



## Health and Social Care Delivery Research (HSDR) Programme Logic Model

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The Health and Social Care Delivery Research (HSDR) Programme is part of the [National Institute for Health and Care Research \(NIHR\)](#). As such, it aims to contribute to the NIHR's mission of improving the health and wealth of the nation by funding evaluative research projects that have the potential to improve the quality, accessibility and organisation of health and social care services by providing useful outputs for decision-makers, staff, service users, academic, and public audiences. More information about the programme can be found on the [NIHR website](#).

A logic model is a visual way of showing how an activity, programme or intervention is expected to work and bring about the benefits and changes it intends to achieve. By summarising the core elements, a logic model can be used to support programme planning, implementation, and evaluation. NIHR logic models present – in a linear flow diagram – the key activities, outputs, outcomes and impacts of each funding programme as a series of logical steps.

### Inputs

The first step outlined in the logic model focuses on 'inputs', i.e., the resources needed to undertake programme activities. The inputs for the HSDR Programme are:

- NIHR funding
- funding from the devolved nations
- NIHR coordinating centre resources
- stakeholder time
- the existing UK research infrastructure in terms of expertise, capacity and funding

### Activities

Inputs feed into activities, the second stage of the logic model. Activities are the actions that NIHR and the funded research community undertake to help achieve the programme's aims and objectives. Together, inputs and activities represent NIHR's planned work.

The initial focus for the HSDR Programme is identifying key research questions and issues in health and social care organisations and service delivery through horizon scanning, review and synthesis of existing research, and engagement with key stakeholders.

The NIHR HSDR team then develops targeted [funding opportunities](#) to stimulate applications in areas of strategic priority. The programme also invites researcher-led proposals, which enables research into investigator-driven areas. All submitted project proposals are reviewed by harnessing detailed feedback from experts, including academics and other professional experts (for example, clinical staff and health care professionals) as well as patients, carers, service users, specific communities and/or members of the general public. A panel recommends high-quality, theory-driven research projects for funding according to set criteria. Such projects typically make use of mixed methods and have a clear plan for patient and public involvement, which is a requirement of NIHR-funded research.

Funded projects are then actively monitored by the NIHR coordinating centre team, which provides advice and expertise regarding, for example, risks to delivery of the funded study's primary outcome; appropriate methodologies; and identification, engagement and management of key stakeholders.

NIHR actively supports transparent research management and publication of knowledge, with project information and results being openly accessible via the NIHR [website](#) and the peer-reviewed NIHR [HSDR journal](#), hosted by the [NIHR Journals Library](#). Support to funded projects includes guidance on the dissemination of research findings to academic and other key audiences, ensuring that funded projects fulfil contractual obligations of peer-reviewed publication. As part of this work, the NIHR HSDR team identifies projects with high potential for impact and works with them as part of the programme's enhanced dissemination initiative.

The HSDR Programme's funding process ensures that new models and systems of health and social care services' delivery are independently and rigorously tested for efficacy. By funding specialist centres that actively work to develop and test new and innovative methods, the programme also drives forward new approaches to research in health and social care services delivery. An example of this is [rapid service evaluation team \(RSET\)](#) which undertakes rapid evaluations of new ways of providing and organising care, such as innovative organisational hospital forms, innovations in the management of services, new ways of delivering services to patients, or quality improvement initiatives.

To ensure a receptive environment for research, the programme builds research capacity amongst evidence users through engagement and training activities. Such training also aims to support further involvement in research of both professionals and the public.

## Outputs

The next step in the logic model focuses on the 'outputs', which result directly from the activities undertaken. For the HSDR Programme, these include:

- academic outputs such as peer-reviewed publications
- communications tailored to key audiences to support knowledge mobilisation
- new and innovative research methods
- new, effective models and systems for health and social care delivery

## Cross-cutting activities

Some activities that enable the intended change cut across several steps of the logic model:

- active relationships with stakeholders: the programme cooperates closely with key stakeholders such as decision-makers, health and social care professionals, researchers, patients, carers, service users, specific communities and/or members of the general public across all stages of the research life-cycle. This includes initiatives to bring more diverse perspectives into the process of identifying, prioritising and funding research
- co-production of research: funded projects are required to have a clear plan for involving research users, professionals, patients, carers, service users, specific communities and/or members of the general public with diverse backgrounds throughout the research process
- targeted knowledge exchange and dissemination takes place across the project life-cycle
- increasing pool of knowledge: activities, outputs and outcomes of the funded research contribute to an increasing pool of knowledge, which feeds into both the identification of new questions and methods for answering those questions. The sustained investment of the HSDR Programme into health and social care services research that enables researchers to continually focus on this field supports the accumulation of knowledge over time

## Outcomes

Outcomes are the changes that the programme expects to occur as a result of its activities. Short-term outcomes are those that take place in less than 5 years, and medium-term outcomes in 5-10 years.

### Scientific advancements

In the short-term, findings from HSDR-funded projects will lead to scientific advancements as they improve knowledge on the quality and experiences of health and social care models and services. Investment in innovative research methods also leads to methodological advancements in health and social care services and organisational research.

In the medium-term, improved knowledge, methodological advancements and increased investments into specific topics stimulate further research in under-researched areas by:

- working as a signal to the broader research and professional community that the topic is important
- influencing the identification of new questions and methods for answering them

Together, this is expected to contribute to the UK having a world-leading reputation in health and social care services delivery research.

### Improved decision-making in health and social care services

Activities and outputs are also expected to result in improved decision-making in health and social care services in the short- and medium-term. For example, the funded projects' application of new models and/or services during research can lead to local and direct

improvements in health and social care service. The findings generated and disseminated by such research projects then provide decision-makers with new information and well-evidenced examples of how services and models can be implemented, on which they can base their decisions.

Stakeholder engagement, research co-production and tailored communications throughout the research life-cycle ensures that decision-makers, patients, carers, service users and/or other members of the general public consider NIHR-funded research to address salient questions and be relevant to their practice and experience. In the medium-term, it is expected that providing decision-makers with well-evidenced, practical and relevant examples will result in more evidence-informed decisions in health and social care services.

### **Enhanced research capacity**

Through its activities, the HSDR Programme contributes to building research capacity in several ways: in the short-term, NIHR's increasing emphasis on diversity is planned to result in a wider range of personal and professional perspectives being involved in the research process. It is expected that this will contribute to reducing the impact of unconscious bias in research and to ensuring that conducted research is relevant to the whole of the UK population.

The programme's consistent funding of health and social care services delivery research allows researchers to acquire skills and experience in this area. Together with the funding of specialist centres, this means that the research community is able to respond to urgent challenges and needs for research in a timely and rapid fashion.

In the short-term, the programme's training activity is expected to directly increase the capacity of decision-makers, professionals, patients, service and evidence users, and/or members of the general public to engage in and make use of research. This increased capacity to understand the value research can bring to service design and organisational development is, in the medium-term, expected to further increase demand for evidence across public policy.

### **Impacts**

Impacts, or long-term outcomes, are the anticipated broader (direct and indirect) changes or benefits for organisations, communities, systems and wider society expected to result from the programme's activities and portfolio of funded research. These are expected to become apparent in approximately 10-25 years.

For the HSDR Programme, the overarching long-term benefit is the adoption of evidence-based health and social care policies and practice. These are expected to improve:

- policies and health and social care systems
- health and social care service outcomes
- organisational structures and practice
- investment decisions in health and social care

In turn, these improvements contribute to reduced health inequalities; a more effective and efficient health and social care system; and thus, ultimately, to the health and wealth of the nation.

## Contributions and acknowledgements

The NIHR supports the principles of open research, including full and appropriate recognition of the many varied contributions to the creation of knowledge. To support this, we use the [CRediT taxonomy](#) to accurately reflect how each team member has brought their knowledge and skills to the development and delivery of this work. Those that have contributed to this work are listed alphabetically.

- Stephanie Garfield-Birkbeck: Conceptualization, Writing – review & editing
- Adam Lockwood: Conceptualization, Project administration, Funding acquisition, Methodology, Supervision, Writing – review & editing
- Kathy Rowan: Conceptualization, Writing – review & editing
- Judith Smith: Conceptualization, Writing – review & editing
- Sarah Thomas: Conceptualization, Funding acquisition, Methodology, Supervision
- Insa Wemheuer: Project administration, Visualization, Writing – original draft, Writing – review & editing

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## Competing interests

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- Stephanie Garfield-Birkbeck: Assistant Director, NIHR Coordinating Centre
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- [Kathy Rowan](#): Director of the NIHR HSDR Programme
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