

Call for applications

Research specification: Efficiency Research Programme 2018

July 2018

A Health Foundation call for research on labour productivity and workforce retention in health and social care

NOTE: All applications to this research programme have to be submitted through our online application portal <https://aims.health.org.uk>. We advise all potential applicants to familiarise themselves as early as possible with the application process. The process is outlined in the accompanying FAQ document as well as in the AIMS user manual.

The deadline for applications is midday on Monday 24 September 2018.

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Contents

1. About the Health Foundation	3
2. About our Efficiency Research Programme	3
3. Context.....	4
4. Priority areas for this call.....	5
5. Opportunities.....	6
6. Selection criteria and eligibility	7
7. Audience, communication and spread	8
8. Budget and timeframe.....	9
9. Application and selection process	9

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.

Our research grants support leading research teams to produce knowledge and evidence on what works to improve the quality, accessibility, organisation and sustainability of health services in the UK.

Further details about the organisation can be found at www.health.org.uk.

About our Efficiency Research Programme

The Efficiency Research Programme (ERP) was established in 2014 to support research into system efficiency and sustainability in health and social care that has the potential for transformational impact. The ERP forms one part of the Health Foundation's portfolio of research into efficiency and workforce and its primary focus is to generate new knowledge and insight so as to facilitate tangible improvements to health and care services in the UK.

Currently we are supporting seven innovative research programmes through the ERP¹, many of which are already having impact through building evidence to inform debate. We are supporting a number of research programmes relating to allocative efficiency, across a broad range of topic areas such as end of life care, older people and mental health. In addition, we are supporting a number of programmes relating to aspects of workforce and innovation.

Our research in economics and efficiency is evolving. Our in-house research on efficiency has identified that workforce issues are key to improving system efficiency and productivity, and progress in this area lags progress on overall productivity. Organisationally we have done much analysis to diagnose some of the key workforce challenges facing the NHS and

¹ Details of round one funded projects can be found here: <https://www.health.org.uk/news/health-foundation-selects-four-research-projects-explore-original-ideas-system-efficiency-and>
Details of round two funded projects can be found here: <https://www.health.org.uk/projects?programme=10614>

are actively contributing to thinking on the need for a workforce strategy. In the course of our analysis it has become clear that research into the issues of labour productivity and workforce retention is extremely limited despite these being two of the key challenges for the health and care system.

This is the third round of our ERP. In this call, we are **looking to support research programmes exploring two critically important but under-researched themes: labour productivity and workforce retention in health and social care.**

Context

Health Education England's² (HEE) draft workforce strategy states that reducing staffing turnover is one of the highest workforce priorities for the health and care system to improve working conditions, patient outcomes and productivity. The most cost-effective way to ensure the health and care system has the staff needed to care for the population is to retain existing staff.

The potential for increased retention (and reduced turnover) to bring about better care outcomes and deliver efficiency gains is largely unrealised. Labour costs and how that labour is configured to deliver care are crucial factors in driving NHS productivity.

The percentage of nurses leaving the NHS for reasons other than retirement increased from 7.1% in 2011/12 to 8.7% in 2016/17. This means that in 2016/17, 5,000 more nurses left NHS employment than in 2011/12. Had the rate remained at 2012 levels through to 2017, we would have 16,000 more nurses working in the NHS today – that would mean almost half of our currently vacant nurse posts filled³. In the adult social care sector in England, staff turnover rates in 2017 of directly employed staff stood at just under 30%⁴.

If no action is taken to reduce demand through prevention or through better productivity and service transformation, the NHS will need to grow by 190,000 clinical posts by 2027 to meet demand⁵. Labour productivity gains are most likely to come about through reducing unwarranted variation in operational performance and productivity, having the right mix of competencies and skills across a team, and through the development of multi-disciplinary team working.

Office for National Statistics analysis shows system wide productivity has improved by an average of just under 1% a year over the last 20 years, with enhanced productivity growth since 2010, outpacing productivity growth across the economy. But our in-house research

² Health Education England. *Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027*. 2017. Available from: <https://hee.nhs.uk/our-work/workforce-strategy>

³ Ibid.

⁴ Skills for Care. *The state of the adult social care sector and workforce in England*. September 2017. Available from: www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

⁵ Health Education England. *Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027*. 2017. Available from: <https://hee.nhs.uk/our-work/workforce-strategy>

suggests that too much of the recent productivity growth has come from one-off measures that cannot be sustained – these include the number of blockbuster medicines coming off patent, cuts to staffing and reductions in management. Labour productivity, which in the long run is key to overall productivity growth, has in fact been falling. Our analysis has shown that labour productivity in acute hospitals fell by 0.7% a year between 2009/10 and 2015/16, and that hospital consultant productivity has fallen by an average of 2.3% a year over the same period⁶.

The House of Lord's Long-Term Sustainability of the NHS Committee has concluded that the absence of a comprehensive, national strategy to secure appropriately skilled, well trained and committed workforce over the next 10-15 years is the biggest internal threat to the sustainability of the NHS⁷.

We agree that there is an urgent need for a coherent, long-term health and care workforce strategy. Our recent joint report with the Institute for Fiscal Studies projects that over the next 15 years the English NHS may well require 64,000 extra hospital doctors and 171,000 extra nurses. This is consistent with modelling by HEE which suggests a similar growth in the workforce is required. In its model, the number of FTE staff grows to just over 1.3 million by 2026–27. It also projects potential future supply, with the gap between demand and supply being 118,000 posts by 2026/27⁸. And the workforce challenge in social care is just as great, with almost half a million more staff required by 2033-34⁹.

Action around recruitment has often dominated policy thinking aimed at tackling workforce shortages. However, improving NHS staff retention has recently been flagged as a major objective by both HEE and NHS Improvement. This is understandable given the costs of staff replacement, the loss of skills and knowledge when staff leave, and the impact on quality and continuity of care and team cohesiveness.

Improving productivity and system efficiency remains a key challenge to ensure that the NHS delivers value for money for the taxpayer, contributes to economy wide productivity and is able to maintain and improve quality.

Priority areas for this call

Our third round of the ERP is **looking to support research programmes exploring two critically important but under-researched themes: labour productivity and workforce retention in health and social care**. In particular we are interested in research that aims to:

⁶ Lafond S, Charlesworth A, Roberts A. *A year of plenty? An analysis of NHS finances and consultant productivity*. The Health Foundation; 2017. Available from: www.health.org.uk/publication/year-of-plenty

⁷ <https://publications.parliament.uk/pa/ld201617/ldselect/ldnhssus/151/151.pdf>

⁸ Health Education England. *Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027*. 2017. Available from: <https://hee.nhs.uk/our-work/workforce-strategy>

⁹ Charlesworth A, Johnson P (eds). *Securing the future: funding health and social care to the 2030s*. The Institute for Fiscal Studies, The Health Foundation, NHS Confederation. May 2018. Available from:

- **Advance understanding of labour productivity in health and social care to bring about financial sustainability:** This theme will explore how innovative research can generate a more nuanced understanding of workforce productivity. It will shine a light on the drivers and reasons for variations in workforce productivity that will help us better understand which drivers are amenable to practice and policy intervention. This theme would include methodological development for measuring working force productivity at macro level (eg system or integrated system level), at a meso level (eg a Trust, primary or secondary care, geographical area, etc) or at a micro level (eg operational units of health or social care, team productivity, etc).
- **Advance understanding of workforce retention in health and social care to bring about workforce sustainability:** This theme will explore the causality of enhanced retention on performance and patient care outcomes. It will shine a light on the drivers and reasons for variation in workforce retention that will help us better understand the types of intervention that are amenable to improving retention. As above, this theme may also cover research undertaken at the macro, meso and micro level.

Within these two foci we are particularly interested in encouraging innovative research programmes that explore labour productivity and/or workforce retention in health and care in a **non-hospital setting** (ie primary care and social care). This does not preclude programmes of research that are focused on generating new knowledge in secondary care but we plan to fund at least one project with an ‘out of hospital’ focus.

Opportunities

In scoping this call, we identified several opportunity areas where research may be most impactful, align with practice and policy priorities, and is amenable in terms of data availability. There is a clear gap in research exploring the social care workforce and productivity in primary and community services. Therefore, we are encouraging research teams to submit proposals focused on these areas. Our scoping identified:

In the area of workforce productivity, major opportunities include gaining a greater understanding of:

- how to develop labour productivity methods and measures that have clear value for health and social care practice and policy audiences
- defining ‘productive’ health and social care workforces. Is time that clinicians spend on service improvement, education and research all counted as non-productive? Are there risks of unintended consequences of a focus on productivity, whereby it might drive out exactly the kind of time and space needed for improving productivity?
- the drivers for variation in labour productivity
- variation in labour productivity across the NHS, across different types of care, in different settings, regionally or for different types of patients
- where best practice is being developed, where institutions are failing to adopt best practice and the overall impact on costs and outcomes.

Turning to workforce retention, some of the major opportunities include gaining a better understanding of:

- the casual impact of variations in retention on performance and care outcomes
- the impact of policies (eg flexible working, pay and pensions) and how these could be optimised to improve retention
- definition and measurement of retention and other similar terms (leaver rate, stability etc) across the system
- how to better utilise linked datasets (primary and secondary) to be able to demonstrate the impact of retention on system metrics such as performance, productivity and care outcomes.

Our programme is designed to support high quality quantitative research (and we encourage the innovative use of existing data sets); however, we will also consider mixed methods approaches provided that the balance of the research programme is tilted towards quantitative analysis.

As we are looking to encourage ‘fresh thinking’ in these important under-researched areas we are open to proposals that adopt a research programme approach where high-risk, high-reward ideas can be broken down into interlinked packages of research. Applicants may consider constructing proposals that whilst presenting a larger programme of research begin with a deep-dive ‘explore’ phase that will determine the exact specifics of the future phases of research.

For the purposes of this call we are using the following definitions:

- **Workforce retention** – the capacity to maintain health workers in the health care system, limiting unjustified (‘voluntary’) losses to other organisations, sectors or geographical areas, within and out of the country.
- **Labour productivity** – the output per unit of labour input. We have chosen not to specifically define ‘outputs’ within this specification.

Selection criteria and eligibility

Research proposals will be assessed against the following key criteria:

- fit with scope, with a focus on proposals in priority areas
- strength of case that the research will lead to increased knowledge in the areas of labour productivity and/or workforce retention in the health and social care workforce
- the potential size of, and/or the likelihood of, generating impact on inefficiency and waste
- usefulness and generalisability of anticipated findings across services, settings and systems
- robust research methods
- appropriate project management approach, including risk management and quality assurance

- value for money
- relevant experience and expertise of the research team, and strength of partnerships and collaborations.

We believe that in many cases multi-disciplinary research teams working collaboratively with key stakeholders are often the most likely to deliver impactful research. Our intention in this call is to encourage proposals from teams that demonstrate strong collaborations between academics and researchers in health and labour market economics and broader social sciences.

Audience, communication and spread

Audience

The audience for this research is broad, and includes system leaders, policymakers, clinicians, managers and researchers. We expect research funded through this programme to be widely disseminated both during and beyond the end of the formal grant agreement, including through appropriate research journals and conferences. We also expect that successful research teams will actively communicate early findings and lessons arising from the research, for example through participating in seminars and writing of blogs, etc. We would also encourage researchers to consider innovative methods of dissemination as part of their proposals.

Communication

We will be actively looking to build relationships and share information where appropriate between the research teams funded through this programme. For example, we may host seminars and/or collaborative learning events that the successful research teams would be required to attend where possible.

The Health Foundation is committed to supporting the communication of research findings from this call wherever possible, both during and after the completion of the research work. As stated above, we expect research funded through this programme to be widely communicated through leading peer review journals and conferences. We would also encourage researchers to consider innovative methods of communication where appropriate.

For tips and guidance on how to effectively communicate your research, including how to write a comprehensive communications plan, which will be required as part of your application, please see our toolkit '[Communicating your research](#)' on our website.

Programme Advisory Group

We also have a programme advisory group that meets biannually and includes experts from across academia, policy and health. Successful applicants are invited to attend meetings, where there are opportunities to discuss aspects of their work and network with other award holders and advisory group members. Through this group we are exploring options for programmatic dissemination and hope that successful applicants will support and benefit from this process.

Budget and timeframe

The Health Foundation has £1.8 million to fund our ambitions for this third round of the ERP. We anticipate funding up to five research projects through the programme, with budgets in the range of £250,000 to £500,000. You may submit an application below £250,000, but you should be able to justify how your project will support our objectives for this programme to make a significant contribution at that scale. In exceptional circumstances, we may consider funding a research idea beyond our maximum of £500,000. However, you will need to present an excellent case for this based on the additional value and impact of the proposal.

We anticipate making grants for research projects lasting between three and five years. If your research idea will take slightly longer, we still welcome an application. However, you will however need to be explicit in your application about why you need more time and what additional value it would bring.

Please note that as a charity we will fund only the full directly incurred costs of the research. We do not fund overheads. Furthermore, the research will be supported as a charitable grant and as such is not liable for VAT.

For more information please refer to the 'Frequently asked questions' document [here](#).

Application and selection process

Applicants must complete an **online research proposal application form using AIMS**. We ask that you familiarise yourself with the online application portal at the earliest possible stage of your application as we may not be able to respond in a timely fashion to any technical queries as the deadline for applications nears. As such, we strongly encourage early proposal submission to avoid any disappointment.

To assist in preparing your application, an 'Application form guidance' document and a 'Frequently asked questions' document are available for download [here](#). Please ensure that you read both these documents in addition to this 'Call for applications' before you begin your application.

The deadline to submit proposals is **midday on Monday 24 September 2018**. The online application portal will not accept proposals submitted after this time.

Longlisting of proposals will be completed by **Friday 12 October 2018**. Longlisted proposals will then be externally peer reviewed.

Shortlisting will be completed by Friday **23 November 2018**. Shortlisted applicants will be invited to attend an interview at our London offices.

Interviews for research grants will take place on **Monday 3 or Tuesday 4 December 2018**. Please ensure that you are available for interview on these dates, as we are unable to offer applicants alternative interview dates.

If you have queries about the application process which have not been answered in our FAQs, please email efficiency@health.org.uk in the first instance.

We will endeavour to reply within five working days and, if appropriate, will also update the FAQs document.

Activity	Date
Deadline for applications	midday on Monday 24 September 2018
Longlisting completed	Friday 12 October 2018
Peer review and shortlisting completed	Friday 23 November 2018
Applicants informed of interview	Monday 26 November 2018
Interviews	Monday 3 and Tuesday 4 December 2018
Applicants to be informed of final decision	Friday 14 December 2018