed during the interview process - qualitative interview guide and process used during stakeholder interviews

		• findings of each stakeholder interview. The Health Foundation may produce one or more shorter written outputs based on the research project and the deliverables above. In such an instance, we expect the supplier to work with a writer(s) to provide insight into the key findings.
	Timeline	The research and above deliverables should be completed by the end of May 2024.
Budget		Up to £90,000

5.0 Instructions for tender responses

5.1 The Health Foundation reserves the right to adjust or change the selection criteria at its discretion. The Foundation also reserves the right to accept or reject any and all responses at its discretion, and to negotiate the terms of any subsequent agreement.

5.2 This work specification is not an offer to enter into an agreement with the Foundation, it is a request to receive proposals from third parties interested in providing the deliverables outlined. Such proposals will be considered and treated by the Foundation as offers to enter into an agreement. The Foundation may reject all proposals, in whole or in part, and/or enter into negotiations with any other party to provide such services whether it responds to this specification and request for response or not.

5.3 The Foundation will not be responsible for any costs incurred by you in responding to this specification and will not be under any obligation to you with regard to the subject matter of this specification.

5.4 The Foundation is not obliged to disclose anything about the successful bidders, but will endeavour to provide feedback, if possible, to unsuccessful bidders.

5.5 Your bid is to remain open for a minimum of 180 days from the proposal response date.

5.6 You may, without prejudice to yourself, modify your proposal by written request, provided the request is received by the Foundation prior to the proposal response date. Following withdrawal of your proposal, you may submit a new proposal, provided delivery is effected prior to the established proposal response date.

5.7 Please note that any proposals received which fail to meet the specified criteria contained in it will not be considered for this project.

6.0 Selection criteria

6.1 Responses will be evaluated by the Foundation using the following criteria, in no particular order:

- adequate knowledge and understanding of the health care sector
- ability to review peer-reviewed and grey literature
- experience in arranging and conducting qualitative interviews
- the ability to engage with relevant international stakeholders across multiple different OECD countries, including non-English speaking countries
- existing connections to relevant international stakeholder networks, or the ability to generate these connections

- evidence of proven success of similar projects
- quality and clarity of the proposal
- responsiveness and flexibility
- transparency and accountability
- value for money
- financial stability and long-term viability of the organisation (due diligence will be undertaken on all shortlisted organisations)
- ability to work with others.

6.2 We would also welcome tenders from partnerships or consortia. For example, the research could be undertaken by one team who can draw upon a network of researchers with different skills and expertise. The research could also be undertaken by a consortium, but there will need to be one lead partner to provide quality assurance and project oversight.

7.0 Selection process

7.1 Please complete your application on our online portal by **midday, Friday 30 June 2023.**
Note: You will need to log in/register a new account on our portal, then select the relevant opportunity. We use a standard online form for all tender responses and there is opportunity to upload relevant documents. Unless you have discussed and agreed extenuating circumstances with the team at the Health Foundation, please do not submit responses in any other format.

7.2 Interviews will be held between Monday 24 July and Friday 28 July 2023.

7.3 It is important to the Foundation that the chosen provider can demonstrate that the right calibre of staff will be assigned to the project; therefore, the project leader who will be responsible for the project should be present during the panel interviews if you are selected.

7.4 The final decision will be communicated by w/c Monday 14 August 2023.

7.5 The start date is to be agreed following the final decision and would be as soon as practicable.

8.0 Confidentiality

8.1 By reading/responding to this document you accept that your organisation and staff will treat information as confidential and will not disclose to any third party without prior written permission being obtained from the Foundation.

8.2 Providers may be requested to complete a non-disclosure agreement.

9.0 Conflicts of interest

9.1 The Foundation's conflicts of interest policy describes how it will deal with any conflicts which arise as a result of the work which the charity undertakes. All external applicants intending to submit tenders to the Foundation should familiarise themselves with the contents of the conflicts of interest policy as part of the tendering process and declare any interests that are relevant to the nature of the work they are bidding for. The policy can be found and downloaded from the Foundation's website.

References

[1] Smith SM, Cousins G, Clyne B, Allwright S, O'Dowd T. Shared care across the interface between primary and specialty care in management of long term conditions. *Cochrane Database Syst Rev*. 2017;2(2):CD004910.
[2] Mitchell GK, Burridge L, Zhang J, Donald M, Scott IA, Dart J, Jackson CL. Systematic review of integrated models of health care delivered at the primary-secondary interface: how effective is it and what determines effectiveness? *Aust J Prim Health*. 2015;21(4):391–408.
[3] Murtagh S, McCombe G, Broughan J, Carroll Á, Casey M, Harrold Á, Dennehy T, Fawsitt R, Cullen W. Integrating primary and secondary care to enhance chronic disease management: a scoping review. *Int J Integr Care*. 2021;21(1):4.