

Centrally commissioned research programme / Department of Health.

Contributors

Great Britain. Department of Health.

Publication/Creation

London : H.M.S.O., 1995.

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CENTRALLY COMMISSIONED RESEARCH PROGRAMME

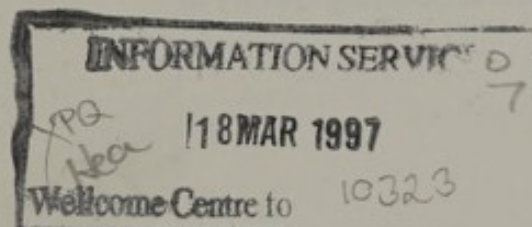




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DEPARTMENT OF HEALTH

CENTRALLY COMMISSIONED RESEARCH PROGRAMME



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PREFACE

THE RESEARCH AND DEVELOPMENT STRATEGY OF THE DEPARTMENT OF HEALTH

The national R&D strategy of the Department of Health includes:

NHS research and development;

R&D relevant to health and social services policy;

R&D alliances.

A broad overview of the strategy was given in *Research for Health* in 1993. The purpose of this publication is to report recent work commissioned through the Department's central research programme to support the formation of policy. Work funded between April 1991 and March 1994 is summarized and the future direction of the programme discussed.

THE RESEARCH PROJECT: A BRIEF HISTORY

OVERVIEW AND EDITORIAL POLICY

USING RESEARCH

WHAT'S IN THE TRICKY PART?

A brief history of the project, its aims and objectives, and the role of the editor. The project was initiated in 1990 by the editor, who was then a senior lecturer in the Department of Social Work at the University of Manchester. The project was initially funded by the Social Sciences and Humanities Research Council (SSHRC) and the Department of Social Work at the University of Manchester. The project has since received funding from a number of other sources, including the Social Sciences and Humanities Research Council (SSHRC), the Department of Social Work at the University of Manchester, and the Social Sciences and Humanities Research Council (SSHRC).

- The project's history
- The project's aims and objectives
- The project's funding
- The project's structure
- The project's role in the field
- The project's impact
- The project's future

ANNEX A: THE TEAM

ANNEX B: PROJECT REPORTS AND OTHER MATERIALS

ANNEX C: WORKS CITED

ACKNOWLEDGEMENTS

ABBREVIATIONS

OVERVIEW AND FUTURE DIRECTION

Aims

The purpose of the Department's centrally commissioned research programme is to provide, through high quality research, a knowledge base for health services policy, social services policy, and central policies directed at the health of the population as a whole.

Ensuring Priority Relevance

To ensure policy relevance the centrally commissioned research programme is prioritized, commissioned and managed as a collaboration between Research and Development Division and Departmental staff with policy responsibilities. Oversight of the programme, strategic direction and priority-setting tasks are the responsibility of the Departmental Research Committee chaired by the Director of Research and Development with a membership drawn from senior professional and policy colleagues responsible for the Department's main areas of activity. The following criteria determine priorities for the programme:

- ministerial priority and relevance to the goals, aims and objectives of the Department of Health;
- size and importance of the problem to be addressed in terms of actual or potential burden of disease or social condition;
- well-defined plans for introducing research results into current policy activity or the formulation of future policy;
- timeliness;
- feasibility of research;
- likely return on the investment in research;
- appropriateness and availability of other research budgets, for example, those of non-departmental public bodies such as the Public Health Laboratory Service.

Implicit in these criteria is an awareness of the potential for wealth creation as well as improved quality of life, placing the programme in the overall framework of government R&D.

Scope of the Research Programme

The remit of the programme extends across the range of responsibilities of the Secretary of State for Health. This is reflected in the scope of the research portfolio developed in relation to the eight themes. These encompass population studies of health and social well-being, lifestyle issues, prevention of illness, environmental factors, social care for adults and for children, health service organization, and the effectiveness of interventions. The characteristics of the themes are described in Annex A. Titles of projects funded between April 1991 and March 1994 are given in Annex B, and a fuller description of work funded within research units in Annex C. At any time, there are approximately 250 research contracts placed with university research groups.

Strategic Initiatives

Since 1993 emphasis has been placed on a more limited range of strategic objectives to enhance the impact of centrally commissioned research. In operational terms this strategic approach consists of:

- the identification of major issues of strategic importance to the Department of Health's policy goals;
- the examination of these issues by Departmental staff with responsibilities for R&D and policy in conjunction with service and academic advisers, to determine the potential contribution, priority and feasibility of research;
- preparing research briefs relevant to agreed priorities and commissioning projects through competitive tendering and peer review.

It is anticipated that in future more than half the budget will be allocated in this way replacing the previous practice of supporting a wide range of single projects. Each strategic initiative will support a number of projects with a total spend in the order of £2.5m over five years. This is an indicative figure, and actual spend will depend on factors such as the needs of the area and the quality of proposals.

In implementing this new strategic approach, the remit of the centrally commissioned research programme will continue to encompass the three central responsibilities of Department of Health Ministers:

- strategic health service functions;
- public and environmental health;
- personal social services policy.

Strategic initiatives to be worked-up over the next two years or so are laid out below. The initiatives are at an early stage of planning, the topic areas may change, and details will be developed further.

Research on Strategic Health Service Functions

Centrally commissioned research complements the NHS R&D programme focusing on the development and evaluation of central policy and operational activity.

1. Primary Health Care Services in London

The Tomlinson Report on London's Health Service identified a need to raise the standard of primary care services. In its response (Making London Better), the Government gave a commitment to develop higher quality and more accessible primary care services in the capital.

In collaboration with the London Implementation Group, a R&D initiative has been launched to support the strengthening of primary care services within the London Initiative Zone.

A number of priorities for R&D were identified by an expert advisory group following extensive consultation with academics and service managers. From a large number of outline proposals, 16 detailed submissions were invited for peer review and consideration by the Selection Committee: these include an evaluation of specialist outreach clinics; an evaluation of an innovative scheme to improve provision of NHS dental health services; an investigation of pathways into treatment for the adult mentally ill in different ethnic groups; assessment of ethnic minority communities knowledge of and need for health advocacy services; an evaluation of a nursing-led intermediate-care unit; and an evaluation of hospital-at-home schemes. It is expected that commissioned studies will be underway at the beginning of 1995.

2. Skill-Mix

Skill-mix has been identified as a major aspect of human resource management and a central issue affecting both the delivery and costs of patient care. A variety of schemes for skill substitution have emerged in the Health Service, some of which are more susceptible to generalized application than others.

The aim of skill-mix research is to provide an information base for workforce planning; to generate information on the most cost-effective skill-mix for major aspects of health care delivery; to provide research-based information on effective ways of introducing change; and to identify training requirements.

The portfolio will focus on the work of doctors and nurses in primary and secondary care settings, but other staff such as the therapy professions are likely to be included. It is intended that commissioning of research will take place in early 1995.

3. Policy on Mental Health Services

Current research to support mental health policy includes primary and secondary care, social services and the penal system. Policy directed at the development of community services and interagency collaboration further broadens the range of relevant research. Planning for this initiative began in spring 1994 with a joint meeting between the adult mental illness policy division, academic advisers and R&D staff, to consider research priorities. Submissions outlining possible research strategies in the broad areas identified were then invited from researchers. A similar exercise is intended for child and adolescent services.

On the basis of defined research questions, a call for outline proposals will be advertised in the medical and scientific press. An expert advisory group drawn from the scientific community, RDD and representatives of policy division, will select promising outlines and invite detailed protocols. It is envisaged that this group will work throughout the life of the initiative, to coordinate the development of the research programme and ensure that strategies are in place for disseminating and using research results.

4. Community Health Services, and the Impact of Changes in the Health Sector on Collaborative Provision of Community Care

Research will be directed at an understanding of the new pattern of community health services, their developing role, and the contribution they can make to the delivery of community care objectives. At the same time there are a number of relevant changes in the health sector, including the changing role of the primary care sector and the increased speed of throughput in the acute sector, which have significance for community health services and social care. Mapping and review exercises are in progress in order to formulate the content of this initiative more precisely.

5. Information Technology

The purpose of the NHS information management and technology strategy is to support better communication through implementation of IT within the NHS. A number of projects aim to help health care professionals, particularly doctors and nurses, including the integrated clinical workstation and the electronic patient-record project.

The aim of the research initiative is to contribute to the scientific basis for focusing IT implementation to achieve maximum benefit.

6. Effectiveness of Purchasing Models

A number of different approaches to the purchasing of health care in the NHS are emerging, and innovative approaches are being encouraged. Purchasing consortia and the extended role of GP fundholders as purchasers are current issues where R&D should usefully contribute. Attention is now focused on how research could underpin new developments and provide an improved basis for assessing the effectiveness and costs of different approaches to purchasing, as well as documenting barriers to maximizing efficiency benefits and service improvements.

7. Prescribing

The NHS drugs bill is presently £3,000 million per year and it is predicted that this will continue to grow. The purpose of this initiative is to orientate research towards the best use of medicines. Commissioned work will be directed towards a better understanding of the factors that contribute to the prescription of drugs and the identification of inappropriate practice. Six priority areas have been identified for research. These have been derived from a consensus of the priority needs of policy and areas assigned particular importance by a group of external experts. The priority areas will be advertised shortly, inviting bids for funds.

Public and Environmental Health

Much of the Department's research in these areas is carried out by bodies such as the Public Health Laboratory Service, the National Biological Standards Board and the National Radiological Protection Board, predominantly in support of their own functions.

The centrally commissioned programme supports research in areas not funded by these bodies – epidemiological work, for example. Current projects will be augmented in future with strategic initiatives on:

8. Variations in Health

The Health of the Nation identified, in each of the key areas for action, variations in health status between different sub-groups of the population, and examined some of the sources of variation – age, gender, ethnicity, geographical region, and socio-economic status. The aim of research under this initiative is to inform policy about interventions which might be promoted through the NHS to reduce variations in health. This includes specific studies designed to test the effectiveness of existing interventions to reduce variations; studies of social, cultural and behavioural aetiology of particular diseases in high risk groups; and longer-term research into broader factors underlying variations in health in the population as a whole. The MRC, ESRC and other funders are involved in planning the DH initiative, which will dovetail with their own work in this area.

Preparatory work is being taken forward by the Variations Sub-Group of the CMO's Health of the Nation Working Group. Recommendations on the content and scope of the initiative will be put to the DH Director of Research and Development in early 1995.

9. Nutrition

The Health of the Nation White Paper contained targets for reductions in the population's consumption of saturated fatty acids and of total fat, and in levels of obesity, as part of the strategy to reduce rates of coronary heart disease and stroke. The White Paper identified the need to 'continue and enhance research' in this area.

A Nutrition Programme Committee set up by DH and the MRC called for proposals for research into priorities directly relevant to DH policies on public health. Priorities cover the relationship of nutritional factors to clinical outcome; the role of diet and nutrition in the prevention or development of cancer or cardiovascular disease; nutrition in vulnerable groups (in particular, elderly people, children, people from lower socio-economic groups); quantitative information on the relationships between nutritional factors and outcomes; and practical and effective nutritional interventions. Eight proposals have been funded in these areas. A subsequent workshop has been held to identify the direction of future funding.

10. Environmental Health

The relevant government advisory bodies have prioritized research requirements in relation to the health effects of air pollution. Building on these, the Institute for Environmental Health has published a report describing areas of research that now need to be taken forward. DH is working in collaboration with the DoE and the MRC to support a coherent programme of research designed to make a significant contribution to knowledge in this field. Calls for research outlines have gone out and commissioning is expected to start in early 1995. Areas of priority interest to DH include the relative impact on cardiorespiratory health of indoor and outdoor pollution; the effect of poor air quality on at-risk groups such as the elderly and those with asthma; and the role of both long- and short-term exposure in chronic and acute health outcomes.

The second aspect of the environmental health initiative concerns skin cancer and ultraviolet radiation. In 1992 there were 1,628 skin cancer deaths in England, 70% of which were due to malignant melanoma. Although it is well known that UV exposure is implicated in the development of skin cancer, most of our knowledge is derived from the study of the cumulative effects of UVB on the development of non-melanoma skin cancer. The relationship between UV exposure and malignant melanoma needs further clarification. A draft research strategy has been prepared by the Department with input from COMARE and other advisers. The main research questions have been identified under four broad headings: risk factors, including assessment of health risks; identification of at-risk groups; effectiveness of current interventions; and measurement of progress towards the Health of the Nation target. RDD is consulting with external experts and the MRC on the draft strategy and on the relative priorities for the research topics. Once agreed, this will form the basis of a call for outline proposals.

11. Individual Health Behaviour

Health of the Nation identified behavioural risk factors for coronary heart disease and stroke, cancers, HIV/AIDS and sexual health – smoking, consumption of alcohol over reasonable limits, diet, physical activity, unsafe sex, and unsafe injecting of drugs. Targets were set for reduction of these high-risk behaviours. The study of health-related behaviour and how it might be changed – for instance by health promotion and other preventive interventions – has been agreed as a priority for the centrally commissioned research programme.

It is proposed that a steering group, comprised of Departmental policy-makers, external research experts and representatives of interested organizations, should be established, to plan and oversee the development of this initiative. Preliminary work will include epidemiological overviews of health risk behaviour in the five key areas and a review of theoretical models of health-related behaviour change.

12. Vaccine Development

Immunization represents one of the most cost-effective forms of disease prevention available. The continued success of the UK immunization programme depends on maintaining the science base for vaccine research and development and on the supply of high quality vaccines. The former is assuming particular importance as advances in molecular biology and immunology are increasing the range of immunization products available for potential future use. A national strategy for vaccine research and development which ranges from molecular studies to patient delivery is to be developed by the DH and the relevant Research Councils. The Department of Health, the Office of Science and Technology (through MRC and BBSRC) and Glaxo have formed a collaborative partnership to establish a UK vaccine research institute as part of this strategy. The Edward Jenner Institute for Vaccine Research, formally launched on 5 December 1994, will work on fundamental and applied aspects of vaccine research and development. Particular emphasis will be placed on investigations into mechanisms for inducing immunological protection, on studies associated with formulation science, and on the development of novel systems for efficacy studies. The scope of the research will extend beyond vaccines to prevent or treat infectious diseases and will include studies of novel vaccines for cancer and auto-immune diseases.

Personal Social Services

The DH centrally commissioned programme is the major funder in the field of personal social services research. A significant contribution to shaping the future structure for research in this field was made by the publication of a report by an independent Review Group entitled *A Wider Strategy for Research and Development Relating to Personal Social Services* (HMSO 1994). The Review Group conducted extensive consultation and produced a comprehensive set of recommendations intended to:

- improve access to the results of research;
- ensure that service development, education and training are founded on the results of research;
- improve the ways that topics for research are identified and the research managed; and
- improve the organization of R&D across personal social services.

DH is working with Local Authority Associations and other organizations which have a role to play in taking the recommendations forward.

In future, research in this area is likely to build on the work reported later in this publication and continue with strategic initiatives on:

13. Costs, Service Levels, Quality and Outcomes of Social Services for Adults

The search for effective and cost-effective interventions is as important in the field of social services as it is in health services, but determining cost-effectiveness is probably even more complex. This initiative will build on recent and current work and it is recognized that considerable conceptual and review work will be needed to determine the scope of this programme. It will be taken forward in close consultation with DH policy administrators, professional and service advisers and members of the academic research community.

14. Child Care

The detailed aims and scope of this initiative have yet to be determined but some initial planning has already taken place. The broad aim will be to look at ways of supporting families, using the working title 'Parenting: dimensions, supports and outcomes'. It is likely to include studies directly assessing the views and functioning of both parents and children. It will also involve integrated studies spanning issues of service effectiveness, costs, and the legal, management and social work practice issues involved in working with families in need. Outcome measurement will be a central component of the research, and the child assessment records developed in previous work will be valuable. Preliminary discussions and early papers will be developed further to provide a base for a seminar which will bring policy colleagues, professional social work advisers and members of the research community together, to establish the scope and aims of the initiative and identify priorities for research building on existing work.

Long-Term Funding

1. Research Units

Since the 1970s the Department of Health has sought the research expertise necessary to address policy-related questions by supporting short, medium and longer term research. The investment in long-term research has been through DH supported research units and a number of long-term programmes. This approach has produced a substantial body of high quality work from researchers familiar with the applied research needs of government departments. Their work is described in detail in Annex C. The pattern of unit funding has changed over time in relation to Departmental priorities and the movement of key staff.

This change will continue, in line with the recommendations of the *Review of the Role of DH-funded Research Units: strategies for long-term funding of Research and Development*, published in March 1992. The review recommended a strengthening of the long-term research infrastructure by the creation of a small number of larger centres on ten-year contracts. The first steps in the implementation of these recommendations have now been completed. A National Centre for Research and Development in Primary Health Care has been set up at Manchester University (see below), and peer review site visits to all thirteen research units have been completed as part of a policy of four-yearly review.

2. National Centre for R&D in Primary Health Care

This centre is being established under a ten-year contract, with DH providing £1.5m per annum. Financial support is also forthcoming from the University of Manchester and the NHS Regional Office. The Centre will draw on six core departments within the University of Manchester. Major collaborators will be the Centre for Health Economics at the University of York and the Public Health Research Centre at the University of Salford. The Centre will engender knowledge-based primary health care by:

- conducting policy related research which concentrates on the key concerns of patients, health care purchasers, providers, and health professionals;
- disseminating research findings and promoting service development based upon evidence of effectiveness and efficiency;
- promoting health services research in primary care through the provision of support, training and staff development.

The initial research programme of the Centre will address five key areas:

- population health and demand for health care;
- structure and organization of primary care;
- quality and cost effectiveness;
- effective working at the primary/secondary interface;
- developing methods for primary care research.

Rapid Response

An applied, problem-driven research programme needs to retain a capacity for responding promptly to issues of public and political concern. Single project funding provides such a capacity and will account for approximately 15% of the programme expenditure.

Quality and Value for Money: more competitive tendering

Reflecting Government policy in other fields and EC requirements, the centrally commissioned research programme is being commissioned to a greater extent through competitive tendering, and the opportunities for the research community are likely to continue to widen as competition for strategic initiatives is introduced. Peer review of detailed proposals is a key component of quality assurance but research reports are also reviewed to ensure that a sound scientific basis is built into policy discussion. Across much of the programme there is frequent dialogue between policy advisers and researchers to ensure the fine tuning of proposals to shifts in policy and the provision of early results. A code of practice for managing DH R&D was published in 1993 and made widely available.

Welsh Office Research

For some years, the Welsh Office has accessed research and development through management arrangements with DH. Five per cent of the total Health and Personal Social Services research budget is made available for Welsh Office priority research. This is focused particularly on the Secretary of State for Wales' agenda for NHS Wales, set out in *Caring for the Future*, published in March 1994. Some research is mounted wholly in Wales; part of the budget is spent on contributing to wider England-based studies with WO interest; and some is committed to the Health Departments' expenditure with the MRC. From this funding the Welsh Office supports two fixed-term programmes – the Welsh Centre for Learning Difficulties Applied Research Unit in Cardiff and the Centre for Social Policy Research and Development in Bangor. Both focus on social services.

THE WELSH OFFICE
USING RESEARCH

The Memorandum of Understanding between the WO and DH confirms the Welsh Office's responsibility for determining its own research priorities and clarifies the respective responsibilities of the two departments in terms of research management. The essence of the DH role is to provide technical advice and support at the commissioning stage, especially to ensure scientific quality through peer review; and to provide a mechanism for subsequent financial and contractual management of the research. The Memorandum clarifies the responsibility for local monitoring arrangements which had evolved over the years and sets out the formal arrangements for taking stock of the working relationship between the two departments.

Finance

Annual expenditure on the centrally commissioned research programme, including work funded collaboratively through the MRC, amounted to:

1991 – 92	£23.0m
1992 – 93	£23.6m
1993 – 94	£23.5m (<i>estimate</i>)

The Commission of the European Communities (CEC) has been established by the Treaty of Rome, which entered into force on 1 January 1958. The CEC is responsible for the implementation of the common policies of the Community, particularly in the fields of agriculture, transport, and regional development. It also manages the Community's budget and ensures the proper functioning of the internal market.

The CEC is composed of representatives from the member states, who are appointed by the Council of Ministers. The President of the Commission is elected by the Council for a five-year term. The Commission's work is carried out by the General Secretariat, which is headed by the Secretary-General.

The CEC has a number of departments, each responsible for a specific area of the Community's policy. These include the Directorate-General for Agriculture, the Directorate-General for Transport, and the Directorate-General for Regional Development.

The CEC also has a number of advisory bodies, which provide it with expert advice on various issues. These include the Economic and Financial Committee, the Committee of the Regions, and the Committee of the Regions.

The CEC is also responsible for the implementation of the Community's budget. It manages the Community's income, which is derived from various sources, including customs duties and levies on agricultural products. It also manages the Community's expenditure, which is used to finance various Community programs and initiatives.

The CEC is also responsible for the implementation of the Community's external relations policy. It negotiates and concludes international agreements on behalf of the Community, and it also manages the Community's relations with non-member states.

The CEC is also responsible for the implementation of the Community's internal market policy. It ensures that the internal market functions properly, and it also manages the Community's competition policy. It also manages the Community's research and development policy, and it also manages the Community's social policy.

USING RESEARCH

Centrally commissioned research contributes a problem-focused, applied programme of work. A function of Research and Development Division is to enable the research community and Departmental staff to make research findings widely available, and to make use of them in policy-related activities. Much of the research is designed to help policy and operational activity at the centre, but this in turn is aimed at improving the organization and delivery of services to patients and users, and enhancing the health of the population.

Once the peer review process is successfully completed, encouragement is given to researchers to make their work widely available, and occasionally financial help is made available to do this. The findings from the programme are made known through:

- publication in book form and in academic journals and seminars;
- publication in professional and service journals;
- national and regional conferences aimed at service providers;
- research newsletters including those published by DH research units;
- inclusion in bibliographic databases.

In addition executive summaries of research findings are often commissioned, made freely available, and distributed widely to target audiences by the Department.

All these dissemination activities are used extensively to make new research findings available. But policy and operational activity in DH needs to be consistently informed by research knowledge, and cannot simply be reactive to research findings as they become available. To meet this requirement the centrally commissioned research programme is funding more reviews of current research knowledge. For example, in this reporting period a series of reviews were commissioned to inform the Health of the Nation discussions; several reviews were undertaken prior to the SSI/RHA special monitoring exercises designed to assess progress with the implementation of the new community care arrangements; and a review of research on mentally disordered offenders informed the working party on this issue. In future commissioning of reviews will be co-ordinated with the Centre for Reviews and Dissemination at the University of York.

Making research available and accessible does not ensure that it is used. The research community and research funders can only play their part in what has to be a partnership in ensuring policy and services are soundly based. The major responsibility for utilizing research knowledge lies with the service community, both centrally and in agencies which are purchasers or providers in the statutory, voluntary or private sectors.

There are many pressures for policy refinement and change – political direction, legislative imperatives, and financial constraints – and in this sense research operates in a political context. In determining the direction of change, management experience, professional judgement and statistical and economic information all have an important part to play. Research findings complement these other major pressures but are increasingly being recognized as major influences on change. The centrally commissioned research programme has a good record of utilization by the policy and service communities.

In the field of social services there is substantial interaction between researchers, those working in the Social Services Inspectorate and policy administrators. There are some notable examples of effective research utilization. The Looking After Children Scheme has achieved great success from small beginnings in 1987 when a DH-funded working party was set up to improve research outcome measures. The group soon adapted its remit to develop materials to improve practice with children. This was in the light of growing evidence from a variety of sources, including research, that public care was failing to meet children's needs, in part, because of lack of systematic assessment of need, monitoring of progress and exchange of information between responsible agencies.

The scheme, which is based on a developmental model, consists of a series of schedules designed to assess children's progress according to seven dimensions which have been shown by research to affect long-term outcomes. It provides a practical framework for assessing progress and the quality of care children receive from babyhood to eighteen years. Now in every day use in several local authorities, and overseas, the materials have been extensively evaluated through field trials in five local authorities, through informal piloting and feedback from around a third of all authorities, and through the testing of schedules in a comparison study of children living at home. The time taken in this research development exercise has allowed the ownership of the scheme by practitioners and social services management which has meant that subsequent implementation has been with a greater understanding of how the materials can aid practice and improve outcomes for children in need of services. The development of this work, which was taken forward in parallel with and in the context of the formulation of the Children Act 1989, is illustrated diagrammatically in Figure A. The work is being published as part of the Children Act publications.

The centrally commissioned research programme has also supported a wide range of studies on child adoption. These have fed directly into the recent review of adoption law and informed the preparation of the White Paper *Adoption the future*, published in November 1993.

The SSI has issued a practice guide entitled *The Challenge of Partnership in Child Protection*. This drew on a body of child care research funded by the centrally commissioned research programme. The use of research findings is fully acknowledged in the guide. In addition, an overview of a major programme of research in child protection is being prepared by the Dartington Social Research Unit and will crucially inform the development of policy for child protection over the next few years.

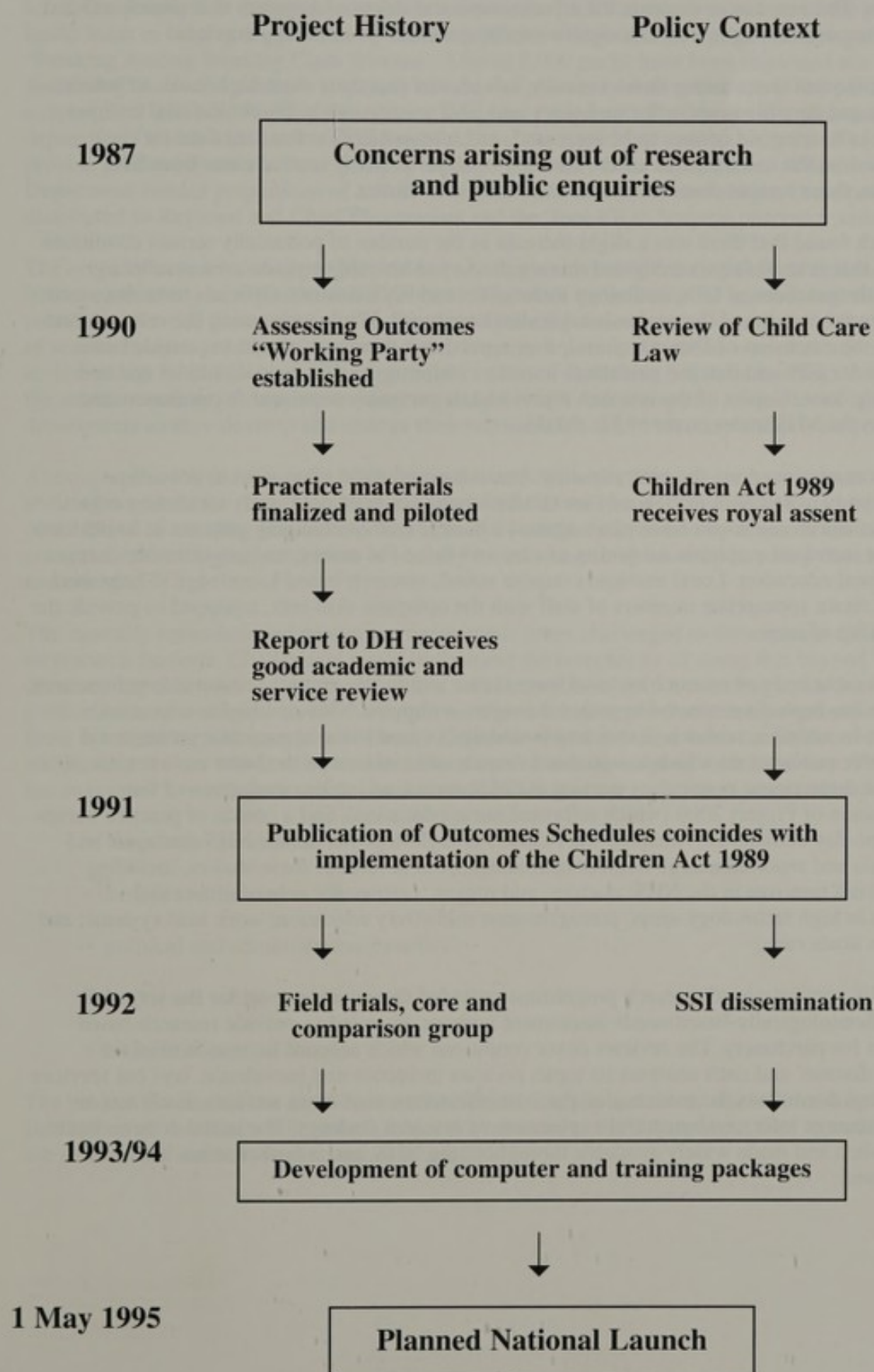
In the health field evaluative work funded by the centrally commissioned programme often relates to innovative service development promoted with central DH finance. For example, DH funded a three-year cochlear implant programme and the evaluation has covered costs and outcomes and provided strong evidence that such implants can be successful, identifying the situations in which they can be particularly cost-effective.

Central DH funding was also provided to match private finance for helicopter emergency medical services in London. The evaluation looked at the London service, and helicopter ambulances in two other counties. The recently published reports have provided DH and purchasers with detailed evidence about costs and benefits of these services. The Department has sent summaries of the reports to all purchasing authorities and will shortly make available an overview of helicopter services being prepared by the research team, encouraging the authorities to draw on these if they are considering setting up similar services.

Other recent research has clearly identified the benefits of a Direct Referral system for hearing aid fitting. Direct Referral means that GPs can refer patients with a hearing loss to an Audiology Unit or Hearing Aid Centre instead of having first to refer them to an ENT consultant.

Figure A

**RESEARCH FEEDING INTO POLICY AND PRACTICE
LOOKING AFTER CHILDREN – ASSESSING OUTCOMES IN CHILD CARE**



The research was commissioned following sustained criticism from the voluntary sector about waiting times. It was one of a number of proposals announced by Ministers for improving hearing aid services. The aim was to evaluate the effectiveness and safety of a system that already existed and whose expansion might lead to a significant improvement in audiology services.

The results showed that waiting times virtually halved, and that there were high levels of patient satisfaction and tangible benefits for audiology and ENT professionals. Direct Referral enabled throughput in hearing aid centres to be increased, and released ENT consultant time for concentration on the more serious cases. With the removal of many routine cases from ENT waiting lists, these serious cases should be able to be seen earlier.

The research found that there was a slight increase in the number of potentially serious conditions missed but that several factors mitigated this result. Any risk could be made even smaller by modifying the practices of GPs, audiology technicians and ENT doctors. Officials have discussed this with representatives of the professional bodies concerned. While welcoming the research and supporting the extension of Direct Referral, they agreed that there was a need to provide better information for GPs and that the guidelines issued to audiology technicians should be updated. This is being done. Copies of the research report and its summary were sent to purchasers and providers in the NHS under cover of EL (94)35.

Research commissioned via the central policy research programme often aims to provide a systematic body of research evidence in areas which have not been previously tackled by others. Research on workforce issues takes place against a background of changing patterns of health care delivery, an increased emphasis on quality of care and value for money, and considerable changes in professional education. Local managers require sound, research-based knowledge to help them recruit and retain appropriate numbers of staff with the optimum skill-mix, equipped to provide the highest quality of care.

The considerable body of research on workforce issues within the centrally commissioned research programme has been disseminated to senior managers within the NHS and higher education institutions. In addition, research in this area is widely covered in the appropriate professional journals: three publications which have caused considerable interest in the latter are a review of methods for determining community nursing establishments, an interim evaluation of the implementation of Project 2000 (which reformed nurse education), and a census of practice nurses. A recent one-day conference, 'Shaping the Future', brought together senior NHS managers and professionals and reported a large number of findings from several of these studies, including reports on staff turnover in the NHS; doctors' and nurses' careers; the role of nurses and technicians in high technology areas; preregistration midwifery education; work load systems; and skill-mix in acute care.

The centrally commissioned research programme provided the initial support for the series of twenty epidemiologically-based needs assessment reviews, intended to provide research-based information for purchasers. The reviews cover conditions which account for one third of the 'burden of disease' and each analyses its topic, reviews incidence and prevalence, lays out services available, and documents the evidence on the cost-effectiveness of those services. Each sets an agenda for change informed by careful exploration of research findings. The initial reviews have been published and made widely available throughout the NHS, and a further series has been commissioned.

Some research projects lend themselves directly to the development of training materials and the centrally commissioned research programme frequently supports such development at a modest level. One example is the production of an information pack for use by members of the primary health team in helping women to stop smoking. These were based on a prior research publication 'Smoking Among Working Class Women'. Almost 8,000 packs have been requested and distributed. A second example is a study of hospital pharmacy staff which led to the publication of a report *Skill-Mix and Working Practices in Hospital Pharmacy*. This shows that pharmacy departments which have staff with the right skills at the right level tend to be more efficient and provide greater job satisfaction. To equip managers to study their departments' skill-mix the Department funded preparation of a Skill-Mix Tool Kit and ran ten workshops. The report was distributed to Regional and Chief Pharmacists and the Tool Kit to hospital pharmacy units.

The centrally commissioned programme has a strong record in addressing finance and management issues, particularly in regard to social services. The work on unit costs of services and on London costs has informed discussions on the Standard Spending Assessments centrally, and the planning of service budgets locally. In the health field, baseline resource allocation work has informed review of the formula which underpins the allocation of finance to health authorities. Research on the mixed economy of care is providing regular feedback and prompting advice to social services departments as they develop and change their relationships with voluntary and private providers.

Although policy divisions in the NHS Executive and the wider Department have a good record of utilizing research, the record has been uneven and RDD will be working with others to explore the possibilities of ensuring that more policy activity is routinely informed by research findings, and conversely that a higher proportion of soundly based research is taken up in policy development and change.

The centrally commissioned research programme is often challenged to demonstrate the impact of its research findings. Challengers rarely understand the complexity of doing this beyond documenting that reports are completed to a satisfactory standard, or counting academic publications, or citation analysis. As output measures for an applied research programme, none of these is satisfactory. Researchers at Brunel University have therefore been commissioned to undertake a project which will provide a first step towards developing such measures. The project has suggested five categories of payback from R&D that occur at different stages of research:

- knowledge generation;
- benefits to the research base;
- political and administrative benefits;
- health and social services sector benefits;
- broader economic benefits.

The project has carried out eight case studies identifying payback from research funding. The publication of the results will make a major contribution to the debate about how to maximize the use of research and how to measure its impact.

1. The first of these is the fact that the world is not a uniform whole, but a collection of many different parts, each of which has its own characteristics and its own history.

2. The second is the fact that the world is not a static whole, but a dynamic whole, which is constantly changing and developing.

3. The third is the fact that the world is not a simple whole, but a complex whole, which is made up of many different parts, each of which has its own characteristics and its own history.

4. The fourth is the fact that the world is not a single whole, but a collection of many different parts, each of which has its own characteristics and its own history.

5. The fifth is the fact that the world is not a single whole, but a collection of many different parts, each of which has its own characteristics and its own history.

6. The sixth is the fact that the world is not a single whole, but a collection of many different parts, each of which has its own characteristics and its own history.

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8. The eighth is the fact that the world is not a single whole, but a collection of many different parts, each of which has its own characteristics and its own history.

9. The ninth is the fact that the world is not a single whole, but a collection of many different parts, each of which has its own characteristics and its own history.

10. The tenth is the fact that the world is not a single whole, but a collection of many different parts, each of which has its own characteristics and its own history.

WHAT'S IN THE PROGRAMME?

All the work funded by the centrally commissioned programme over the last three years is listed in Annexes B and C. These sections pull together work on particular topics or client groups and describe the research and how it fits into its policy context. The sections are not exhaustive and look forward beyond current work, in some instances, to cover projects in planning.

A large research programme can be cut many ways and the topics addressed are a highly selected group of a much larger potential list of topics that could have been presented. For example, running through the theme lists and topic sections there is a large body of work on nursing research, there is work on cost-effectiveness, and a wide range of projects in which the consumer, patient, user or carer are central.

The Project Register System, of which several aspects are now in operation, will document all work funded in the whole research and development strategy. All the projects funded by the centrally commissioned research programme will be routinely entered into the PRS database, to complement current work already part of the system.

The Strategy for Health

The centrally commissioned research programme contributed to the pool of research information which underpinned the formulation of the Health of the Nation strategy. The research helped to inform specific targets, for example, with regard to needle exchange, but in 1991 it also supported the commissioning of twenty or so special papers which reviewed fields for possible designation as key areas. Since then the programme has continued to support work in the five well-established key areas, commissioned research relevant to those areas identified as possible key areas in future, and made progress in meeting the commitment, given by DH in the Health of the Nation White Paper, to continue research on variations in health status.

In the key area of chronic heart disease and strokes, the programme complements work funded by others and looks at such areas as smoking, hypertension and heavy drinking. The work on mental illness covers studies on suicide and a range of projects aimed at identifying cost-effective services for people who are mentally ill. In the area of sexual health and HIV, there are a number of studies aimed at improving health promotion with particular emphasis on at-risk groups such as drug users and prostitutes, and on groups for which research information is sparse – for example, minority ethnic groups. There are also two projects in planning on teenage pregnancies. In the key area of accident prevention, there are plans for a literature review together with three projects concerning service response to accidents. Much of this work on current key areas is described more fully in other sections of this report but studies relating to two cancer targets illustrate the work in this area.

A major Health of the Nation target in the key area of cancer is to reduce the number of deaths from breast cancer, in the population invited for screening, by at least 25 per cent by the end of the century, compared to the 1990 figure.

Research aimed at helping to achieve this is being carried out under the aegis of the UK Coordinating Committee for Cancer Research, and is jointly financed by the Department, the two main cancer charities and the MRC. It includes a large multi-centre randomized trial to establish whether 40 would be a more cost-effective age to start screening. Also under evaluation is a one-versus a three-yearly interval in screening, as is a single x-ray view versus two views.

Another Health of the Nation target in the cancer area is for a 20 per cent reduction in cervical cancer by the year 2005. A research programme in support of this target is examining reasons for non-attendance for cervical screening, establishing the effectiveness of recall procedures, and developing clear quality standards.

Illustrative of research designed to address future key areas, are two projects aimed at testing the feasibility of developing scales for the elderly population which measure Healthy Active Life Expectancy (or HALE). By looking at quantitative estimates, one project has laid out methods of measuring the level of health and activity an individual can expect at any given age. Similar work is being carried out which aims to compare estimates of healthy active life expectancy at particular ages using a variety of definitions of a healthy active life.

Back pain is another possible key target area for the future. Here a review of the current research literature has been commissioned covering the epidemiology of back pain, its causes and its treatment, in order to establish the economic impact of the condition.

While the targets and approaches to improving the nation's health set out in the Health of the Nation strategy apply to the population generally, there are a number of diseases and conditions that specifically affect particular sections of the population – for example, women and members of ethnic minorities.

Women are now healthier and live longer than ever before. Nevertheless, they still have specific health needs and problems and women's health has become a priority in recent years. A number of projects in the programme address women's health issues.

Variations in the health status of minority ethnic groups are being documented in the fourth national survey of ethnic minorities. This study sets out to identify the current social and economic conditions and the state of physical and mental health of the main ethnic minority groups in England and Wales. These will be compared with the same conditions among the white majority, and by referring to the three previous surveys, change, over time, will be assessed.

Health and Lifestyles

The Health of the Nation highlights several areas where the behaviour of individuals and groups contributes to ill health and premature mortality: coronary heart disease and stroke, cancers, HIV/AIDS and other aspects of sexual health. The Department's centrally commissioned research programme includes a well established body of research on some of the socio-cultural and behavioural factors involved, notably unsafe sex, smoking, and the misuse of drugs and alcohol. Research has also been commissioned to underpin the development and evaluation of related services.

HIV/Aids

In 1986, research was initiated to inform the Department on how to meet its policy objectives for HIV/AIDS. The programme includes studies of social and behavioural aspects of HIV transmission, the service needs of people with HIV infection and AIDS, and the development and evaluation of health and social services. As a significant body of work accumulated, a working group was set up under Professor Mildred Blaxter of the University of East Anglia to summarize the findings, draw out good practice recommendations and present them in an accessible form for local policy makers and for purchasers and providers of AIDS services. This work was published as *The Health and Social Care Needs of People with HIV Infection and AIDS* (HMSO, 1993).

Two important studies of HIV risk behaviour in gay men and female sex workers gave early insights into lifestyles and risk-taking in groups thought to be at high risk of HIV transmission. Project Sigma is a five wave cohort study of gay men, charting changes in sexual risk behaviour over seven years, and examining trends in condom use, rate of partner change, the social context in which safer sexual practices are negotiated, co-factors such as the use of alcohol and recreational drugs, and the use of specialist GUM and HIV-related services. A study of drug using and non-drug using prostitutes contributed to a growing consensus that female sex workers are not a high risk group unless drug use is involved, which reduces compliance with safer sexual practices. It also revealed a high level of general health care needs in female sex workers, in addition to need for specialist drugs and GUM services.

Three early studies mapped and evaluated the rapidly expanding health and social services for people with HIV and AIDS. A study of the use and costs of hospital services and a more qualitative study on the experience of living with AIDS were conducted using the same sample of gay men. The datasets from these two studies have been merged and are undergoing secondary analysis to develop predictive models of service need, use and costs. The early development of care offered by statutory social services and a broader study of the use and costs of community services across the statutory and voluntary sectors have recently been completed. Two studies – an evaluation of the Landmark service and a study of the development and functioning of London Lighthouse – covered the process of setting up the voluntary sector response to the AIDS epidemic. A further study is evaluating care management procedures for people with HIV infection and AIDS.

Drug Misuse

Much recent DH-funded research into drug misuse has been linked to the AIDS epidemic among injecting drug misusers, and has broader implications for a harm minimization approach. Research has examined shifts in the mode of administration of drugs, from those which do not place the user at risk of HIV transmission to those which do, producing valuable insights into the circumstances in which this transition is made. Recent policy has emphasized the need to reach the majority of drug misusers who rarely come into contact with drugs services. An ethnographic study has examined the natural coping strategies employed by drug users to control their use of drugs, to live a relatively normal life and to minimize the risk of HIV infection. Such information enables those working in community and outreach services to build on the 'homegrown' strategies employed by their clients in their everyday lives. Another study by the same team has addressed the need to know more about sexual HIV risk in drug misusers, in order to inform the work of specialized drugs agencies.

Work on drugs services in the AIDS era began with a four-year study to monitor and evaluate syringe exchange schemes. This work showed a major plank in the Government's AIDS prevention policy to have been largely successful. Another significant emphasis in recent policy on the provision of drugs services has been a reduced reliance on specialist Drug Dependency Units and the expansion of community-based services. Two studies have examined different aspects of this trend. A study of Central London Action on Street Health (CLASH) examined the issue of outreach work for drug users and sex workers in the context of the HIV epidemic and made recommendations for improved management of outreach services. A prospective study of GPs' treatment of opiate drug users will throw light on the difficulties encountered in the treatment of drug users in primary care, and on its outcome.

Smoking

DH-funded research into smoking has recently concentrated on two groups where the uptake of smoking has declined more slowly than in the rest of the population: young women in low socio-economic bands, and teenagers. One project found that women living with higher levels of social, economic and material stress were least able to give up smoking during pregnancy. The research team examined the stress-relieving role that smoking plays in the lives of working-class women and developed training materials for a broad range of primary and community health care professionals.

Two studies have recently been commissioned to improve our understanding of the motivational and social processes involved in smoking uptake among teenagers. One is examining the social identity processes involved in adolescent girls' uptake and maintenance of smoking, and the other is trying to identify protective factors by studying non-smoking teenagers who might be expected to take up smoking because they have a smoking parent or sibling. These insights may be used in the development of new preventive interventions for teenagers.

Alcohol Misuse

DH-funded studies of alcohol misuse have focused recently on the development of community-based services. Research is developing guidelines for assessing local population needs for community alcohol services which will aid long-term, strategic planning. A national survey of GPs' attitudes to and treatment of alcohol problems will update earlier information on the extent to which GPs are involved in the treatment of alcohol problems, and will identify barriers to treating alcohol problems in primary care.

The Health of Children

The centrally commissioned research programme has always had a strong policy orientation relating to the health of the nation's children. A good example is the research funded on cot death (Sudden Infant Death Syndrome). In 1991, in the light of evidence that babies who were laid on their fronts to sleep were at increased risk of cot death, the Department of Health mounted a major campaign, 'Back to Sleep', to bring about a change in infant care practice. The research was commissioned to assess the impact of the campaign upon parental and professional knowledge and behaviour, and to identify significant consequences, including possible adverse effects. The results of the research will guide any further advice.

Much research has been funded, often in collaboration with the MRC, to assess the effectiveness of immunization programmes for important childhood infections. Studies have also been mounted into the broad strategy of such programmes – the timing and frequency of immunization, the relative advantages and disadvantages of different programmes, and their possible interactions and complications.

An important study in child health surveillance is examining changes in the organization, content and delivery of pre-school child health services since 1991.

A major part of the research programme deals with the health care of mothers and babies during pregnancy, birth and early life and the cost-effectiveness of health care. These areas are the basis of the research programme at the National Perinatal Epidemiology Unit in Oxford (described on page 64). An example of a most controversial development in this area is the use of 'birthing pools'. The practice has been widely introduced, although it had not been subject to adequate evaluation. DH funded research has been set up to address the issue.

Another development is the use of extracorporeal membrane oxygenation (ECMO) in the treatment of potentially reversible cardio-respiratory failure. It has been estimated that 200 babies die each year in the UK from this cause. A controlled trial of ECMO is now being funded as part of the centrally commissioned research programme. A further major research study is the evaluation of ultrasonography in the management of congenital dislocation of the hip. The results will guide and inform the introduction of this technique into practice.

The well-established efficacy of vitamin K to prevent vitamin K deficiency bleeding in infants has come under scrutiny following the reports – not yet verified – that the intramuscular administration of vitamin K might be associated with childhood cancer. Several research projects are now in progress to assess this reported association.

Although multiple births are uncommon, the numbers are growing, largely as a consequence of assisted conception. Multiple births impose burdens which are not confined to the long period that these babies spend in intensive care, but continue throughout infancy. Parents encounter major stresses in nurturing their multiple infants and require much support during this time. The results of research in this field have been widely disseminated.

Funds have also been provided for research into a wide range of common clinical disorders of childhood, including asthma, middle ear disease, and meningitis. For example, the Middlesbrough Childhood Asthma Study is an epidemiological study into the prevalence of asthma among children of Teeside in relation to the proximity of roads and industry, and will examine links between air quality and attacks of asthma.

Congenital anomalies of varying degree affect over 10,000 infants each year in the UK. Any congenital malformation is distressing to the parents of the afflicted newborn child, and to the family. Moreover, the causes of most congenital malformations are unknown. They are, therefore, a cause of much public concern, especially when linked speculatively to external hazards. A recent example of research that was undertaken in response to public concern is a study of babies in whom one or both eyes failed to develop (anophthalmia). A case-control study is being conducted to identify, or exclude, associated factors, including environmental factors, and is concerned initially with microphthalmia (babies with tiny eyes).

In the UK about 550 children die each year as a result of accidents. Accidents are the most common cause of death in children over any one-year period. The Childhood Injury Prevention and Promotion of Safety Study aims to develop a register that will record the circumstances, and measure the outcome of injury in rural and urban settings. The database, which will be ongoing, will be used to assess different preventive measures, and to conduct clinical audit of Accident and Emergency Departments. It will provide a geographical analysis of events and explore links between accidents and physical, environmental and socio-economic factors. The study will also help the understanding of the process and sequelae of injury, and the social cost.

Community Care

The centrally commissioned research programme supports a substantial body of research on community care and has recently published a comprehensive source book¹ summarizing findings from many of the projects. Some of the research reported there is highlighted here, but this text focuses on work more recently commissioned.

¹ Robbins, Community Care Findings from Department of Health Funded Research 1988–1992. HMSO, 1993

The evaluation of innovative field developments in case management over a number of years played a significant role in shaping recent community care changes, (see *Research for Health*, 1993). Following on from this, a substantial stream of longer-term research to evaluate the community care changes has been set in place, complemented by several developmental projects.

Reflecting the policy importance of this client group, a major evaluation of community care takes as its starting point a large sample of very dependent older people and their carers presenting to ten social services departments, and aims to answer complex questions about the impact of the community care policy changes on improved targeting and cost-effectiveness of services. A complementary study will follow, over a year, the care careers of older people with dementia, and their carers, who present for a major assessment, and will investigate processes and outcomes including the costs involved. This is an important and growing user group with high dependency needs.

A major study has also been commissioned to describe, monitor and evaluate the developing mixed economy in the provision of social care, and to examine its impact on the key policy objectives of improved choice, cost-effectiveness and innovation.

Further work will focus on evaluating inter-agency collaboration in community care, mapping emerging models of care management and assessment, and monitoring systems for quality assurance in social services departments. Another study aims to investigate the impact of the developing purchaser/provider split on the traditional role and functions of social work practitioners.

Further research is intended to provide a scientific underpinning to the challenging developmental work required of service authorities in responding to the community care policy changes. It includes a significant preliminary study of the conceptual, methodological, and practical issues involved in assessing community care outcomes for users and carers. It also includes work to develop and evaluate needs-based community care planning methods, and a rolling programme of work to establish reliable national average unit costs for key community care services.

A key objective of the recent community care changes is to give priority to support for carers. A programme of completed research on carers informed this policy, and covered carers' characteristics, defined their caring roles, their needs for support, and the effectiveness of services designed to provide that support. For example, the effectiveness of respite services for the carers of confused older people living at home has been investigated in a significant study published earlier this year. An overview of all this recent research on carers was made available to social services and health authorities to inform the planning, purchasing and development of services in support of carers.

Research relating to social services workforce, education and training includes a major four-year study using a longitudinal panel design, investigating staff recruitment, retention, training and career paths among middle managers, field social workers, domiciliary and residential care staff. A further study, investigates readiness to practise among newly qualified social workers, comparing both CQSW and DipSW streams.

Child Care

In recent years a number of important research initiatives have been developed to address subjects of pressing policy and practice concern in the field of child care. Current work includes a group of studies on child protection, a body of research evaluating the early implementation of the Children Act 1989, and a smaller but growing group of studies on residential child care. In addition to these three large programmes there are smaller groups of studies focusing on adoption, pre-school children and children looked after by, or leaving the care of, the local authority.

The origins of the programme on child protection was part of the Government response to the Cleveland Enquiry in 1987. The enquiry explored the circumstances in which children had been removed from home after medical diagnosis had suggested abuse. This prompted reflection by policy makers, practitioners and researchers about the nature and circumstances in which child abuse takes place, and the efficacy of service delivery.

A programme of sixteen studies was initiated to address key concerns. Some studies addressed questions of definition and looked at normal behaviour within families. Other investigations focused on the child protection process. All had questions about outcome – for example, what are the effects of abuse; do interventions have any effect on the child's well-being; what are the consequences of an abuse enquiry?

As studies progressed and were completed, researchers met annually with policy makers and practitioners. This allowed legislation and guidance to take account of the research, a process which is still ongoing. Most of the investigations are now complete and reports are being prepared in a linked series, for publication by HMSO. To complement the individual research reports an overview document is in preparation, guided by a group of practitioners drawn from key professional disciplines, which will draw together the key findings and pull out important messages for practice.

A second research programme now in mid-course was designed to monitor and evaluate the early stages of the implementation of the Children Act 1989, and to establish whether it led to improvements in services for children and families. The Children Act brought together and codified a wide range of legislation in respect to children. An important principle of the Act lay in the belief that children are best looked after within the family by both parents playing an active part, without resort to legal proceedings, so long as this is consistent with the welfare of the child.

A number of the key changes in the Act were designed to promote better support for families without resort to legal proceedings. One important strand of research on the Children Act is concerned with this area. Studies look at the use of short-term respite care; services to disabled children; the implementation of new provisions in relation to pre-school and out-of-school services and an investigation of agency policy in relation to major new provisions in the Act.

A tranche of projects look at new provisions for child protection under the Act – one study examines the use of a new concept introduced by the Act, namely, risk of 'significant harm' in children's cases, and a further study traces action through to the courts. The pace of child protection prosecutions and services aimed at diverting children not at immediate risk have also been investigated.

There is also a small group of projects which consider a range of other reforms introduced by the Act, including services targeted at young people leaving care and new arrangements for planning and reviewing children's cases, and the use of expert evidence by guardians *ad litem*.

Residential care has formed the focus of a third and final major research programme now in progress. Launched in 1992 as one of a range of measures arising from concerns following a series of incidents in childrens' homes, this programme centres around three main issues: the role of different types of childrens' homes, how these meet the needs of children; the mix of children in residential care, and in particular how children who are the victims of abuse are cared for within the residential care sector; and the internal dynamics of staff and children in residential homes. Further studies in planning will look at the management of childrens' homes by local authorities and the training needs of staff in the residential sector.

Mental Health Policy

Research in the field of mental health supported by the centrally commissioned research programme reflects strategic policy innovation and change in this field. Health of the Nation targets, community care policies, the strategic shift to the primary sector and initiatives to improve the care of mentally disordered offenders are all policy priorities informed by research in this programme.

There are two major Health of the Nation targets concerning suicide, and research is helping to identify how the targets might be achieved. The aim of one study is to generate hypotheses about possible preventive care from intensive, retrospective study of the events leading up to death. The small sample of 100 cases is drawn from professions at high risk – farmers and doctors. Other studies evaluate the effectiveness of innovative interventions aimed at helping people who have made suicide attempts. A proportion of those who inflict deliberate self-harm move on to suicide and it is hoped that there might be generalizable lessons from early interventions.

The other Health of the Nation target on mental health is to improve significantly the health and social functioning of mentally ill people. It is beginning to be widely demonstrated that adult mental illness is strongly linked to psychiatric disorder in childhood so that scrutiny of psychiatric services for children and adolescents is particularly important. A recently reported project has indicated that the level and types of services vary widely between different areas of the country. One third of the areas surveyed had lost some social work input during the last three years and there had been a general withdrawal of educational psychologists from multi-disciplinary clinics. Forty-eight per cent of purchasing authorities appeared to have no specific strategy for this client group and 63 per cent of authorities occasionally used adult psychiatric wards for adolescents.

Another group of mentally ill people who might derive more help from improved services are people of Afro-Caribbean origin and possibly other ethnic minorities. Several studies contribute to knowledge in this area. Very little epidemiological data is available on dementia in elderly people and a major study collaboratively funded by the MRC aims to establish the incidence and prevalence of dementia, to track cognitive decline longitudinally and to assess the needs for services and their costs. This study too could contribute significantly to an understanding of how to improve the functioning of this group.

At the heart of the community care policy is the aim to move care for the long-term severely mentally ill from psychiatric hospitals to more district-based services. Several projects are evaluating aspects of this policy including a long-term study tracking 1,000 patients through the closure of two major hospitals in North London, to their ensuing use of community-based services; an evaluation of the implementation of the care programme approach; studies of the carers of people with mental illness in the community; and the effectiveness of interventions delivered by community psychiatric nurses to various groups of mentally ill people. The availability of emergency services is crucial to the community care of people with mental illness and the accessibility of these is being studied to examine both hospital and social services provision.

Another issue of major interest is the treatment of psychiatric disorders in the primary care setting. One major study assesses the impact of GP fundholding on the use of mental illness services. Work is also taking place to develop diagnostic and management guidelines for general practitioners. Integral to this is an assessment of the feasibility and reliability of the ICD classification of mental disorders for use in primary care. Another project looked at whether practice nurses in primary care could be given guidelines to enable them to help GPs by taking on some of the workload of managing cases of depression. In its developmental stage, the work aimed both to increase the practice nurse's skills and evaluate the effectiveness of any involvement.

Health authorities, along with other health care providers, are currently obliged to assess what services are needed in their areas to look after mentally disordered offenders. A major policy review of this area has stimulated the commissioning of a group of projects which evaluate court diversion schemes; monitor joint working between the justice system, the NHS and social care agencies; assess the needs for medium security provision; and survey the treatment and security needs of special hospital patients.

Health Care for Elderly People and for People with Physical, Sensory and Learning Disabilities

A wide range of research has been commissioned which relates to policy for people of varying ages with a variety of physical disabilities, sensory impairments, or extreme frailty. In addition there are two projects on palliative care – one relating to adults, the other to children.

One group of projects has as its aim the establishment of outcome targets in six areas where morbidity is high and the burden of disability great. The areas under investigation are the quality of care of patients with hip fractures; avoidable amputations in diabetic patients; the prevention of pressure sores; services for speech and language impairment; urinary incontinence; and auditory disability. These projects are attempting to establish a measure of prevalence of the condition, the efficacy of intervention, and the possibility of setting a target or quantifiable, achievable and monitorable service goal.

The contribution of the therapy professions to the health service is growing, especially in services for those with physical and sensory impairments. The effect of physiotherapy on children with cerebral palsy is being studied and a review of research on the efficacy of speech and language therapy is underway. In addition, a research project on clinical audit among four therapy professions is nearing completion.

Rehabilitation of people with brain injury is a major policy priority and twelve initiatives providing innovative forms of rehabilitation have recently been funded centrally by the Department of Health. An evaluation has been commissioned which will estimate as far as possible the cost and benefit curves of different therapies both individually and in combination. This is a significant and substantial piece of research which will take place over five years alongside the centrally funded initiative.

Certain central programmes aim to promote the integration and independence of disabled people. One of these is the European Community's Helios programme, the funding of which enables selected disability organizations to travel to meetings and conferences. The intention is that by promoting international and national contacts, these organizations will develop and grow. There are 78 participating organizations in the UK and the Department is funding an evaluation of the second phase of the Helios programme, as it did the first.

A separate stream of work, largely based at the Hester Adrian Research Centre in Manchester (see page 43), is focused on people with learning disabilities and those whose learning difficulties are accompanied by sensory impairment, mental illness or challenging behaviour.

Research is nearing completion on specific conditions such as autism and self-injurious behaviour, the impact on the quality of life of relocating people from hospital to the community, and residential and training services for people with dual sensory impairments and severe learning disability. The development of a psychiatric assessment and schedule for adults with a development disability is breaking new ground. A review of literature is being prepared on the physical health of people with learning disabilities.

A large programme of six interrelated projects on challenging behaviour is about to begin. These projects are designed to examine the emergence and persistence of challenging behaviour in a population of people with learning disabilities, the experiences that users and their carers have of services, the costs of such services, the effects on staff morale and turnover, and the relationship of challenging behaviour to mental illness.

In addition to the body of research on community care reforms (see page 23), much of which relates to the social care of older people, research has been established to consider key areas of the health service which affect older people. One of these is a three-year project examining hospital discharge and outcomes after six months. Much of the research referred to elsewhere in this report relates to older people, who are disproportionately affected by particular diseases and disabling conditions, for example, hip fracture.

Central Initiatives Aimed at Securing Quality in Health Care

The Department of Health initiates a wide range of strategies which are designed to secure the quality of services and interventions delivered by the NHS. The centrally commissioned research programme provides research information on which to base such strategic initiatives, and evaluates those promulgated by the Department. Two important but very different examples are accreditation and clinical audit. A major study on accreditation which has recently been completed aimed to provide a knowledge base for the Department of Health should the option of accreditation in the NHS be pursued. The study is a multi-faceted one which aims to establish how accreditation systems might work in practice. To do this the research has examined the nature of accreditation, scanned the international picture and described the development of hospital accreditation systems in the USA, Canada and Australia. It has mapped existing accreditation activities in England and carried out a survey of purchasers and providers to ascertain their views of the usefulness of accreditation as a quality assurance mechanism. It has looked in depth at particular schemes in Regions and the Kings Fund Organizational Audit. The research has addressed issues of standard setting, procedure and organization, consumer involvement, and the impact of accreditation on the quality of health care. The output of the study is expected to provide a major contribution to debate in this area and a sound basis for policy formulation should this route be chosen as a component of quality assurance.

Since 1990 about £40m a year has been allocated centrally to develop a programme of medical audit, with further funding for nursing and therapy audit starting a year or so later. These programmes are now being encouraged to move to multi-disciplinary clinical audit, and are seen as major tools for improving the quality of health care. The evaluation of audit funded by the centrally commissioned research programme has already published several interim reports which review other evaluation studies, and record the results of a survey of commissioning authorities and a survey of providers. The survey of commissioners mapped audit programmes and the resources available for them, and indicated how they were likely to develop in the future as funding passed from centrally ring-fenced, to locally determined, financing. The study of providers documented the establishment of audit in hospitals and other provider units and its use in facilitating change in a wide range of areas. Subsequent sub-studies will assess the development and impact of clinical audit on the quality of health care.

Tools to measure nursing quality – mainly adapted from American originals – are widely used in the health service, but their validity has been questioned. A recently completed project has assessed the reliability and validity of three widely-used instruments (Qualpacs, Monitor and Senior Monitor), and compared the instruments with each other and with measures of nursing quality derived from interviews with, and observation of, patients and nurses on medical, surgical and care of the elderly wards. The report gives recommendations for local care providers on how the instruments may be best used, and provides additional quality indicators.

Quality in health care depends essentially on the recruitment and training of staff and research on these issues has been funded by the centrally commissioned research programme. The Department has recently commissioned a cohort study of all UK doctors, building on previous work, and contacting some of the original cohorts as well as newly qualified doctors. This work will give an insight into doctors' career decisions and career patterns which will inform the work of the Medical Manpower Standing Advisory Committee, and will build on previous qualitative work on doctors and their careers.

There are current cohort studies of general and mental health nurses, and an earlier study of midwives. Workforce planning for nursing is currently coordinated at regional level, and although the precise arrangements will change with the current restructuring of the NHS, these studies will provide an essential information base for workforce planning. Important factors to be addressed in the research are that the labour market for qualified nurses has changed considerably in the last five years, and that more nurses are now moving between the NHS and the private sector. Both these cohort studies and that of doctors raise important issues about combining a career and family commitments.

Nursing education has undergone extensive reforms since 1989, when the first 'Project 2000' courses got underway, involving a shift of nursing and midwifery education into higher education and a radical reformulation of the curriculum. The change process was the subject of a recently completed report. A similar study on preregistration midwifery education has also been completed, and both have important messages for local education providers and the National Boards. A 'fitness for purpose' study has recently been commissioned to examine the views of various stakeholders on the competencies of new Project 2000 diplomates, and to develop an economic model to assess return on investment in nursing education.

At a more senior level, a study on senior management competencies, succession planning and organizational development in the NHS has recently been completed, based on questionnaire data and interviews with senior executives in both purchaser and provider organizations, from clinical and non-clinical backgrounds. The results will be relevant both locally and also for the NHS Training Division.

1. The first part of the report deals with the general situation of the country and the position of the various groups of the population. It is a very interesting and informative part of the report and it is well worth reading.

2. The second part of the report deals with the economic situation of the country. It is a very interesting and informative part of the report and it is well worth reading.

3. The third part of the report deals with the social situation of the country. It is a very interesting and informative part of the report and it is well worth reading.

4. The fourth part of the report deals with the political situation of the country. It is a very interesting and informative part of the report and it is well worth reading.

5. The fifth part of the report deals with the cultural situation of the country. It is a very interesting and informative part of the report and it is well worth reading.

6. The sixth part of the report deals with the environmental situation of the country. It is a very interesting and informative part of the report and it is well worth reading.

7. The seventh part of the report deals with the international situation of the country. It is a very interesting and informative part of the report and it is well worth reading.

8. The eighth part of the report deals with the future of the country. It is a very interesting and informative part of the report and it is well worth reading.

9. The ninth part of the report deals with the conclusion of the report. It is a very interesting and informative part of the report and it is well worth reading.

SCOPE OF THE CENTRALLY COMMISSIONED ANNEX A RESEARCH PROGRAMME

THEMES

Health status

Epidemiological studies of health and social factors including particular diseases, conditions, or sub-groups of the population; development of measures of population health status and well-being.

Individual lifestyle determinants of health

Nutrition, exercise, cultural and other lifestyle determinants affecting health; behavioural aspects and services on AIDS, substance abuse and addictions.

Preventing illness and promoting health

Screening of the healthy population or large sub-groups of the population; surveillance of children; prevention of accidents; family planning and abortion; immunization and vaccination; health education and health promotion evaluations; maternity, gynaecology and obstetric services.

Food safety and environmental factors

Physical, chemical and microbiological aspects of food, and the environment; food safety, water and air pollution.

Social care for adults

Need, outcomes and cost-effectiveness of social services for adults; organization, finance and workforce issues in the social care sector; community care evaluation.

Social care for children

As above, but covering in addition: child abuse; under-eights; children looked after; juvenile delinquency; adoption.

Health service policy; interventions and services in relation to particular conditions and client groups

New technologies; health services content; structure and cost-effectiveness for priority care groups and those with particular diseases or conditions; research to support needs assessment, audit and outcomes for particular conditions.

Health service policy; generic matters of organization and delivery

Organizational issues relating to primary and secondary care, and relationships between health sectors; organization of nursing, medical, dentistry and pharmacy services etc; workforce issues; waiting times; London issues; provider issues; purchasing; Patient's Charter etc.

PROJECTS AND PROGRAMMES FUNDED APRIL 1991 – MARCH 1994

ANNEX B

HEALTH STATUS

Aberdeen Royal Hospitals NHS Trust

Maternity Hospital

Dr M Hall
Health of the Nation Paper:
Health of Pregnant Women
and Infants
Sept 1991 – Oct 1991
£500

Medical Research Council

Cognitive Function and
Ageing Study
Oct 1990 – Sept 1995
£493,967

Office of Population Censuses and Surveys

Ms M Bone
A Pilot Study (I) on the use
of Healthy Active Life
Expectancy (HALE)
Measures
Apr 1993 – Dec 1993
£31,758

Palatine Centre

Dr R Kirkman
Health of the Nation Paper:
Family Planning
Sept 1991 – Oct 1991
£700

Policy Studies Institute

Mr D J Smith
Fourth National Survey of
Ethnic Minorities
July 1992 – Mar 1995
£337,416

Mr D J Smith
Fourth National Survey of
Ethnic Minorities: The
Mental Health Validation
Survey
Nov 1993 – Apr 1995
£286,224

Public Health Laboratory Service

Dr M Cooke
Health of the Nation Paper:
Hospital Acquired Infection
Sept 1991 – Oct 1991
£650

Royal Free Hospital

Academic Department of Psychiatry

Dr M King
A Prospective Study of
Psychoses in British Afro-
Caribbean People
Aug 1991 – Sept 1994
£154,546

School of Medicine, Department of Clinical Epidemiology

Professor S Ebrahim
British Regional Heart
Study: Prediction &
Prevention of
Cardiovascular Disease
Oct 1985 – Dec 1995
£311,807

University of Cambridge

Addenbrooke's Hospital

Dr R Williams
Health of the Nation Paper:
Diabetes
Sept 1991 – Oct 1991
£650

University of Edinburgh

Western General Hospital

Department of Clinical Neurosciences

Dr R G Will
Surveillance of Creutzfeldt-
Jakob Disease
Feb 1990 – Jan 1994
£347,444

Department of Pathology

Dr J Bell
Surveillance of Creutzfeldt-
Jakob Disease:
Neuropathology
Dec 1990 – Dec 1994
£451,267

University of Leicester

Leicester Royal Infirmary

Dr C Jagger
A Pilot Study on the use of
Healthy Active Life
Expectancy (HALE)
Measures
Feb 1993 – Dec 1993
£26,818

University of London

Institute of Child Health

Professor C Peckham
Health of the Nation Paper:
Health of Children
Sept 1991 – Oct 1991
£1,000

Dr C Power
Analysis of Data from the
1958 Birth Cohort Study:
Preparatory Work
Jan 1994 – Mar 1994
£3,500

Institute of Psychiatry

Professor R Murray
The Long-term Outcome of
Psychosis in Afro-
Caribbean Patients
Oct 1990 – Jan 1993
£70,365

Professor A Mann and
Ms Sharp
A Study of Psychiatric
Morbidity in Primary Care
May 1990 – Dec 1992
£50,081

Professor A Mann
Rates of Mental Illness in
the UK
Oct 1991 – May 1992
£24,660

Professor D Goldberg
An Evaluation of the ICD-
10 Classification of Mental
Disorders in Primary Care
June 1993 – July 1994
£24,899

London School of Hygiene & Tropical Medicine

Professor Marmot
Health of the Nation Paper:
The Prevention of Coronary
Heart Disease and Stroke
Sept 1991 – Oct 1991
£750

Professor J Morris
Health of the Nation Paper:
Physical Activity
Sept 1991 – Nov 1991
£1,500

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

**Medical College of St
Barthomew's Hospital**

**Department of
Environmental &
Preventative Medicine**

Professor E Alberman
Effect of Epidemiological
Changes on Future
Planning and Services
Strategies
Aug 1989 – Aug 1992
£53,251

Middlesex Hospital

Dr A Johnson
Health of the Nation Paper:
HIV/AIDS
Sept 1991 – Oct 1991
£700

Department of Psychiatry

Professor R Rosser
Global Indices to Health
Aug 1988 – Mar 1992
£192,083

**St George's Hospital
Medical School**

Professor R Anderson
Health of the Nation Paper:
Asthma
Sept 1991 – Oct 1991
£500

**University of
Manchester**

Professor M Jayson
Health of the Nation Paper:
Back Pain
Oct 1991 – Nov 1991
£825

**University of
Newcastle**

**Centre for Health Service
Research**

Dr A Hutchinson
A Health Status
Measurement Guide for the
NHS
Sept 1992 – Dec 1992
£7,400

The Dental School

Dr A W G Walls
Dental Needs of an Ageing
Population
Dec 1990 – Nov 1993
£173,011

**School of Health Care
Sciences**

Dr J A Spencer
Death Registers and Audit
of Death in General
Practice Oct 1991 – Mar
1994
£119,193

**University of
Nottingham**

Queen's Medical Centre

Professor J R Hampton
Health of the Nation Paper:
Services for the Treatment
of Coronary Heart Disease
Sept 1991 – Oct 1991
£600

University of Oxford

**Child Cancer Research
Group**

Dr G J Draper
Geographical Studies *
Sept 1986 – Mar 1995
£76,967

Department of Psychiatry

Dr K Hawton
Suicides in High Risk
Occupational Groups
Dec 1993 – Dec 1995
£166,118

Radcliffe Infirmary

Professor J Grimley Evans
Health of the Nation Paper:
Health of the Elderly
Sept 1991 – Oct 1991
£350

**Rivermead Rehabilitation
Centre**

Dr D Wade
Health of the Nation Paper:
Services for the Treatment
of Stroke
Sept 1991 – Nov 1991
£500

University of Salford

Dr Garside
Health of the Nation Paper:
Housing
Sept 1991 – Oct 1991
£1,000

**University of
Southampton**

**Rehabilitation Research
Unit**

Professor D L McLellan
Health of the Nation Paper:
Rehabilitation
Sept 1991 – Oct 1991
£1,000

**West Midlands
Regional Health
Authority**

Health Promotion Unit

Ms P T Lawrence
A Comparative Study of
Population Morbidity
Measured Through
Questionnaire and GP
Consultation
Oct 1990 – Dec 1992
£98,614

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Programmes: funding is given for the three years of this report, April 1991 – March 1994.

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LIFESTYLES

Institute for the Study of Drug Dependency

Mr N Dorn
Drug Questions Research Register
Nov 1989 – Dec 1992
£9,442

Lothian Health Board

Edinburgh City Hospital Centre for HIV/AIDS and Drug Studies

Dr R Lewis
Review of Methodologies for Local Drug Prevalence Surveys
Aug 1993 – May 1994
£27,748

Medical Research Council

AIDS Epidemiology Research Programme
Jan 1988 – Dec 1995
£9,989,996

Anonymous Testing for HIV Infection
Jan 1990 – Dec 1995
£3,788,582

National Blood Transfusion Centre

North London Blood Transfusion Centre

Dr M Contreras
Assessment of the Prevalence of Anti-HTLV in North London Blood Donors
Jan 1991 – Dec 1991
£110,044

National Foundation for Education Research in England and Wales

Dr Bradley and Professor Akinsanya
AIDS-Staff Education
Jan 1992 – Jan 1993
£95,334

North West Thames Regional Health Authority

Riverside HA, Charing Cross & Westminster Medical School

Professor G V Stimson
National Evaluation of Syringe Exchange Schemes and HIV Risk Behaviour of Clients and Comparison Group
Dec 1988 – Dec 1991
£372,621

Professor G V Stimson
Cocaine and "Crack" – Prevalence and Patterns of Use in England and Wales
May 1990 – Aug 1993
£68,929

Dr R Power
A Qualitative Study of Coping Strategies Adopted by Illicit Drug Users Not in Treatment: Implications for Service Delivery
Oct 1991 – June 1994
£142,707

Professor G V Stimson
Misuse of Anabolic Steroids
Jan 1992 – May 1993
£83,901

Professor G V Stimson
Sexual Behaviour and Service Needs of Injecting Drug Misusers in the Light of HIV
Jan 1993 – Dec 1994
£148,446

Office for Public Management

Dr S Goss
Descriptive Studies of the Housing Situation of People with HIV Infection
Apr 1991 – Dec 1992
£9,253

Policy Studies Institute

Dr I Allen
Work Roles and Responsibilities of Staff in Genito-Urinary Medicine Clinics
Nov 1989 – Dec 1992
£174,473

R Howard Management Consultant

Mr R Howard
The Future Role of Drug Advisory Committees
Feb 1992 – Dec 1992
£77,088

Social and Community Planning Research

Dr A Richardson
Living with AIDS: Interviews with People with HIV Infection and AIDS
Sept 1991 – Dec 1992
£13,590

South Bank University

Project Sigma (Psycho-Social Investigation of Gay Men and AIDS)
Dr P Davies
Male Homosexual Prostitutes and HIV
Oct 1990 – Dec 1992
£119,775

Tavistock Institute of Human Relations

Dr E Stern
Evaluation of London Lighthouse
July 1991 – Nov 1994
£232,054

Turning Point

Dr J Marsden
Review of Outcome Criteria for Drug and Alcohol Services
Jan 1994 – Apr 1994
£25,063

University of Bristol

Professor J Golding
Analysis of Data on the Effects on the Mother and Foetus of Passive Smoking in Pregnancy
Sept 1993 – Dec 1993
£28,485

University of Buckingham

Department of Economics

Mr M Rees
The Funding of AIDS/HIV in the North West Thames Region
Feb 1993 – Mar 1993
£5,000

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

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University of East Anglia

School of Economic and Social Studies

Dr M Blaxter
Dissemination of DH-
Funded AIDS Research
Apr 1992 – Dec 1993
£53,689

University of Essex

Professor A P M Coxon
SIGMA Sexual Diaries:
Validation and Consultation
Oct 1992 – July 1993
£11,983

University of London

Bethlem Royal and Maudsley Hospitals

Bethlem Royal Hospital

Dr J Strang
Health Needs Assessment:
Drug Abuse
Sept 1991 – Dec 1991
£4,000

Professor G Edwards
Health Needs Assessment:
Alcohol Abuse
Sept 1991 – Dec 1991
£7,563

Dr J Strang
Audit of Tertiary Drug
Services
July 1992 – Sept 1992
£2,842

Drug Dependency Unit

Dr M Gossop
Factors Affecting Injection
of Drugs Among Drug
Misusers
Oct 1990 – June 1993
£205,330

Birkbeck College

Mr R Hartnoll and Dr J
Holland
Evaluation of Central
London AIDS Prevention
Outreach Project
Mar 1988 – Dec 1991
£108,533

Dr J Solomos
Drug Treatment Services:
Establishing Demand
Indicators for First
Treatment
Sept 1990 – Jan 1992
£94,681

Goldsmiths' College

Professor S MacGregor
An Account of the Use and
Impact of the Specific
Grant for Services for
Alcohol and Drug Misusers
Sept 1992 – Mar 1993
£59,651

Institute of Education

Social Science Research Unit

Dr J Holland
Women, Risk and AIDS
Sept 1991 – Dec 1991
£8,681

Dr J Holland
Young Heterosexuals,
Sexual Safety and AIDS
Oct 1992 – Dec 1992
£14,368

Institute of Psychiatry

National Addiction Centre

Professor R G Edwards
Misuse of Solvents –
Literature Review
Feb 1993 – Mar 1993
£1,500

Dr Gossop and Dr Strang
Patterns of Use, Problems
and HIV Risk Among Early
and Episodic Drug Users
July 1993 – June 1996
£295,085

Dr Strang, Dr Drummond
and Dr Taylor
Role of GPs in Prevention
and Treatment of Alcohol
Misuse: A National Survey
Oct 1993 – Sept 1995
£198,136

Dr J Strang
Study of the Extent of
National Data Sources on
Methodone Prescribing and
Consumption
Mar 1994 – Sept 1994
£24,820

London School of Hygiene and Tropical Medicine

Professor G W Hoinville
National Survey of
Exercise, Fitness and
Health
Jan 1990 – Dec 1991
£219,432

Medical College of St Bartholomew's Hospital

Wolfson Institute of Environmental & Preventive Medicine

Dr M Law
The Effects of Passive
Smoking – Review and
Analysis of Data on the
Contribution of Passive
Smoking to Coronary Heart
Disease
Nov 1993 – Apr 1994
£23,908

St George's Hospital Medical School

Department of Mental Health Studies

Dr J Edeh
Comparison of Treatment
Outcome of Opiate Drug
Misusers in General
Practice and Hospital Clinic
Settings
Sept 1991 – Aug 1994
£260,096

St Mary's Hospital Medical School

Dr E J Beck
Treating HIV Disease:
Effectiveness, Acceptability
and Cost Implications
Feb 1993 – Jan 1995
£92,244

Dr E J Beck
Hospital and Community
Services for Families
Affected by AIDS and HIV
Infection
Jan 1994 – Dec 1996
£290,794

Department of Community Medicine

Professor D Miller
Study of Community
Services for People with
HIV Infection
Apr 1991 – Jan 1995
£290,432

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

University of Manchester

Department of Nursing

Mrs J Faugier
Prostitution and HIV-Related Risk Behaviour – A Study of Drug-Using Prostitutes, their Clients and their Health Care Needs
May 1990 – Dec 1992
£207,665

Professor C Butterworth
AIDS – Referral and Community Nursing Care
Aug 1991 – Sept 1994
£126,246

University of Manchester Metropolitan

Dr H Klee
Study of Polydrug Misuse: Potential for Transmission of HIV
Jan 1991 – Dec 1993
£157,439

University of Nottingham

Queen's Medical Centre

Department of Public Health Medicine and Epidemiology

Mr D Miller
Occupational Morbidity Associated with HIV Disease
Feb 1993 – Apr 1995
£170,467

Queen's Medical Centre and Royal Free Hospital, School of Medicine

Dr R Petchey
Dr M King
Role of the GP in the Community Care of People with HIV and AIDS
Apr 1994 – Mar 1996
£93,998

University of Warwick

Centre for Corporate Strategy and Change

Professor A M Pettigrew
Development of AIDS Services By District Health Authorities: The Organizational Response to AIDS
Jan 1989 – Dec 1991
£151,315

Professor A M Pettigrew
Contracting for AIDS/HIV Services
June 1993 – June 1995
£210,124

Department of Applied Social Studies

Professor H M Graham
A Comparative Study of the Daily Lives and Smoking Behaviour of Working Class Women with Children
Nov 1989 – June 1994
£184,388

Professor H M Graham
Smoking Among Working Class Mothers
Dec 1992 – Feb 1993
£5,050

PREVENTION AND PROMOTION

Agricultural and Food Research Council

Institute for Animal Health

Dr Taylor
Scrapie Inactivation Studies
Jan 1994 – July 1996
£380,143

Medical Research Council

UKCCCR Breast Cancer Screening Trials
Sept 1989 – Aug 1998
£2,237,865

Congenital Dislocation of the Hip: Prospective Data Collection
Jan 1993 – Mar 1995
£146,393

Oxfordshire Health Authority

Oxfordshire Department of Public Health

Dr Barbour & Dr Mayon-White
A Study of Haemophilus Influenzae Type B: Pharyngeal Colonization in Infants in the UK
Feb 1992 – Jan 1993
£23,195

Radcliffe Infirmary

Dr A MacFarlane
Meningoencephalitis Associated with the Measles/Mumps/Rubella (MMR) Vaccine
Sept 1990 – Aug 1993
£85,108

Public Health Laboratory Service

Dr N T Begg
Phase II Clinical Trial of Haemophilus Influenzae Vaccine
Nov 1990 – May 1992
£137,492

Dr E Miller
MRC Trial on Acellular Whooping Cough Vaccine "Adjunct Studies"
Feb 1991 – May 1992
£69,159

Dr E Miller
Comparison of Acellular and Whole Cell Whooping Cough Vaccines (Repeat of MRC Phase II Trial on Accelerated Primary Immunization Schedule)
June 1992 – Dec 1993
£113,583

Communicable Disease Surveillance Centre

Dr N T Begg
Phase II Clinical Trial of Candidate Meningococcal Vaccines
Oct 1993 – Sept 1995
£211,397

Dr K Cartwright
Acquisition of Meningococci in Marine Commando Recruits
Jan 1994 – Dec 1996
£93,388

Virus Reference Division

Dr D Brown
Measurement of the Rate of Decline of Maternally-Acquired Measles Antibody in Infants in the UK
Oct 1993 – Dec 1993
£6,449

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

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University of Bristol

Institute of Child Health, Royal Hospital for Sick Children

Professor J Golding
Preliminary Analysis of the
Avon Longitudinal Study of
Pregnancy and Childhood
Data on Sleeping Position
and Sudden Infant Death
Syndrome and Infant
Morbidity
Dec 1991 – Dec 1991
£2,000

Professor J Golding
Avon Longitudinal Study of
Pregnancy and Childhood
(ALSPAC) – Feasibility
Study
Dec 1991 – Dec 1992
£225,000

Professor J Golding
Sudden Infant Death
Syndrome: Monitoring
Changes in Practice
Apr 1993 – Mar 1996
£87,469

University of Cambridge

Addenbrooke's Hospital, Department of Psychiatry

Dr L Murray
Role of Health Visitors in
Treatment of Post-Natal
Depression: Prevention of
Adverse Effects on Infant
Development
July 1991 – Mar 1994
£114,886

Child Care & Development Group

Dr F Price
Information About the
Prospect of Triplets: A
Project to Pilot a Booklet
for Women and Men
Attending Infertility Clinics
Aug 1990 – Aug 1991
£60,489

Institute of Public Health, European Prospective Investigation of Cancer (EPIC)

Dr S Bingham
Prospective Markers of
Anti-Oxidant Status in
Relation to Future
Cardiovascular Disease,
Lung and Stomach Cancer
Apr 1993 – Mar 1995
£231,550

University of Dundee

Dr A McWhinnie
Study of Parenting in
Families Created by
Artificial Insemination and
In Vitro Fertilization
May 1992 – Dec 1992
£36,266

University of Exeter

Department of Child Health

Dr J H Tripp
Vitamin K Studies –
Childhood Cancer
Oct 1993 – Dec 1994
£21,792

University of Kent

Centre for Health Service Studies

Professor J R Butler
A Follow-up Study of the
Behaviour and Attitudes of
General Practitioners
Towards Preventive Health
Care
Dec 1989 – June 1991
£44,772

Professor M Calnan
Re-Analysis of Existing
Data on Consumer
Satisfaction and Health
Promotion
Dec 1989 – May 1992
£37,314

Dr M Calnan
Coronary Heart Disease
Prevention: The Role of the
General Practitioner
Oct 1990 – Sept 1992
£181,232

Professor J Butler
Child Health Surveillance:
Organization, Content and
Delivery of Pre-School
Services
Oct 1990 – Sept 1994
£321,380

Professor M Calnan
An Evaluation of the New
Health Promotion Package
for General Practice
Jan 1994 – May 1996
£64,912

University of Leeds

Dr A C Dowell
Evaluation of Health
Promotion in Primary Care
Mar 1994 – May 1995
£78,304

University of Leicester

Centre for Mass Communication Research

Professor Halloran and Dr
Dickinson
Ethnic Minority Attitudes
to NHS Provision and
Health Promotion Material
Sept 1990 – Dec 1992
£85,351

Department of Epidemiology and Public Health

Professor D Jones
Sudden Infant Death
Syndrome: Monitoring
Changes in Practice
Aug 1993 – Apr 1996
£293,738

Leicester Royal Infirmary

Dr K Nicholson
Influenza Vaccination in the
Elderly
Nov 1992 – Nov 1994
£64,826

Dr Field and Dr Grant
Neonatal Extracorporeal
Membrane Oxygenation –
A Multicentre Randomized
Controlled Trial*
Nov 1992 – Oct 1996
£687,783

University of Liverpool

Department of Community Health

Professor P O D Pharoah
Costs and Benefits of
Neonatal Intensive Care
Feb 1988 – Jan 1992
£149,908

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

Department of Obstetrics and Gynaecology

Dr I R McFadyen
Carriage of and Infection
by *Listeria* During
Pregnancy: An
Investigation into its
Clinical Significance
Mar 1990 – Feb 1993
£201,982

University of London

Institute of Education

Social Sciences Research Unit

Professor A Oakley
Infant Feeding: Possible
Relationships between
Social Factors and
Maternity Care
June 1992 – Oct 1992
£9,700

Institute of Psychiatry

Ms J Murray
Primary Prevention of
Mental Illness: A Literature
Review
May 1990 – Dec 1992
£57,073

King's College

Department of Nursing Studies

Professor J Wilson-Barnett
Health Education and
Health Promotion in
Nursing: A Study of
Practice in Acute Areas
May 1990 – Apr 1992
£135,444

Dr A While
Care and Support for
Children with Life
Threatening Conditions
Nov 1992 – Nov 1994
£163,902

London School of Hygiene and Tropical Medicine

Dr A J Isaacs
Utilization of Hormone
Replacement Therapy by
Women Doctors
Apr 1993 – May 1994
£8,833

Dr Dolk and Dr Elliott
Clustering and
Geographical Variation in
Anophthalmia
Jan 1994 – Sept 1995
£57,120

Medical College of St Bartholomew's Hospital

Queen Elizabeth Hospital

Dr C Charlton
The Need for Hepatitis B
Immunization: A Study of
Families of Low Risk
Hepatitis B Carrier Mothers
in City and Hackney Health
Authority
July 1991 – Mar 1993
£119,973

The Rayne Institute

Dr A Steward & Professor
Reynolds
Neurodevelopmental
Disorders in Newborn
Infants Who Require
Intensive Care
Oct 1986 – Sept 1992
£428,863

United Medical & Dental Schools of Guy's & St Thomas's

St Thomas's Hospital, Department of Virology

Dr J Best
A Prospective Study of
Rubella Reinfection and
Further Studies on
Immunity to Rubella
Following Vaccination
Mar 1990 – Mar 1993
£153,350

University of Newcastle-upon-Tyne

Newcastle General Hospital

Dr W M G Tunbridge
Study of Risk Factors for
Cardiovascular Disease and
Thyroid Disorders
Mar 1993 – Feb 1995
£82,850

Professor A Craft
Cancer in Children –
Vitamin K
Jan 1994 – Dec 1994
£185,071

University of Nottingham

Ms J Allison
Midwifery Practice in
Nottingham, 1948–1972
Oct 1993 – Jan 1994
£11,447

Queen's Medical Centre

Mr J Gardosi
Customized Foetal Growth
Charts: Foetal Growth
Screening Project
Apr 1993 – Mar 1995
£184,568

University of Oxford

The Cochrane Centre

Dr Enkin
Maintenance and
Development of an Existing
System for Updating
Reviews of Controlled
Trials in Midwifery and
Obstetrics*
July 1992 – June 1995
£253,408

Department of Zoology

Professor R Anderson and
Dr D Nokes
Quantitative Appraisal of
Different Vaccination
Programmes in the UK –
Optimizing the Use of
Measles/Mumps/Rubella
Vaccine
Apr 1992 – July 1996
£218,491

Professor R Anderson and
Dr D Nokes
Quantitative Appraisal of
Different Vaccination
Programmes in the UK –
Epidemiology and Control
of Hepatitis B Virus
Apr 1993 – July 1996
£222,177

National Perinatal Epidemiology Unit

Dr M Renfrew
Establishing Priorities for
Research in Midwifery*
May 1993 – May 1994
£21,763

Dr M Renfrew
Immersion in Water During
Labour and/or Birth: The
Need for Evaluation*
Aug 1993 – Oct 1994
£87,041

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

University of Sheffield

Professor I D Cooke
Investigation of
Counselling Needs and
Outcomes for In Vitro
Fertilization Patients
Oct 1990 – Sept 1991
£42,085

Dr J A Kanis
Screening for Post-
Menopausal Osteoporosis
Dec 1990 – Nov 1991
£36,310

University of Southampton

Mr S Peckham
Survey of Data on Teenage
Pregnancy
Mar 1994 – Oct 1994
£26,381

University of Sussex

Centre for Social Policy and Social Work

Ms C Moulder
Women's Experience of
Pregnancy Loss
Sept 1993 – Apr 1996
£149,862

University of Wales

College of Medicine, Institute of Medical Genetics

Professor P S Harper
Recombinant DNA and the
Prevention of Inherited
Neurological Disease
Apr 1989 – Mar 1992
£175,280

University of Warwick

Department of Sociology

Professor M Stacey
Overview of Research on
Child Health Care
Provision and Utilization
Aug 1986 – Aug 1992
£70,521

Welsh Health Common Services Authority

Health Intelligence Unit

Dr M Cotter
Vitamin K as a Possible
Risk for Childhood Cancer
July 1993 – Dec 1994
£8,742

ENVIRONMENTAL HEALTH

Campden Food and Drink Research Association

Mrs J Gaze
Determination of the Heat
Resistance of Neurotrophic
Strains of Clostridium
Botulinum in Foods
Aug 1992 – July 1993
£81,077

Christie Hospital NHS Trust

Paterson Institute for Cancer Research

Dr A Young and Dr C S
Potten
Ultraviolet Radiation and
Skin Cancer: Biological
UV Dosimetry
Oct 1993 – Sept 1996
£195,223

Institute of Ophthalmology

Moorfields Eye Hospital

Professor Arden
Reassessment of Maximum
Permissible Exposure to
Blue Light
Jan 1991 – June 1994
£247,975

National Radiological Protection Board

Mr M C O'Riordan
Investigation of the Effect
of Radon in Houses
Apr 1988 – Mar 1995
£506,741

Public Health Laboratory Service

Centre for Applied Microbiology & Research

Dr C W Keevil
Environmental Growth
Determinants of Legionella
Pneumophila
Dec 1991 – Nov 1992
£22,914

Dr Leach
Survival Growth and
Adaptive Responses of
Campylobacter Jejuni in the
Environment
Mar 1994 – Feb 1996
£181,816

University of London

St George's Hospital Medical School

Department of Public Health and Sciences

Professor R Anderson
Health Effects of the
Nitrogen Dioxide Episode
in London, December 1991
Apr 1993 – Feb 1994
£51,000

Water Research Centre [1989]

Mr W K Dougan
Health Effects of Sea
Bathing – Phase III
Apr 1991 – Mar 1993
£244,210

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

SOCIAL CARE ADULTS

Bristol Office Machines Ltd

Mr M Westwood
Community Care
Implementation: Purchasing
and Budgeting
Nov 1990 – May 1991
£33,399

Durham University

Institute of Health Studies

Ms D Barnes
Research Review for Social
Services Inspectorate
Exercise on Community
Care and Mental Illness
Sept 1993 – Oct 1993
£4,729

Mrs B Fiedler

Research Review for Social
Services Exercise on
Physical and Sensory
Disability
June 1993 – Aug 1993
£3,200

Gwent College of Higher Education

Policy Studies Unit

Dr Philips and Dr Palfrey
Evaluation of Selected
Projects under the Initiative
on the Care of Elderly in
Wales
Jan 1990 – Apr 1993
£256,553

Loughborough University of Technology

Centre for Research in Social Policy

Dr R L Walker
Opportunities for
Volunteering: Monitoring
and Evaluation
Oct 1983 – Mar 1993
£726,228

North West Thames Regional Health Authority

Harrow HA, Charing Cross and Westminster Medical School

Professor B Sacks
Multi-Axial Classification
of Mental Handicap
Apr 1990 – June 1991
£25,600

Oxford Brookes University

Mrs V J Bacon
Building Design and the
Delivery of Day Care
Services to Elderly People
Nov 1991 – Aug 1992
£20,000

Oxford Regional Health Authority

Buckingham Mental Health Service

Dr I R H Falloon
Assessment of the Risks
and Reducing the Disability
Associated with Long Term
Community Care of
Chronic Mental Disorder
Apr 1990 – Nov 1991
£56,748

Policy Studies Institute

Mr Berthoud
Changing Patterns of
Family Support for Elderly
People
Sept 1991 – Aug 1992
£20,000

Ms I Allen
Social and Economic
Trends Affecting the
Supply of Informal Support
and Care to Elderly People
Mar 1992 – Dec 1992
£29,200

Ms I Allen
Research Review for Social
Services Inspectorate
Exercise on Care Packages
for Older People
Oct 1993 – Dec 1993
£10,100

Ms I Allen
Survey of Current
Provision of Respite Care
for Adults
Feb 1994 – July 1994
£74,942

Research and Development for Psychiatry

Mr P Ryan
Implementing Case
Management
Apr 1992 – Dec 1993
£210,000

Research Institute for Consumer Affairs

Mr D Yelding
National Disability
Information Project
Evaluation
July 1992 – June 1995
£274,689

Mrs D Robbins

Community Care
Summaries
Oct 1991 – Nov 1992
£46,577

Social and Community Planning Research

Ms J Ritchie
Implementation of the Care
Programme Approach for
People with Mental Illness
July 1991 – Mar 1993
£75,390

Social Information Systems

Dr H Giller
Development of
Assessment Framework for
Care Management
Aug 1993 – Nov 1993
£4,113

Tavistock Institute of Human Relations

Ms D Hills
Evaluation of Training
Support Programmes for
the Elderly
June 1990 – Aug 1992
£147,113

University of Bristol

Norah Fry Research Centre

Dr O Russell
Physically Aggressive
Behaviour by People with
Severe Learning
Disabilities
June 1987 – Feb 1992
£203,947

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

Dr O Russell
Respite Care for People
with Learning Disabilities
Nov 1987 – June 1991
£245,247

Dr O Russell
Health Care Delivery to
Residents of Community
Facilities for People with
Learning Disabilities
Nov 1989 – Mar 1992
£101,194

School for Advanced Urban Studies

Dr R I Means
Research Review for Social
Services Inspectorate
Exercise on Housing
Aspects of Community
Care
Dec 1993 – Mar 1994
£5,000

University of Leeds

Nuffield Institute for Health Service Studies

Professor G Wistow
A Study of Development
and Implementation of
Consumer Oriented Inter-
agency Strategy on
Community Care
May 1989 – Apr 1992
£131,776

Professor G Wistow with
Professor M Knapp
The Mixed Economy of
Care Programme
Apr 1990 – Mar 1996
£320,516

University of Liverpool

Department of Nursing

Dr N A Cullum
The Nursing Management
of Leg Ulcers in the
Community: A Critical
Review of Research
Apr 1990 – Mar 1992
£28,542

School of Health Sciences

Professor M Pearson
Research review for Social
Services Inspectorate
Exercise on the Role of
GPs and Primary Care
Teams, in Community Care
Sept 1993 – Dec 1993
£2,400

University of London

King's College London

Age Concern Institute of Gerontology

Professor A Tinker
Evaluation of Resource
Centres Attached to Part III
Homes
Oct 1989 – Apr 1991
£99,792

Professor A Tinker
The Provision of
Segregated, Special or
Integrated Social and
Health Services for Elderly
People from Ethnic
Minorities
Oct 1989 – Dec 1991
£120,878

Professor A Tinker
Abuse of Elderly People
Nov 1990 – June 1991
£10,373

Dr J M Askham
Primary Health Care for
Elderly People from Black
and Ethnic Minority
Groups
Nov 1990 – Nov 1991
£38,631

Professor A Tinker
Long Term Care of Frail
Elderly People
Dec 1991 – Feb 1992
£10,456

Institute of Psychiatry

Professor A Mann
Community Psychiatric
Nurse Management of the
Elderly Depressed in the
Community
Oct 1989 – Sept 1994
£149,081

Professor A Mann
Interprofessional Team-
work in Primary and
Community Care
Aug 1990 – Oct 1994
£126,556

Dr A Reed
Study of Psychiatric
Patients in the Community
Apr 1991 – July 1991
£3,350

Professor A Mann
Service Use by Older
People with Mental Illness
Sept 1991 – Dec 1991
£11,373

Ms J Murray
Husbands and Wives Who
Care for Elderly People
with Dementia and
Functional Psychiatric
Disorder
Apr 1993 – Sept 1995
£114,382

University of Manchester

Department of Nursing

Professor C A Butterworth
Telephone Consultation
Involving Community
Nurses and Health Visitors
Oct 1989 – May 1992
£101,021

Professor C A Butterworth
Community Psychiatric
Nurses and Psychosocial
Interventions for Families
Caring for a Relative with
Schizophrenia
Dec 1988 – May 1992
£104,443

Department of Psychiatry

Professor P J Huxley
Social Services
Arrangements for
Emergency Care of People
Affected by Mental Illness
July 1991 – Dec 1992
£39,861

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

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Hester Adrian Research Centre

Director:
Professor C Kiernan

- Behaviour Problems Programme
- Hearing Aid Services: Direct Referral Pilot Projects
- A Demographic Study of Ageing and Elderly People with Learning Disability
- The Psychiatric Assessment Schedule for Adults with a Developmental Disability (the PAS-ADD): Interview Development and Compilation of the Clinical Glossary, 1992-94
- An Evaluation of the Quality and Costs of Residential Further Education Services Provided by SENSE-in-the-Midlands
- Staff Turnover, Stress and Morale at SENSE-in-the-Midlands
- Developments in Community Care for Adults with Learning Disabilities

Programme Expenditure
1991 - 1994: £1,084,920

University of Nottingham

Blind Mobility Research Unit

Professor C I Howarth
Independent Living Skills: Visually Impaired People
Apr 1992 - Mar 1995
£237,323

University of Sheffield

Department of Sociological Studies

Mr P Marsh
Practice Placement in Social Work Training
June 1990 - May 1991
£21,225

Mr P Marsh
How Ready to Practice are Newly-Qualified Social Workers?
Jan 1992 - June 1994
£191,623

University of Southampton

Centre for Evaluative and Developmental Research

Dr C R Lovelock
Services for and Social Care of Blind and Partially Sighted People: A Research Review
Sept 1989 - June 1991
£17,726

Mr C R Lovelock
Evaluation of UK Participation in the EC HELIOS Programme (aimed at promoting social and economic integration of people with disabilities)
Dec 1990 - Dec 1993
£57,871

Department of Social Work Studies

Professor B Glastonbury
Social Work Training - Student Placement Failures
July 1990 - June 1991
£14,139

University of Wales

University College of North Wales (Bangor)

Centre for Social Policy Research and Development

Director:
Dr G Grant

- Longitudinal Study of Ageing: development of a support network typology
- Studies of Informal Support Available to People with Dementia
- Studies Related to the All Wales Strategy for the Development of Services for Mentally Handicapped People including: an Evaluation of Care Packages; Citizen Advocacy Projects; Audit of Day Opportunities Schemes; and Respite Services for Children and Adults
- The Implementation and Outcome of the Community Care Reforms in Wales

Programme Expenditure
1991 - 1994: £992,719

Health Services Research Unit

Dr C Crosby
Study of Psychiatric Rehabilitation in North Wales
Apr 1989 - Dec 1991
£176,621

College of Cardiff

Research Team for the Elderly

Dr D Jones
Informal Carers and their Elderly Dependents
Jan 1990 - June 1992
£201,170

College of Medicine

The Welsh Centre for Learning Disabilities - Applied Research Unit

Director:
Professor D Felce

- Evaluation of the Impact of the All-Wales Mental Handicap Strategy
- Day Services for Adults with Learning Disabilities
- Evaluation of Supported Employment Services for Adults with Learning Disabilities
- Refining Measures of the Quality of Community Residences
- Challenging Behaviour in the Community
- Family Life of Adults with Learning Disabilities

Programme Expenditure
1991 - 1994: £795,027

University of York

Department of Social Policy and Social Work

Mr J Brown
Transferability of Mental Handicap Nursing Skills from Hospital to Community
Aug 1989 - Oct 1991
£149,004

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 - March 1994.

* denotes a project based within a Unit, but which receives separate funding.

SOCIAL CARE CHILDREN

Economic & Social Research Council

Mr Portsmouth
National Child
Development Study:
Further Analysis
Sept 1989 – Aug 1993
£151,000

National Children's Bureau

Dr D Berridge
An Evaluative Study of the
Impact of Different Forms
of Assessment on Children
in, or at Risk of Admission
to, Local Authority Care
Oct 1989 – July 1993
£162,162

Dr R Sinclair
Planning and Reviewing
Cases Under the Children
Act 1989
Nov 1992 – Dec 1995
£212,494

Social and Community Planning Research

Ms J Richie
Child Sexual Abuse –
Prevalence Study
Oct 1991 – Feb 1993
£78,625

Tavistock Institute of Human Relations

Ms D Hills
Evaluation of Training
Packs for Child Care
Professionals, after the
Children Act 1989
July 1992 – Sept 1993
£62,260

University of Bath

Social Services Research & Development Unit

Dr A Kerslake
Looking After Children:
The Development of
Outcome Measures in Child
Care (Computer
Programme)
Mar 1993 – Jan 1995
£174,846

University of Bristol

Dartington Social Research Unit

Professor S Millham
Looking After Children:
The Development of
Outcome Measures for
Children in Care*
Jan 1987 – Dec 1996
£442,000

Institute of Child Health

Professor J Golding
The Impact of Different
Forms of Day Care and
Pre-school Education on
the Child
Dec 1993 – Nov 1998
£682,758

Norah Fry Research Centre

Ms Robinson and C Weston
Services to Disabled
Children: The Effect of the
Children Act 1989
Aug 1991 – May 1994
£317,096

School of Applied Social Studies

Ms E Farmer
Out of Home Care for
Abused and Abusing
Children
Sept 1993 – May 1996
£209,770

Social Policy and Social Planning

Ms E Farmer
Decision Making,
Intervention and Outcomes
in Respect of Children at
Risk
Sept 1988 – Jan 1993
£285,861

Professor R Parker
Children in Care: Follow-
up of the OPCS Disabled
Children Study
Oct 1990 – Dec 1991 and
July 1993 – May 1994
£21,829 and £29,829

Dr M Owen
Single-Person Adoption
Sept 1993 – Feb 1995
£69,733

Socio-Legal Centre for Family Studies

Mr M Murch
Pathways to Adoption:
Freeing for Adoption
Oct 1987 – Mar 1993
£208,495

Mr M Murch
Handling Children in
Courts – An Investigation
of Court Delays
Jan 1990 – May 1991
£139,494

Mrs J Hunt
Statutory Intervention in
Child Care: The Impact of
the Children Act 1989
June 1991 – Mar 1995
£537,408

University of East Anglia

Social Work Development Unit

Mrs J Gibbons
Outcome of Services: A
Follow-up Study using
NSPCC Registers
May 1988 – Mar 1994
£299,016

Dr J Thoburn
A Study of Client
Participation in Child
Protection Work
Oct 1989 – Aug 1992
£140,561

Dr J Thoburn
Literature Review on
Adoption Research
June 1990 – Aug 1991
£2,500

Mrs J Gibbons
The Operation of Child
Protection Registers
Oct 1990 – Dec 1992
£229,687

Dr J Thoburn
Placement of Children from
Ethnic Minority Groups
Oct 1991 – May 1992 and
Nov 1993 – Mar 1996
£14,471 and £169,023

Dr J Thoburn
Children in Need of
Protection: The
Implementation of the
Children Act 1989
Oct 1992 – Sept 1995
£245,038

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

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University of Edinburgh

Department of Social Policy and Social Work

Professor J Triseliotis
A Comparison of
Community and Residential
Care Programmes for
Teenagers
Jan 1991 – Aug 1994
£206,366

University of Leeds

School of Continuing Education

Mr M Stein
Support for Young People
Leaving Child Care: a
Study of Policy and
Practice
Oct 1990 – Nov 1994
£289,543

University of London

Guy's Hospital, Department of Child & Adolescent Psychiatry

Professor A D Cox
Improving the Quality of
Family Support: The
Evaluation of an Intensive
Approach
Nov 1992 – May 1996
£329,002

Institute of Child Health

Dr D Skuse
The Influence of Early
Experience of Sexual
Abuse on the Formation of
Sexual Preferences During
Adolescence
Apr 1992 – Mar 1995
£248,767

Institute of Psychiatry

Dr D Quinton
A Prospective Study of
Children Late Placed in
Permanent Substitute
Family Care
Sept 1989 – May 1993
£161,529

Professor M Rutter
Research on Inter-Country
Adoption
Jan 1993 – Dec 1996
£546,529

Mr A B Rushton
MRC Family Research
Project: A Prospective
Study of Siblings Late
Placed in Permanent
Substitute Families
June 1993 – Nov 1996
£234,217

London School of Economics and Political Science

Professor J La Fontaine
The Ritual Satanic Abuse
of Children
Oct 1991 – Nov 1993
£108,418

Royal Free Hospital School of Medicine, The Tavistock Clinic

Dr J Trowell
Psychotherapy with
Sexually Abused Girls
Feb 1993 – Jan 1996
£44,798

University of Manchester

Department of Social Policy

Mr B Gallagher
Organized and Ritual Child
Abuse
Jan 1993 – Feb 1994
£13,395

University of Nottingham

Child Development Research Unit

Professor E Newson
Provision for Children and
Adults with Autism in
England and Wales
Feb 1987 – Apr 1993
£374,134

University of Oxford

Department of Applied Social Studies

Mrs T Smith
Evaluation of the Impact of
Family Centres on the
Neighbourhoods they Serve
Sept 1988 – Sept 1991
£34,837

Dr J Aldgate
The Effect of Intervention
in Child Sexual Abuse
Cases
Nov 1989 – Dec 1993
£254,337

Dr J Aldgate
Using Respite Care to
Prevent Family Breakdown
Apr 1991 – June 1995
£280,529

Dr J Aldgate
The Implementation of
Policies and Practices for
Children in Need after the
Children Act 1989:
National Monitoring
July 1992 – June 1994
£99,930

University of Southampton

Department of Social Work Studies

Mr G P Tuson
Evaluation of Inter-
Disciplinary Training in
Dealing with Child Sexual
Abuse
Oct 1990 – Dec 1991
£35,968

University of Stirling

Ms C Hallett
Inter-Agency Coordination
in Child Abuse
Sept 1988 – Mar 1992
£217,347

University of Sussex

Mr C Warren
Evaluation of Out-of-
School and Family Support
Initiatives
Oct 1992 – Sept 1995
£200,694

University of Wales

Cardiff Law School

Mr M Murch
Support Services for
Families of Children
Adopted Out of Care
Jan 1994 – Dec 1996
£227,409

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

University of York

Department of Social Policy and Social Work

Professor D Whittaker
The Prevailing Cultures and Staff Dynamics in Children's Homes
Sept 1992 – Aug 1995
£316,239

Professor I Sinclair
Review of Literature on Residential Care
Jan 1993 – Mar 1994
£38,541

Professor I Sinclair
The Role and Quality of Residential Care for Children
May 1993 – Apr 1996
£235,287

HEALTH INTERVENTIONS

Frenchay Healthcare Trust

Speech and Language Therapy Research Unit

Dr P Enderby
The Review of Literature on the Efficacy of Speech and Language Therapy and Development
Mar 1993 – Aug 1994
£70,514

Dr P Enderby
The Development of Outcome Measurement and Target Setting for the Improvement of Services for People with Speech and Language Impairment
Jan 1994 – Nov 1994
£42,360

MRC Epidemiology/Medical Care Unit

Dr T W Meade
Hormone Replacement Therapy (HRT)
1 – Validation of HRT Prescription Rates in GP Questionnaires
2 – Patient Interview and Questionnaire Study
Mar 1991 – Mar 1993
£33,000

MRC Institute of Hearing Research

Professor M Haggard
Evaluation of Cochlear Implant Programme
Jan 1991 – Mar 1994
£288,467

Professor M Haggard
Multiple Outcome Measures for Evaluating Hearing Aid Fittings and Services
Nov 1992 – Mar 1995
£186,406

National Heart and Lung Institute

Professor D Wood
British Family Heart Study – Health Policy Implications
Jan 1994 – Dec 1994
£69,632

National Physical Laboratory

Dr Preston
Temperature Rise from Pulsed Doppler Ultrasound Equipment
Feb 1994 – Apr 1996
£98,120

North East Thames Regional Health Authority

City and Hackney HA, Hackney Hospital

Dr J W Coid
Treatment Outcome of Psychopathic Disorder: A Literature Review
Aug 1992 – Oct 1992
£11,700

City & Hackney HA, St Bartholomew's Hospital

Department of Neurological Sciences

Dr R Greenwood
An Investigation Into the Effects of Case Management on Outcome After Severe Head Injury
Mar 1990 – Aug 1991
£42,105

Hampstead HA, Royal Free Hospital

Health Psychology Unit

Dr C J Seers
Maintaining People with Chronic Benign Pain in the Community: Alternative Methods of Pain Control
Oct 1990 – May 1993
£182,123

North West Thames Regional Health Authority

Riverside HA, Charing Cross Hospital

Department of Medical Oncology

Dr G J S Rustin
Evaluation of Tumour Markers: Health Technology Assessment
Oct 1987 – Dec 1991
£288,428

Harrow HA, Northwick Park Hospital

Professor E Johnstone
Assessment of Needs of Chronic Schizophrenics Living in the Health District of Harrow – Establishment of Database
Feb 1987 – June 1991
£77,814

Royal College of Psychiatrists

Professor J Wing
Development of Brief Measures of Outcome for the Mentally Ill
Oct 1992 – June 1993
£8,496

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

The Royal College of Surgeons

Surgical Audit Unit

Mr H B Devlin
Management of Groin
Hernias in Adults: Practice
Guidelines
June 1992 – Feb 1993
£11,328

Royal Postgraduate Medical School

Hammersmith Hospital

Dr C Bulpitt
Hypertension Care Project
– an Examination of the
Effects of Treatment and
the Affect on "Quality of
Life"
June 1989 – Nov 1992
£216,027

South West Thames Regional Health Authority

Wandsworth HA, Atkinson Morley Hospital

Dr T McMillan
Rehabilitation from Brain
Injury – Literature Review
Mar 1991 – June 1991
£5,984

Trent Regional Health Authority

Rotherham HA

Dr J N Payne
A System of Further
Enquiry and Action into the
Hypertensive and
Cerebrovascular Avoidable
Deaths Indicator in the
Trent Health Region
Aug 1990 – Dec 1992
£40,710

University of Birmingham

All Saints Hospital

Dr M Birchwood
Early Signs: Predicting
Relapse in Schizophrenia
July 1990 – Dec 1994
£129,196

University of Bristol

United Kingdom Transplant Service

Professor B A Bradley
Corneal Transplants
Follow-up Study
Jan 1990 – Mar 1993
£77,976

University of Cambridge

Addenbrooke's Hospital

Sir Roy Calne
A Prospective Study of
HLA Typing in Liver
Transplantation
Sept 1990 – Aug 1992
£62,257

Dr R Williams
Health Needs Assessment:
Dementia
Aug 1991 – Dec 1991
£8,203

Dr R Williams
Health Needs Assessment:
Diabetes
Aug 1991 – July 1992
£4,697

University of Leeds

Rheumatology & Rehabilitation Research Unit

Professor A Chamberlain
Needs Assessment in
Rehabilitation
Dec 1991 – May 1992
£35,227

University of Leicester

Dr A Lowy
The Health Benefits of
Routine Histological
Examination of GP
Excision Specimens
June 1993 – May 1994
£41,931

University of Liverpool

Department of Economics & Accounting

Mr R C Stevenson
Diabetic Foot Study:
Further Work
May 1991 – Oct 1993
£40,929

Department of Nursing

Professor K Luker
Development and
Evaluation of Computer-
Assisted Learning for
Patients on Continuous
Ambulatory Peritoneal
Dialysis
Mar 1988 – Sept 1991
£96,054

Department of Public Health

Dr J Ashton
Health Needs Assessment –
Family Planning Services
July 1991 – Nov 1991
£6,000

Royal Liverpool Hospital

Professor L Klenerman
Diabetic Foot Study
Nov 1989 – Dec 1992
£73,954

School of Health Sciences

Professor M Pearson
The Impact of Health
Policy on Household
Activities and Scheduling
Jan 1991 – Dec 1994
£247,059

Walton Hospital

Mr G F G Findlay
Clinical and Economic
Appraisal of Percutaneous
Nucleotomy Compared
with Lumbar
Microdiscectomy in the
Management of Lumbar
Disc Disease
Apr 1990 – Dec 1993
£84,114

University of London

Guy's Hospital, Department of Child & Adolescent Psychiatry

Professor A D Cox
Computer-Based
Techniques in Diagnosis
Jan 1990 – June 1994
£65,314

Institute of Child Health

Professor M A Preece
Follow-up of Patients Who
Have Been Treated with
Human Growth Hormone
of Pituitary Origin
Oct 1987 – Dec 1992
£38,219

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

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**Institute of Education
Social Science Research
Unit**

Dr A Oakley
Studies on Perception of
Pain and Pain Relief
Jan 1992 – May 1992
£17,790

Institute of Psychiatry

Dr G Murphy
Treatment of Severe Self-
Injurious Behaviour
Sept 1988 – Dec 1991
£171,462

Professor J C Gunn
Survey of Treatment and
Security Needs of Special
Hospital Patients
June 1989 – June 1991
£21,050

Professor A Mann
Evaluating the Clinical
Usefulness of a Self-
administered Computerized
Assessment for Minor
Psychiatric Disorder
May 1990 – Dec 1991
£56,468

Professor A Mann and Dr
Wilkinson
The Practice Nurse and the
Management of Depressed
Patients in Primary Care
June 1991 – Sept 1993
£186,975

**King's College School of
Medicine and Dentistry**

**Department of General
Practice Studies**

Dr P White
Feedback of Patient-
Specific Morbidity Data in
Asthma: A Randomized
Controlled Trial in General
Practice
Jan 1991 – Mar 1994
£189,059

**Medical College of St
Bartholmew's Hospital**

**Department of General
Practice & Primary Care**
Professor Southgate
Evaluation of Collaborative
Clinical Guidelines in
Hackney General Practices
Oct 1992 – Oct 1994
£69,735

**St George's Hospital
Medical School**

Professor R Anderson
Health Needs Assessment:
Respiratory Disease
Apr 1991 – June 1991
£11,000

Dr T P Burns
A Randomized Control
Trial of Intensive
Psychiatric Case
Management for Heavy
Service Users
Jan 1994 – Oct 1997
£267,726

**United Medical and
Dental Schools of Guy's
and St Thomas's
Hospitals**

Division of Medicine

Director:
Professor G C Viberti

Primary Prevention of
Renal Disease and
Postponement of End Stage
Renal Failure in Diabetic
Patients

Programme Expenditure
1991 – 1994: £584,347

**University of
Newcastle**

**Department of
Epidemiology and Public
Health**

Professor L Donaldson and
Mr A Barton
Tonsillectomy and
Adenoidectomy: Guidelines
for Best Practice
Sept 1993 – Aug 1995
£106,432

University of Oxford

**Department of Public
Health and Primary Care,
Radcliffe Infirmary**

Professor M P Vessey
Hormone Replacement
Therapy in the Menopause:
A Cost-Effective Analysis
Mar 1990 – Mar 1992 and
Sept 1993 – Sept 1994
£77,491 and £61,497

Dr D Mant and Dr E
Grunfeld
Breast Cancer in
Remission: Follow-up by
General Practitioners
Dec 1992 – Dec 1994
£76,263

**Health Services Research
Unit**

Dr A Coulter
Evaluating the Outcomes of
Treatment for Menorrhagia
Sept 1990 – Aug 1993
£56,695

**National Perinatal
Epidemiology Unit,
Radcliffe Infirmary**

Dr Field and Dr Grant
Neonatal Extracorporeal
Membrane Oxygenation: A
Multicentre Randomized
Control Trial – Perinatal
Trials Service Data
Handling*
Oct 1992 – Aug 1997
£489,431

**Nuffield Orthopaedic
Centre NHS Trust**

**Department of
Orthopaedic Surgery**

Mr C Bulstrode
The Relationship between
Early Migration and
Loosening in Total Hip
Replacement
Jan 1994 – Dec 1995
£105,305

**Oxford Orthopaedic
Engineering Centre**

Dr A R Turner-Smith
Loosening or Migration of
Prosthetic Hip Joints
Jan 1989 – Dec 1991
£266,359

**Rivermead Rehabilitation
Centre**

Dr D Wade
Health Needs Assessment:
Stroke
Apr 1991 – June 1991
£7,396

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

University of Southampton

Department of Primary Medical Care Alderman Health Centre

Professor D A Wood
Randomized Controlled
Trial of Coronary Risk
Factor Intervention
Jan 1993 – Dec 1993
£232,559

Rehabilitation Research Unit, Southampton General Hospital

Professor McLellan and
Mrs Bower
The Effect of Intensive
Physiotherapy and
Formalized Negotiation of
Goals upon the Rate of
Motor Skill Acquisition in
Children with Cerebral
Palsy
Dec 1992 – Nov 1994
£70,313

University of Wales

College of Cardiff

Dr T D Turner
Wound Management
Products
Nov 1988 – June 1991
£65,540

Dr D K Luscombe
Blood Glucose Strips:
Diabetic Self-Monitoring
Jan 1990 – Dec 1991
£73,881

Department of Optometry

Dr J M Woodhouse
Techniques for the
Evaluation of Visual
Function in Visually and
Multi-Handicapped
Children
Aug 1990 – Nov 1993
£105,360

College of Medicine

Dr P Kinnersley
Process and Outcomes of
Consultation in Primary
Care
Jan 1993 – Dec 1994
£33,976

Professor Wiles
Walking and Mobility in
Patients with Multiple
Sclerosis
June 1993 – June 1995
£53,194

Dr Sinclair and Professor
Woodhouse
Elderly Diabetic Health
Care in Wales: Needs
Assessment
Mar 1994 – Mar 1996
£175,685

Diabetes Research Unit

Dr R Gibbins
Diabetic Retinopathy
Study: Screening
Evaluation
July 1993 – Oct 1996
£337,512

University of Warwick

Mr J Stilwell
Rehabilitation of Brain
Injured Adults
May 1992 – Apr 1995
£1,121,488

Warwick Business School

Dr A Szczepura
Early Evaluation of the
DH/Wolfson Initiative:
Training Units for
Minimally Invasive
Techniques
Dec 1993 – May 1994
£20,000

Wessex Cancer Intelligence Unit

Dr H Sanderson
Health Needs Assessment:
Cancer of Lung and Large
Bowel
July 1991 – Oct 1991
£10,800

West Sussex Health Authority

Chichester HA

St Richard's Hospital

Mr R A P Scott
Routine Ultra Sound
Screening in the
Management of Abdominal
Aortic Aneurysm
Mar 1989 – June 1994
£138,979

Yorkshire Regional Health Authority

The Queen's Building

Dr A Bull
Avoidable Death From
Cervical Cancer
Oct 1990 – Nov 1991
£34,825

HEALTH ORGANIZATION

Aston University

Pharmacy Practice Research Group

Mr M H Jepson
Role of the Community
Pharmacist
July 1989 – Dec 1991
£110,701

Bristol and Weston Health Authority

Bristol Royal Infirmary

Dr I Watt
Quality Management
Systems in Diagnostic
Radiology Departments
Apr 1990 – Mar 1992
£75,344

Brunel University

Centre for the Evaluation of Public Policy and Practice

Professor M Kogan
Evaluation of the Total
Quality Management
Initiative Nov 1990 – Mar
1994
£289,682

Professor M Kogan
Clinical Audit in the
Therapy Professions
July 1992 – Aug 1994
£213,702

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

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Health Economics Research Group

Director:
Professor M J Buxton

HERG's programme of research on economic evaluation of health technologies encompasses a wide range of technology and a necessarily broad range of evaluative methodologies. Major projects include:

- Evaluation of Picture Archiving and Communication Systems (PACS)
- Evaluation of the Resource Management Initiative
- The Cost-effectiveness of Alternative Methods of Screening for Diabetic Retinopathy
- The Medical Laser Technology Assessment
- An Economic Evaluation of Alternative Treatments for Menorrhagia
- Medical Audit at the Supra-Hospital Level
- Measuring the Payback to R&D Projects

Programme Expenditure
1991 – 1994: £841,009

Institute of Social Studies

Mr S Cang
NHS and the Criminal Justice System Joint Working – Mentally Disordered Offenders, and Cost Implications
Oct 1990 – Sept 1991
£67,591

Clinical Accountability Service Planning and Evaluation (CASPE) Research

Director:
Dr I Wickings

- Developing Indices of Patient Satisfaction
- Nursing Workload and Case Mix
- Outcomes Management
- Evaluating Medical Audit
- Evaluating Nursing and Therapy Audit

Programme Expenditure
1991 – 1994: £1,401,550

Greenhalgh & Co

Mrs C Greenhalgh
The Interface between Junior Doctors' Roles and Responsibilities and those of Nurses and Midwives
Nov 1992 – Sept 1993
£242,000

Institute for Social Studies in Medical Care

Director:
Dr A Cartwright

- Living with AIDS
- Out-patients and their Doctors
- Contraceptive Services and Recent Mothers

Programme Expenditure
1991 – 1994: £397,254

Keele University

Centre for Health and Planning Management

Professor E Scrivens
Evaluation of Accreditation in the NHS
May 1993 – Oct 1994
£203,354

King's College Hospital

Department of Psychological Medicine

Dr S Wessley and Dr S Blumenthal
The Patterns of Delay in Mental Health Review Tribunal
Oct 1992 – Sept 1993
£51,380

Maggs Research Associates

Professor C J Maggs
Evaluation of Direct Midwifery Training
Dec 1990 – June 1994
£236,410

Professor C J Maggs
Literature Review of Nursing Outcome Studies
Oct 1991 – Dec 1991
£12,948

Professor C J Maggs
Workshop in Mentorship in Nursing, Midwifery and Health Visiting
Nov 1991 – Dec 1991
£2,820

Professor C J Maggs
Shaping the Future: Workforce Research
Jan 1993 – Jan 1993
£5,000

MRC Biostatistics Unit

Dr S McDonald-Gore
Inter-Regional Confidential Audit of All Deaths in Neonatal Intensive Care Units
Feb 1989 – May 1991
£17,581

MRC/ESRC Social & Applied Psychology Unit

Dr S Folkard
Night and Shift Work in Nursing and Midwifery
Jan 1990 – Mar 1993
£215,552

National Foundation for Educational Research in England and Wales

Dr S Hegarty
Evaluation of Experimental Schemes in Basic General Nurse Education/Training
Feb 1989 – Aug 1993
£473,837

Policy Studies Institute

Ms I Allen
Doctors and Their Careers – Follow Up Study
Nov 1990 – Sept 1992
£149,598

Mr D J Smith
Careers of Nursing Staff in a Multi-racial Society
Mar 1992 – Feb 1994
£211,148

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

Public Health Laboratory Service

Miss L Taylor
Cost Implications of
Hospital-Acquired
Infections
July 1993 – July 1995
£285,626

Queen's University, Belfast

Health and Health Care Research Unit

Professor C Normand
Causes of Staff Turnover in
the NHS: The Influence of
Labour Market Conditions
June 1989 – Nov 1991
£97,593

Professor C Normand
Extension of Clinical Audit
to the Therapy Professions
– Feasibility Study
Oct 1990 – Apr 1991
£38,132

Royal College of General Practitioners

Dr D M Fleming
Inter-Practice Variability of
Diagnoses, Referrals to
Hospital and Investigations
Jan 1988 – Dec 1995
£22,300

Dr D M Fleming
The Relationship between
Patient Morbidity and
Practice Prescribing
Mar 1992 – Dec 1994
£4,538

Royal College of Nursing

National Institute for Nursing

Dr A L Kitson
The Impact of a Nursing
Quality Assurance Package,
the Dynamic Standard
Setting System, on Nursing
Practice and Patient
Outcomes
Jan 1989 – Mar 1992
£183,942

Royal Free Hospital

TAPS Research Unit (Team for the Assessment of Psychiatric Services)

Professor J Leff
Evaluating the Transition
from Psychiatric Hospitals
to District-Based Services
Apr 1986 – Mar 1993 and
Apr 1993 – Sept 1995
£295,970 and £270,192

Social and Community Planning Research

Mr L Brook
British Social Attitudes
Survey: Monitoring of
Public Attitudes Towards
Health Service Provision
Jan 1990 – Dec 1996
£143,000

South West Thames Regional Health Authority

Wandsworth HA, St George's Hospital

Dr J E Williams
Quality Management
Systems in Diagnostic
Radiology Departments
Apr 1990 – Mar 1992
Total Expenditure –
£104,480

Dr Z Kurtz
Mental Health Services for
Children and Young People
Jan 1993 – June 1995
£142,072

Touche Ross Management Consultants

Ms A Capaldi
Nurse Prescribing – Cost
Benefit Analysis
May 1991 – Sept 1991
£91,334

University of Bath

Centre for Analysis of Social Policy

Professor R Klein
Explaining Outputs of
Primary Health Care:
Population and Practice
Factors
Nov 1991 – Aug 1992
£34,239

University of Birmingham

Community Dental Health Unit

Professor R J Anderson
Children's Dental Health
under the Capitation
Scheme
Sept 1993 – Aug 1994
£32,330

Wolfson Research Laboratories

Director:
Professor J G Ratcliffe

- Markers of Disease
- Management of Demand for Laboratory and Other Resources
- Improved Communication and Decision Support Systems in Primary Care
- Evaluation of Devices for Extra Laboratory Testing
- Disposable Test Cards for Rapid Screening of Blood
- Development of Devices to Detect and Monitor Active and Passive Smoking

Programme Expenditure
1991 – 1994: £1,573,872

University of Bristol

Department of Child Health, Royal Hospital for Sick Children

Professor J D Baum
Neonatal and Obstetrics
Units: Skill-Mix and Staff
Recruitment
Dec 1989 – Dec 1993
£371,974

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

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Health Care Evaluation Unit

Professor S J Frankel
Health Needs Assessment:
Elective Surgery
Apr 1991 – July 1991
£20,000

Professor S J Frankel
Best Practice Guidelines for
Common Waiting List
Conditions
Oct 1992 – Dec 1994
£103,789

Professor S J Frankel
Review of Research on
Waiting Times
July 1993 – Dec 1993
£22,825

Dr M H Williams
Population Requirements
for Elective Surgery
Sept 1993 – Sept 1995
£215,907

University of Cambridge**School of Clinical Medicine**

Mr R Wakeford
To Evaluate a Careers
Counselling Programme:
An Action Research Project
in Postgraduate Medical
Education
Mar 1990 – July 1993
£109,994

University of Greenwich

Dr R Corney
General Practitioner Use of
Mental Health Services:
The Impact of Fundholding
Oct 1993 – Sept 1995
£62,955

University of Hull**Ambulatory Care Research Programme**

Director:
Professor A Hutchinson

- Development and Use of Outcome Measures
- Severity of Illness
- Investigation into the Implementation of Clinical Guidelines

Programme Expenditure
1991 – 1994: £661,639

University of Leeds**Nuffield Institute for Health Service Studies**

Professor G Wistow
Night Nursing – the Role of
the Night Sister/Charge
Nurse
Mar 1990 – Feb 1993
£93,589

Professor G Wistow
Mental Health Nursing
Project
Oct 1993 – Sept 1995
£209,768

University of Liverpool

Dr A Fletcher
Screening of Elderly People
– MRC Study
Dec 1993 – Nov 1998
£400,000

University of London**Imperial College of Science and Technology****The Management School**

Professor S Dawson
Assessment of Management
Competencies in the NHS
Jan 1992 – June 1994
£181,510

Institute of Psychiatry

Dr S Wessley
The Extent of Local
Arrangements for the
Diversion of the Mentally
Disordered Offender from
Custody
Oct 1991 – June 1992
£34,449

Social and Community Psychiatric Unit

Dr G Thornicroft
Study of Emergency
Psychiatric Services
Apr 1991 – Sept 1991
£19,079

Dr K Gournay
Evaluation of the Work of
Community Psychiatric
Nurses in Primary Care
Apr 1988 – Sept 1991
£141,928

King's College**Nursing Research Unit**

Director:
Professor S Redfern

- Indicators of Quality in Individual Patient Care
- Validation of Quality Assessment Instruments for Nursing
- Clinical Audit in Four Therapeutic Professions
- Longitudinal Panel Studies of the Careers of Registered General Nurses, Registered Mental Nurses and Nursing Graduates, and Midwives

Programme Expenditure
1991 – 1994: £1,326,919

London School of Hygiene & Tropical Medicine

Professor C Normand
Health and Social Services
Manpower: A Review of
Research 1986-92
Aug 1991 – Mar 1992
£43,774

Dr N Black
Relationship Between
Research and Audit
Nov 1991 – Dec 1991
£500

Professor K McPherson
Survey of Intensive Care
Provision
Mar 1993 – Nov 1994
£91,637

St George's Hospital Medical School

Professor P Freeling
The Impact of New
Technology on
Investigations in General
Practice
July 1989 – Dec 1991
£163,910

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

Dr Eastman
NHS and the Penal and
Criminal Justice Systems:
Evaluation of the Interfaces
June 1991 – Dec 1992
£87,197

St Mary's Hospital Medical School

Dr McManus
Survey of Medical Student
Selection
Sept 1990 – Sept 1991
£69,710

Dr Tyrer
Comparison of Community
and Hospital-Orientated
Care for Discharged
Psychiatric In-Patients
Feb 1993 – Jan 1995
£188,964

University of Manchester

Department of Oral Health and Development

Mrs V E Rushton
A Clinical Study to
Evaluate a Simple
Radiographic Quality
Assurance Programme in
General Dental Practice
June 1991 – May 1993
£12,088

Professor A Blinkhorn
Impact of the New General
Dental Practitioner Contract
on Dental Health
May 1993 – Apr 1995
£70,059

Department of Psychiatry

Professor D Goldberg
Interface Between Primary
Care and Specialist
Psychiatric Care in the
Community
Sept 1988 – Jan 1992
£150,232

Professor F Creed
Modified Cost Benefit
Analysis Comparing Day-
and In-Patient Treatment
for Acute Psychiatric
Illness
Feb 1990 – July 1993
£161,085

Professor F Creed
Evaluation of Court
Diversion Schemes Staffed
by Doctors or Community
Psychiatric Nurses
Jan 1994 – Dec 1996
£312,463

Department of Restorative Dentistry

Mr F J T Burke
The Changing Pattern of
Use and Difficulties
Associated with the Use of
Non-sterile Gloves in the
General Dental Service
Apr 1989 – Sept 1992
£7,930

University of Newcastle

Centre for Health Services Research

Director:
Dr S Bond

The programme on Direct
Patient Services involves
assessing the outcomes of
nursing care related to
nursing inputs for patients
and their carers in acute
hospitals, using fractured
hip and acute myocardial
infarction as tracer
conditions including
developing scales to
measure patients' experience of and
satisfaction with nursing
care in acute hospitals; and
scales to measure
professional practice.

Programme Expenditure
1991 – 1994: £384,580

Dr S Bond
Outcomes of Nursing in
Acute Hospitals
Oct 1992 – Mar 1996
£493,620

Director:
Mr J Bond

The Programme on
Incapacitating Disease and
Social Support
encompasses:

- Pathways through care – a study of the process and outcomes of hospital care for elderly people
- Resource implications of mental and physical frailty in elderly people
- Auditing care in geriatric day hospitals

Programme Expenditure
1991 – 1994: £668,286

University of Nottingham

Department of Community Medicine

Dr S Wilson
Radiology Manpower
Planning – A National
Study
Nov 1990 – Oct 1991
£23,884

School of Social Studies

Professor R Dingwall
Pharmaceutical Care
Provision for Discharged
Long-Stay Patients
Dec 1992 – July 1994
£72,968

Professor R Dingwall
Review of Nurse
Practitioners
Mar 1994 – June 1994
£9,967

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

Queen's Medical Centre

Professor J R Hampton
Nottingham Heart Attack
Register
Aug 1988 – Dec 1994
£450,358

University of Oxford**Rivermead Rehabilitation Centre**

Dr P Davies
The Use and Value of
Speech Therapy Assistants
May 1989 – Apr 1992
£258,522

Unit of Health Care Epidemiology

Director:
Dr M Goldacre

Drawing heavily on the
Oxford record linkage
system the programme of
work has included:

- Studies of Trends over Time, Geographical Variation, Readmission and Mortality Rates Following Hospital Care
- Suicide Rates Among Psychiatric Patients; Teenagers who Repeatedly Poison Themselves; Accidents in Pre-school Children; Disease Following Operations such as Vasectomy; Long-term Interrelationships between Diseases; and Trends in Cardiovascular Disease
- Methodological Issues: including the design of medical information systems, techniques of record linkage, and development of methods to monitor use and outcome of hospital care

Programme Expenditure
1991 – 1994: £1,612,243

Dr M Goldacre
Cohort Studies of Doctors' Careers
July 1993 – June 1996
£197,045

University of Sussex**Institute of Manpower Studies**

Dr R K Waite
Nurse/Technician Roles in High Technology Areas
Nov 1989 – Nov 1991
£161,789

Mr S Bevan
Hospital Pharmacy Services: Skills Analysis and Opportunities for Skill Transferability
Mar 1991 – Feb 1992
£77,138

Dr I Seccombe
Evaluation of Different Methods of Midwifery Staffing
Oct 1991 – Sept 1992
£61,214

University of Surrey

Ms A Adams
The Organization of Nursing and the Delivery of Care
Jan 1993 – June 1995
£129,049

University of Wales**College of Cardiff****School of Education**

Professor B Davies
Mentors in the Pre-Registration Nurse Education Programme
Feb 1992 – Jan 1994
£248,030

College of Medicine

Professor J M MacGuire
Development of Primary Nursing Care
Dec 1989 – Dec 1991
£67,939

University of Warwick**Health Services Research Unit**

Mr J Stilwell
Decision-Making in Clinical Practice – Effects on Nursing Staff Mix
Jan 1989 – Dec 1991
£249,612

Mr J Stilwell
The National Health Service and the Labour Market
Apr 1989 – Mar 1992
£133,218

Mr J Stilwell
The Impact of New Technology on Investigations in General Practice
Economic Aspects
May 1989 – Oct 1991
£115,811

Mr J Stilwell and Professor K Luker (University of Liverpool)
Project 2000 "Fitness for Purpose" Study
Jan 1994 – Dec 1995
£181,583

University of York**Centre for Health Economics**

Mr P Smith
Estimating Relative Health Needs for Resource Allocation*
June 1993 – June 1994
£188,500

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.

NON-THEME

Agriculture and Food Research Council

Dr J Gunning
National Database of
Agriculture and Food
Research (UK Focus
Group)
Dec 1991 – Dec 1991
£5,000

British Postgraduate Medical Federation

Dr R Dowie
An Information System on
Health Services Research in
the United Kingdom
Apr 1991 – June 1992
£78,980

National Children's Bureau

Dr R Sinclair
A Case Study of Local
Authority Use of Research
and Research-Based
Activity
June 1993 – Nov 1993
£22,369

Public Finance Foundation

Mr G Hulme
A Study of the
Management of Health in
Four EC Countries
Oct 1991 – Dec 1992
£58,047

University of East Anglia

Social Work Development Unit

Ms J Gibbons
A Review of Good
Dissemination Initiatives
for PSS Research Review
May 1993 – Nov 1993
£16,800

University of London

London School of Economics and Political Science

Dr W Sykes and Dr W
Bulmer
Directory of Social
Research Organizations
Apr 1992 – Dec 1992
£6,000

University of Luton

Dr K Robinson
A Review of DH Research
Training Awards
Jan 1992 – June 1992
£48,344

Projects: total costs are given.

Programmes: funding is given for the three years of this report, April 1991 – March 1994.

* denotes a project based within a Unit, but which receives separate funding.



UNIVERSITY OF BRISTOL Dartington Social Research Unit

University of Bristol, Warren House, Dartington Hall, Totnes, Devon,
TQ9 6EG Tel: 01803 862231

Director: Professor S Millham

Expenditure 1991 – 1994: £1,265,419

DSRU is concerned with disadvantaged children, adolescents and their families and investigates both statutory and voluntary provision for those at risk. The Unit has a particular interest in the long-term outcomes of interventions and in exploring the benefits and deficits of welfare in areas such as social adjustment, education, employment and dependence on statutory and voluntary agencies. The Unit's programme has three main streams of work – children and families, difficult adolescents and research development work. Working closely with policy-makers and professionals in both central and local government, the Unit disseminates its work widely – both nationally and internationally – in books, articles, at seminars and conferences and through practice tools for professionals.

Personal Social Services for Children and Families:

The Unit is undertaking studies into the working of Section 20 of the Children Act 1989, the separation and return of children looked after or in care, and the perspectives of parents suspected of child abuse.

Difficult Adolescents: Research is being conducted into the care careers of young people in Youth Treatment Centres and other specialist provision; protective factors in care careers; and formal and informal cultures in residential child care.

Development Work: This includes developing instruments to monitor child-care careers and outcomes (the Looking After Children Project) and dissemination of the findings from the DH programme of child abuse research.

UNIVERSITY OF KENT Personal Social Services Research Unit

University of Kent, Cornwallis Building, Canterbury, CT2 7NF
Tel: 01227 764000

Director: Professor B Davies

Expenditure 1991 – 1994: £3,191,162

The PSSRU undertakes research intended to help policy planners and practitioners use resources with greater equity and efficiency. Much of its work focuses on the relationships between resource inputs and outcomes; for instance, describing and explaining how variations in resources and services affect the quality of care and other aspects of the well-being of users and their families. This approach is described as the production of welfare theory.

Elderly: Budget-Devolved Care Management. The objective of this large programme is to investigate ways of improving the performance of core care management tasks. It involves two main streams of work.

- i) The lessons of the Kent Community Care Programme have been applied in a series of projects, and their results evaluated. The focus of these evaluations is how in each context, the costs and benefits of the approach compare with the provision which the cases would otherwise have received. The evaluations will be succeeded by a project which maps and evaluates models of care management. After the preliminary mapping stage a selection will be evaluated.
- ii) The Comparative Community Care Programme focuses on the matching of care management arrangements to the circumstances of users, service systems, and area characteristics. The unit of analysis is the group of users of care management and the care management programme, not the case.

Elderly: Resources Needs and Outcomes in Services.

This programme is designed to answer basic questions about elderly people's need for and access to resources. A study comparing situations in the mid-80s and mid-90s will focus on these questions in order to describe the impact of the community care reforms.

Other projects on the elderly include studies of case-mix, costs and length of stay in residential and nursing homes, and the methodology of needs-based planning.

A Unit Costs Programme produces regular reports identifying the sources and estimating detailed components of the unit costs of services. It contributes to the analysis and discussion of costs in collaboration with other projects in the Unit.

Mental Health Service Programme. This programme grew out of a large study evaluating the pilot projects for the care in the community of persons previously in long-stay wards under the Care in the Community Initiative of 1983. Sub-programmes include one focusing on psychiatric re-provision in the North-East Thames area, and another followed up people with learning disabilities over five years.

Mixed Economy Programme. This is the second collaborative programme with the Nuffield Institute. Its aims are to describe the development of the mixed economy, to describe and evaluate the structure of supply, and to describe and evaluate the development, management and regulation of social care markets.

Projects on Children and Young People. These included a major project on the evaluation of Intermediate Treatment; a study of the costs and benefits of child assessment alongside a study undertaken by the National Children's Bureau; and development in teenage fostering.

Community Care for People with AIDS/HIV. Studies examined the need for HIV services, Local Authority responses, and the evaluation of services.

Local Authority Costs and Needs. This study – the latest of a series – focuses on unit costs in London.

UNIVERSITY OF LONDON Cancer Screening Evaluation Unit

Institute of Cancer Research, Block D, 15 Cotswold Road, Sutton,
Surrey SM2 5NG Tel: 0181 643 8901

Director: Professor J Chamberlain
Expenditure 1991 – 1994: £1,334,690

The Cancer Screening Evaluation Unit conducts research into the benefits, costs and side effects of public health screening programmes aimed at reducing cancer mortality.

Research falls into three main areas. The first comprises large, long-term trials as the basis of the evaluation of screening programmes of uncertain benefit. For example, the UK trial of early detection of breast cancer was a 10-year study of the reduction in mortality of women who, between the ages 45-64, had been invited to learn breast self-examination and to visit a self-referral breast clinic. The randomized controlled trial of screening for colorectal cancer and the UKCCCR randomized controlled trial of annual mammography starting at age 40 also fall into this category.

The Unit's second field of work is the development of methods for routinely measuring the performance of service screening programmes for cancers of the breast and cervix, and their effectiveness in controlling mortality from these two diseases.

The third group of studies examine in depth particular issues arising from cancer screening. These include the psychological effects, the variability in diagnosis of borderline lesions in detecting melanoma, and the cost-effectiveness of alternative protocols for investigation or management of people with positive screening tests.

UNIVERSITY OF LONDON

Clinical Operational Research Unit

University College London, Department of Statistical Science, Gower Street, London WC1E 6BT Tel: 0171 387 6145/6

Director: Professor R R P Jackson
Expenditure 1991 – 1994: £1,041,278

Evaluation and Audit of Patient Management

When CORU was first established its main research was in the evaluation of clinical trials of cancer treatment. For this purpose, a novel mathematical modelling method was developed – patient progress modelling – which complements other analytical techniques such as survival analysis. This method was applied in a study to analyse, retrospectively, a major lung cancer trial initially carried out by the MRC. In recent years, CORU's work in the evaluation of clinical outcome has been extended to other areas (eg the long-term progression of coronary artery disease, and rheumatoid arthritis). CORU has also been involved in research-based audits and developed a repertoire of scientific evaluation and audit techniques. A novel technique has been developed for auditing electronic patient records against clinical guidelines formulated as a set of rules.

The work has also extended to the evaluation and audit of diagnostic testing, for example an assessment of the worthwhileness of palliative chemotherapy in advanced cancer patients. The early work used objective measures, but more recent projects include subjective and patient-based measures of health outcomes.

Other projects include the development of techniques associated with the use of liver biopsy, rectal biopsy, and treatment of menorrhagia and premenstrual syndrome.

Information and Decision Support Systems for Patient Management

Systems developed under this heading include the following: telematics in anaesthesia and intensive care – the TANIT project; general architecture for medical knowledge-based decision-support systems – the GAMES I & II projects; treatment planning and monitoring for palliative chemotherapy; management of asthma; management of septic shock; tumour markers; and control of oral anticoagulation.

Biomedical Science

This field of research encompasses projects designed to predict the growth of the AIDS epidemic; to develop a methodology to assist in the design of new treatments and trials – in this case developing a technique that allows modelling of the complex interactions that occur involving tumour growth, drug resistance and dose/response to aspects of chemotherapy; and to develop a computer modelling technique for differentiation therapy in cancer.

Screening and Prevention

Projects in this group focus on screening for early diagnosis with the aim of improving clinical outcome by early treatment, and disease prevention. The scope is usually clinical, although projects often link to economic aspects of the problem. They include a feasibility study to devise methods for evaluating the effects of different screening policies for the detection and treatment of prostatic cancer – built on methods developed in earlier work carried out on cervical cancer screening; an assessment of the clinical benefits and cost-effectiveness of the use of oral anticoagulant (warfarin) for stroke prevention in non-rheumatic atrial fibrillation; and a study of the effectiveness of using doppler ultrasonography for routine ante-natal screening for placental perfusion abnormalities.

UNIVERSITY OF LONDON

Social Medicine & Health Services Research Unit

University of London, UMDS Guy's and St Thomas's Medical and Dental Schools, St Thomas's Hospital, London SE1 7EH
Tel: 0171 928 9292

Director: Professor P Burney

Co-Director: Professor R H Jones

Expenditure 1991 - 1994: £2,205,561

National Study of Health and Growth

Director: Professor P Burney

Expenditure 1991 - 1994: £923,725

The Unit undertakes studies in the application of epidemiology, statistics and the social sciences to public health, health services research, and general practice. Its overall objectives are to increase knowledge of health and health services relevant to policy development, and to train new health service researchers in a multi-disciplinary environment.

Respiratory Disease: The Unit's increasing amount of research into asthma comprises an examination of the treatment provided in general practice, and a study of the prognosis of asthma following admission to hospital with acute asthma. The Unit also plays a major role in the European Community Respiratory Health Survey (ECRHS) which is an international study of asthma epidemiology and atopic disease.

Health of the Nation: The resource use, costs and outcome of different packages of care for stroke is being studied, as is an evaluation of a community package of care for stroke patients along with a discharge policy for patients admitted to hospital. The development of a model for the audit of stroke care in SETRHA also proceeds. Studies continue into the registration and audit of gynaecological malignancy, prognosis with bladder cancer, and biophysical tests used in the diagnosis of ovarian and endometrial cancers and the attitudes of women towards them. The work on avoidable death continues to develop measures of health service outcome and compares these between the countries of the EC.

Health Service Performance: Research includes a series of studies on emergency admissions to hospital, and a project to develop population-based indicators of health outcome. The Unit is conducting a health needs assessment project on gynaecological services, following a similar study of renal disease, and is undertaking

research examining the provision of health services for doctors and the barriers to their use.

Evaluation of New Technologies and Clinical

Innovations: The Unit is investigating the link between the evaluation of technology and health authority policies on acquiring new technology. An evaluation of DNA probes in genetic services and an appraisal of cystic fibrosis gene carrier screening have been completed. Current studies of the treatment of renal stones include a comparison of Extracorporeal Shock Wave Lithotripsy (ESWL) with Percutaneous Nephrolithotomy (PCN), and an evaluation of lithotripsy versus treatment for patients with small asymptomatic or minimally symptomatic renal stones.

An economic appraisal of treatment for the prevention of diabetic kidney disease, an examination of the quality of care given to patients admitted to hospital with a fractured neck of femur, and an assessment of population screening for severe heart malformation in foetuses during pregnancy, are in progress.

The Health of Minority Ethnic Groups: A review has analysed the most important factors that contributed to the health of the Afro-Caribbean ethnic minority group. These factors were mental health, cerebrovascular disease, haemoglobinopathies, and access to and use of the health service. Other work has also contributed to research on the health of minority ethnic groups, such as a study into the attitude of Afro-Caribbean women to contraception and family planning, and research into the management of hypertension and responses to treatment amongst Afro-Caribbean patients.

Lay Beliefs and Responses to Health Care: Research on lay beliefs about medical conditions and responses to treatment began with studies of hypertensive patients from different minority ethnic groups and was prompted by concerns expressed by local GPs about the ability to communicate effectively with their Afro-Caribbean patients. A study into the beliefs and practices of parents with an asthmatic child is also underway.

Child Health Surveillance: Perinatal deaths, obstetric and neonatal care and outcome of low birthweight babies, are being studied. The National Study of Health and Growth (NSHG), a major long-term project, is contributing to the assessment of trends in growth, obesity and respiratory illness. It compares growth between groups, and is defining new health and nutritional issues in relation to growth, as well as contributing to the development of technical advances in surveillance design and analysis.

General Practice: The Department of General Practice continues to pursue a broadly based programme of clinical research. Studies have investigated the reasons for low response rates to invitation to medical checks by patients who have not consulted the GP in the last three years; GP referral behaviour; and psychiatric morbidity in primary care. Research in progress includes examination of the uptake of breast cancer screening; the effect on children of maternal depression; education initiatives related to diabetes; the effect of a specialist epilepsy nurse in primary care; and patients' understanding of hypertension. The department is also now involved in a range of educational and research and development initiatives in south-east London in relation to the provision of mental health services, recruitment and retention of GPs, as well as the improvement of clinical competence and primary care team development.

UNIVERSITY OF LONDON

Thomas Coram Research Unit

University of London, Institute of Education, 27/28 Woburn Square,
London WC1H 0AA Tel: 0171 612 6957

Acting Director: Dr M Smith

Expenditure 1991 – 1994: £1,967,249

The Thomas Coram Research Unit carries out policy-oriented research concerned with services provided for children and their families, and with family functioning and health.

Services provided for children and their families

Guardians *ad litem*, Expert Evidence and Child Care Proceedings is a project focusing on the approach of Guardians *ad litem* to the use of various types of child experts, the major factors influencing the decision to appoint an expert, how an appropriate expert is identified, and the briefing practices adopted.

Quality in Day Care is a project which aims to develop instruments and procedures which will contribute to the monitoring, evaluation, and enhancement of the quality of child care settings. These include child care centres, child minders and other family-based settings.

Two further projects are monitoring the implementation by English and Welsh local authorities of the provisions of the Children Act on day care services for children under 8 and pre-school education.

Out of School: Play and Care Services for School-age Children aims to characterize day-care and open-access services for school-age children, and will provide a basis for the development of evaluation tools.

Family health and functioning

Parental Control within the Family is a study designed to investigate the nature and extent of positive and negative control strategies which parents use on their children at home.

UNIVERSITY OF MANCHESTER Centre for Primary Care Research

University of Manchester, Department of General Practice, Rusholme Health Centre, Walmer Street, Manchester M14 5NP
Tel: 0161 225 4214

Director: Professor D Wilkin

Expenditure 1991 – 1994: £776,890

CPCR undertakes policy-relevant research in the field of primary health care with a particular focus on general practice. The Unit's current themes are outcomes of primary health care, the interface between GPs and hospitals, and consumer views of primary health care.

Outcomes of Primary Health Care: This stream of work has included research on the advice and care provided for patients through telephone contact with GPs and practice nurses, and a survey of the provision of primary medical care outside normal surgery hours. The Unit has also compiled a guide to measures of need and outcome in primary care for use by GPs, health service managers and academic researchers.

Interface between GPs and Hospitals: A framework for analysing GP referral decisions has been developed and a computerized, annotated bibliography of published work on the interface between primary and secondary care compiled. Current research includes a study designed to improve understanding of out-patient cross-referrals and to assess clinicians' judgement; an investigation of clinics where hospital-based specialists provide diagnostic and/or treatment services in primary care settings; and the development of guidelines for discharge from long-term out-patient follow-up to the continuing care of the GP.

Consumer Views of Primary Health Care: The Unit has developed survey packs to help FHSAs monitor and analyse consumer views on general medical services. It has also conducted a survey of FHSAs, GPs, practice nurses and patients to establish how the contractual requirement to offer annual health checks to people over 75 years is being implemented. A further study is examining the difficulties experienced by young GPs during the first five years of working in general practice.

National Institute for Social Work

Research Unit, 5 Tavistock Place, London WC1H 9SN
Tel: 0171 387 9681

Director: Dr J Pahl

Expenditure 1991 – 1994: £1,351,276

The NISW Research Unit carries out research into the organization, staffing and delivery of the personal social services in the statutory, voluntary and private sectors, and disseminates the results in ways which contribute to developing good practice in the planning and delivery of services. It is committed to carrying out long-term evaluative research, to bridging the divide between health and social care, and to taking account of the views of users and carers. The main programmes of research concern community care, the social services workforce and ethnic monitoring in social services.

Community Care Programme: Recently completed work includes studies of respite services for the carers of confused elderly people and the effectiveness of care for frail elderly people being discharged from hospital. New work is concerned with community care arrangements for older people with dementia and with the social work practitioners who are responsible for community care services. Other research focuses on the development of tools to assist service planners and policy makers: topics dealt with so far include estimating admissions to institutional care, funding residential care and social work involvement in community care.

Social Services Workforce Programme: Research underway focuses on staff in the personal social services, investigating recruitment, retention, training and career paths, and is monitoring the response of the workforce to the changes following implementation of the Children Act 1989 and the NHS and Community Care Act. Other completed studies investigated the size, nature and training of paid staff in the voluntary sector of the social services, and developments in training in social services.

Ethnic Monitoring in Social Services: This study examined social services departments' development, implementation and monitoring of services for black and minority ethnic communities.

UNIVERSITY OF OXFORD Childhood Cancer Research Group

University of Oxford, 57 Woodstock Road, Oxford OX2 6HJ
Tel: 01865 310030

Director: Dr G J Draper

Expenditure 1991 – 1994: £1,034,544

The CCRG is responsible for the National Registry of Childhood Tumours and carries out a programme of epidemiological studies of childhood cancer and leukaemia, together with follow-up studies of children treated for these diseases.

National Registry of Childhood Tumours: The Registry includes virtually all cases of cancer and leukaemia in children aged 0-14 in Great Britain. The registry is used as a basis for much of the work of the CCRG and as a source of information for other research workers. The registry includes notifications from the UK Children's Cancer Study Group (UKCCSG). The CCRG shares with the UKCCSG office the responsibility for the UKCCSG registry.

Analysis of Incidence: An analysis of trends in incidence rates for childhood cancers has been completed. International variations in incidence rates for a number of diagnostic groups have been reviewed using data obtained mainly from the collaborative study organized by the CCRG and the International Agency for Research on Cancer. The Group is providing data for England and Wales as part of an international study to determine whether the incidence of childhood leukaemia increased following the Chernobyl accident in 1986.

Aetiological Studies: CCRG is collaborating in a study which includes record linkage between the National Registry of Childhood Tumours and the National Register of Radiation Workers in order to determine whether there is an increased risk of childhood cancer of leukaemia among the children of radiation workers. Computer linkage methods have been developed to estimate the risks of childhood cancer among specified groups of children who may be thought to have an increased risk. Childhood cancer records are being linked to birth records in order to make it possible to study the relationship of parental age, parity, social class and occupation to the incidence of childhood cancer.

Studies of children given vitamin K prophylaxis to prevent haemorrhagic disease of the newborn are being carried out to determine whether they have an increased risk of childhood cancer.

Genetics: Patterns of occurrence of cancer in siblings are being studied and risks to siblings of children with cancer will be estimated. Other studies include analyses of familial occurrence of retinoblastoma and of other cancers in retinoblastoma survivors; the association between childhood malignant disease and other conditions, eg leukaemia and neurofibromatosis; and childhood cancer in twins.

Analyses of Survival Rates: Trends in survival rates, calculated by histological type, age, sex and year of diagnosis, have been analysed.

Clinical Studies: These include collaborative studies with paediatric oncologists on the natural history and treatment of various paediatric tumours, and include an analysis of causes of death for children with non-Hodgkin lymphomas.

Geographical Studies: These include analysis of variations in incidence according to both place of diagnosis and place of birth; the effect on incidence rates of various geographical or socio-economic factors and of environmental factors such as radon and gamma radiation; and rates around nuclear installations and other suspected high-incidence sites.

Long-term Follow-up of Survivors: The proportion of children with cancer and leukaemia who are successfully treated has increased considerably during the past 25 years. The main objectives of this study are to investigate (i) the incidence of second primary tumours and late deaths, and (ii) the outcome of pregnancies among the survivors and the incidence of congenital abnormalities and neoplasms among their children. The occurrence of such effects is being analysed in relation to the original tumour type and to the radiotherapy and chemotherapy used in treatment. A pathology registry for double primary tumours has been established.

Health Service Research: CCRG has carried out a number of studies and reviews to compare treatment outcomes for patients treated at specialist and non-specialist centres. The studies are being extended to include adolescents and young adults in addition to children.

UNIVERSITY OF OXFORD National Perinatal Epidemiology Unit

University of Oxford, Radcliffe Infirmary, Oxford OX2 6HE
Tel: 01865 224876

Director Designate: Dr J Lumley

Director of Midwifery Research Programme:

Dr M Renfrew

Expenditure 1991 – 1994: £1,266,501 (NPEU)

Expenditure 1991 – 1994: £268,247 (Midwifery Research)

NPEU was established in 1978 to provide information which can promote the effective use of resources in the perinatal health services. Its programme of research is divided into three main subsections:

Surveys and Other Studies using Observational Data:

Trends and geographical variations in mortality and other data from routine sources is being analysed. Maternal mortality, stillbirths, infant mortality, termination of pregnancy, low birthweight, resources for care, and users' views of the maternity services are being studied.

The Unit's surveys of morbidity include the Oxford Region Register of Early Childhood Impairments which monitors the rate of cerebral palsy, severe vision loss, and sensorineural deafness. It forms a framework for further studies in these areas. A feasibility study for a new survey method for assessing disability and morbidity in children of different birthweights is in progress.

Surveys of practice focus on midwifery - the role of the midwife in preventing postpartum morbidity, policies on antenatal risk assessment and postnatal midwifery care in the community, and the practice of immersion in water during labour and/or birth.

Other studies using observational data include a survey of district health authority plans for purchase of neonatal intensive care, and a national study of triplet and higher order births.

Randomized Controlled Trials: A number of trials, coordinated by the Perinatal Trials Service within NPEU, concern the prevention and treatment of problems linked to being born too early or too small; the identification and management of the compromised foetus or baby; and the prevention and treatment of maternal morbidity.

Retrieving, Synthesizing and Disseminating the

Results of Research: The maintaining of the Cochrane Collaboration Pregnancy and Childbirth Module remains a responsibility of NPEU. Cost-effectiveness studies, using syntheses of results of controlled trials, are being used to investigate resource levels for effective perinatal care. These include the economic aspects of respiratory distress in newborn infants, of care of women in normal labour, and of perineal care; the cost-effectiveness of using antibiotic prophylaxis to prevent infection after caesarean section, and of neonatal Extra Corporeal Membrane Oxygenation.

The Unit has also developed the International Register of Perinatal Trials (IROPT) database and the Midwifery Research Database (MIRIAD).

UNIVERSITY OF SHEFFIELD

Medical Care Research Unit

University of Sheffield, Sheffield Centre for Health and Related Research, Regent Court, 30 Regent Street, Sheffield S1 4DA
Tel: 0114 282 5202

Acting Director: Mr J P Nicholl
Expenditure 1991 – 1994: £1,687,415

The Unit works in the broad field of health technology assessment. It is principally concerned with evaluating acute hospital services, with the organization and delivery of general medical services, and with methodological research relating to the measurement of health outcomes.

Acute Services: The Unit has completed studies of the effect of nurse triage on waiting times in A & E departments, and of the content and scale of nurse practitioner activity in A & E departments. Studies of the cost-effectiveness of helicopter emergency medical services and the experimental trauma centre in Stoke-on-Trent are continuing. A randomized controlled trial of the cost-effectiveness of extracorporeal shockwave lithotripsy and cholecystectomy has been completed.

General Medical Services: Several studies relating to the impact of the new contract for general practitioners, introduced in 1990, have been completed. These included investigating the introduction of health screening for three year non-attenders; payments for minor surgery and health promotion clinics; and the outcome of making it easier to change general practitioner. The impact of the contract on night visit claims and on the use of accident and emergency departments was also examined. A national survey of access to non-orthodox complementary health care via GPs is now in progress.

Methodological Research: The psychometric properties of the Short-form 36 health survey (SF-36) were tested on a general population and compared with the Nottingham Health Profile. Other comparative studies tested the use of different health questionnaires measuring outcome in chronic airways limitation, mental health, and major trauma (including post-traumatic distress disorder). Further studies have tested the values underlying the item scales on the SF-36, and the derivation of a single index measure for the SF-36 using economic valuation techniques.

UNIVERSITY OF YORK

Centre for Health Economics

University of York, Heslington, York YO1 5DD Tel: 01904 433718

Director: Professor A K Maynard
Expenditure 1991 – 1994: £1,792,504

CHE conducts research on economic aspects of health and personal social services.

Needs Assessment for People with Learning

Disabilities: CHE reviewed research on the role of the district health authorities in order to summarize the population health care needs of people with learning disabilities for a typical district, and to compile the best information available on the incidence and prevalence of learning disability.

Cost of Caring for People with Physical and Complex

Disabilities: This short-term project reviewed the literature on the costs of caring for people with physical and complex disabilities and analysed secondary data to estimate the costs of service packages to people with varying severity of disability.

Outcomes of Nursing in Acute Hospitals: This project focuses on the relationship between nursing inputs to patient care in acute hospital wards and outcomes for patients and families. Costs of nursing will be collected. It aims to establish changes in patient health status, health behaviour, complications and satisfaction with care. This project is carried out in conjunction with the Centre for Health Services Research at the University of Newcastle upon Tyne.

Diagnosis-related Groups and Nursing Workload:

This research was part of an investigation of the relationship between diagnosis-related groups and the extent, process and quality of nursing care. The project aimed to investigate the methodologies and instruments for measuring nursing workload.

Public Expenditure on People with Learning

Disabilities: This study, at local and NHS authority level, was carried out to estimate the flow of different public funds into the care of people with learning disabilities.

Economics of Community Care: This programme of work aims to provide economic information as a basis for policies for the care of people with chronic disability. The four areas of research are: the costs of mental health problems; an evaluation of residential and day services for individuals with challenging behaviour; the development of a set of service costs or unit prices for community and related health and social services; and an examination of the economics of informal care.

Health Technology Assessment of Multi-centre Randomized Controlled Trials of Continuous Hyperfractionated Accelerated Radiotherapy (CHART): This project examined both the resource consequences and quality of life implications of two alternative radiotherapy regimes which are being compared in a randomized controlled, multi-centre clinical trial in ten centres.

Staffing of Community Nursing Services: This study was set up to investigate ways in which community nursing establishments are being set and reviewed, and to develop a framework that could guide purchasers and providers in the future. The research was carried out in collaboration with the Social Policy Research Unit, University of York.

Effective Health Care Bulletins: Bulletins reviewing the evidence on effectiveness and cost-effectiveness of health care interventions and presenting the information in a form accessible to health service managers and non-specialists were produced. Work was carried out in conjunction with the Nuffield Institute for Health, University of Leeds.

Needs Assessment for Alcohol Services – Guidance for Purchasers: A methodology for assessing the population health and social care needs for alcohol services was developed. Some brief piloting of the methodology was conducted in both an urban and a rural location. The research is currently being updated and revised and a report and brief guidance notes will be circulated to all health and local authorities before the end of 1994.

Measurement and Valuation of Health: This project has involved the investigation of a means of describing health states and an associated valuation system. A large scale national representative survey of health state valuations using the Time Trade-Off method has been undertaken.

Other research includes:

- The development of a national formula for the allocation of the Hospital and Community Health Services budget to regional and district health authorities and GP fundholders.
- Analysis of the socio-economic impact of back pain.
- A study of the relationship between skill-mix and the quality of nursing care.
- Research which aims to establish and test palliative care services and to investigate the costs and effectiveness of palliative care in a variety of settings.

UNIVERSITY OF YORK Social Policy Research Unit

University of York, Heslington, York YO1 5DD
Tel: 01904 433608

Director: Professor S Baldwin
Expenditure 1991 – 1994: £1,207,082

SPRU is jointly funded by DH and DSS to carry out work which bridges the divide between social and health care and social security. The DH-funded work currently focuses on four broad and interrelated fields within social and health care: informal carers and services; disability studies; professional roles; and outcomes of community care. SPRU's principal objective is to conduct research which contributes to the identification and solution of problems relevant to policy and practice.

Informal Care: The Unit has a continuing commitment to the evaluation of services in support of informal carers by gathering the views and describing the experiences of carers. Research projects include secondary analysis of the 1985 and 1990 General Household Survey data on informal care, and the evaluation of services in support of informal carers.

Disability Studies: SPRU focuses on research on the social, rather than the clinical consequences of disability and on research which places disabled people and their families at the centre of enquiry. Projects currently include a national survey of young people with disabilities and secondary analysis of the OPCS Disability Survey data.

Professional Roles: The research on professional roles and responsibilities focuses on key social and health service professionals working in the community and on the boundaries of health and social care. Projects include: the staffing of community nursing services; the current and future roles of continence advisers; and the numbers and functions of practice nurses.

Outcomes and Effectiveness: Understanding and measuring outcomes is an essential part of evaluating service effectiveness. Current work aims to clarify and begin to tackle the conceptual, methodological and practical issues involved in measuring community care outcomes in practice.

Acknowledgement

The Research and Development Division gratefully acknowledge the contribution of Ms Katie Foster who compiled the annexes to this publication.

Abbreviations

Abbreviations used in this report are given in full below:

AIDS	Acquired Immune Deficiency Syndrome
BBSRC	Biotechnology and Biological Sciences Research Council
CMO	Chief Medical Officer
COMARE	Committee on Medical Aspects of Radiation in the Environment
CQSW	Certificate of Qualification in Social Work
DipSW	Diploma in Social Work
EC	European Community
ENT	Ear, Nose and Throat
ESRC	Economic and Social Research Council
GP	General Practitioner
GUM	Genito-Urinary Medicine
HIV	Human Immunodeficiency Virus
HMSO	Her Majesty's Stationery Office
ICD	International Classification of Diseases
MRC	Medical Research Council
NHS	National Health Service
R&D	Research and Development
RDD	Research and Development Division
RHA	Regional Health Authority
SSI	Social Services Inspectorate
UV	Ultra Violet
UVB	Ultra Violet B-rays





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Produced by the Department of Health
F51/050 2031 1P 12k Jan. 95

ISBN No: 1 85839 330 2

Price: £5.00