Short Report

How to do a Scoping Exercise: Continuity of Care

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Abstract
The NHS Research and Development Service, Delivery and Organisation Programme (SDO), is commissioning research that directly addresses the concerns of patients and professionals. Following a national 'listening exercise', continuity of care was identified as a priority area of research, and the National Co-ordinating Centre of the SDO Programme commissioned a 'scoping exercise' to define and limit the field of research on this subject. As this seems set to become a more common exercise, we explain how we interpreted the task of 'scoping', using some innovative methods. We raise some issues prevalent in many kinds of short-term research, and discuss some of the challenges and advantages of working in a multi-disciplinary team.

Introduction
Since the NHS Research and Development (R and D) programme began in 1992, it has evolved both administratively and in the way research is commissioned. The Service Delivery and Organisation (SDO) programme is one of three main national R and D programmes, each covering a broad range of health related topics. The other two are Health Technology Assessment and New and Emerging Applications of Technology. (Further information on the evolution of the NHS R and D programme can be found in *Research and Development for a First Class Service: R and D funding in the new NHS*, Department of Health paper 21374, March 2000, and on web page http://www.doh.gov.uk/research/rd3/nhsrandd/organisation.htm).

The focus of the SDO is on the management, organisation and delivery of health services and it is seeking to commission programmes that directly address the concerns of patients and professionals. Its purpose is 'to produce and promote the use of research evidence on how the organisation and delivery of services can be improved to increase the quality of patient care, ensure better patient outcomes, and contribute to improved population health.' (Fulop and Allen, 2000: 8). The National Coordinating Centre of the SDO programme (NCCSDO) has been established to manage the work of the programme and ensure the achievement of its aims, providing management and commissioning support. It commenced operating in April 1999 and was launched in March 2000 at the London School of Hygiene and Tropical Medicine, University of London.

In 1999 the NCCSDO carried out a 'listening exercise' in a series of meetings across the country. They sought the views of 354 stakeholders and specialists from health care professional, managerial, consumer, policy and research backgrounds to identify priority areas for research. The NCCSDO team identified ten priority areas, including 'continuity of care' (Fulop and Allen, 2000). They realised that this topic was potentially wide ranging and all inclusive and commissioned a preliminary review, described as a 'scoping exercise', to be performed in three months, in order to define and limit the field for the research programme. We were contracted to do this study and soon found that the lack of a precise definition of a scoping exercise or specific guidance as to its methodology left us room to develop our own approach. Since scoping exercises seem set to become more common we report the main issues we encountered and how we addressed them.

What is a Scoping Exercise?
In their briefing paper the NCCSDO listed four issues to be addressed in the scoping exercise (Box 1). They wanted a survey of the literature for existing evidence but specifically excluded a systematic review. They also wanted to focus on the patient's perspective. In consultations with the SDO we were given helpful advice that we should focus on the then current NHS priority areas.

Box 1: Four Continuity of Care Issues

1. Definitions and conceptual boundaries of continuity of care in the literature
2. Proposed working definition of continuity of care and its conceptual boundaries for the SDO research programme to use in further commissioning
3. Any existing evidence of the impact of continuity of care (or lack of) on the process and outcomes, and costs
4. Evidence on how to achieve continuity of care and barriers to this

Bidding

In our successful bid we gave a brief review of the range of continuity known to us, including several aspects of the term's definition. We described care contexts and emphasised the importance of difficulties at the interface between care groups and of trade-offs between competing issues such as accessibility and continuity of care provider. We proposed to identify patient groups where continuity posed particular problems and to identify theoretical approaches that could suggest new research directions. In order to achieve this we proposed to search the literature systematically but only to include articles written in English; restrict the search to databases that were easily accessible, and in some cases to rely on the abstracts of articles; to contact other researchers electronically; to seek views of patients' associations; and to liaise with the NCCSDO. In short, we tried to anticipate the structure of our final report as far as possible.

We were a multi-disciplinary team from three universities, including a professor of general practice who is also a GP; an epidemiologist; a lecturer in social work; a professor and researcher with academic backgrounds in medical sociology/anthropology; a research assistant with professional experience in mental health; and experienced clerical assistance for the final report. We brought together a wide palette of skills and experience, both academic and professional, that were highly relevant to our task. These included systematic review; interviewing patients in community, primary and secondary care settings; observation and the use of ethnographic methodologies; and quantitative and qualitative data analysis. Previously team members had studied personal and longitudinal continuity of care in general practice; the impact on patients of long-term neurological problems; multi-professional assessments of older people; and the co-ordination of mental health services. The patient's perspective was central in these studies. We contacted the NCCSDO office more than once for further guidance on their requirements. We were awarded the contract within two weeks of the submission date and had to start the three-month project two weeks later (Freeman et al, 2000).

Planning

Continuity of care proved to be a multi-faceted topic lending itself to a multidisciplinary approach. Our first challenge was to learn quickly how best to work as an effective team and to understand and make the most of our contrasting disciplines. Even within this brief project it was important to allow time for this process. Over the course of our first two meetings we capitalised on our different perspectives by creating complementary approaches, which were undertaken simultaneously and cross-fertilised each other.

Working

The time and cost commitments to this project were made up of the following components. For the overall project the budget was £30,000 and the time limit three months plus occasional supplementary time up to publication. The working time commitment was comprised of two senior academics on AUT consultancy rate for a total of 17 days; one researcher for 30 days; a research assistant for three months at two days per week; a clerical assistant for one week full time; and at least one day per week from two senior academics whose time was not charged for but who were in full-time posts.

The overall leadership of the team was from Imperial College. A systematic search of the literature, led by the Imperial College based team members, proceeded in parallel with an exploration of the conceptual and methodological issues of research into continuity of care by the team members based at Brunel. SCR, who had a smaller time commitment, offered specialist advice on the needs of older people and the interface with social care.

The Imperial College team led the mapping of the existing literature through systematic searches of a range of databases using keywords and a restriction/inclusion strategy agreed with the whole group. (Details of the search strategy and keywords are given in the report). There were very large numbers of articles referring to continuity of care. Thus we made an early decision to limit this section to studies where continuity of care was either an intervention being evaluated or was a measure of process or outcome and to studies that included the patient's perspective. This gave us a manageable list of just over 100 papers.

At Imperial we also conducted a survey of a selected sample of 55 voluntary organisations representing a range of long-term chronic conditions affecting physical and mental health, different age groups and ethnic minority groups, e.g. Age Concern, the Patients Association, Action for Sick Children, and the Mental Health Foundation. Respondents were asked to reply to three questions concerning their understanding of continuity, the aspects of continuity of concern to their members and any relevant material evidence. Although many of the responses came too late for a formal analysis to be included in the report, they gave us some indication of how the concept of continuity of care was perceived and valued in these groups and this was helpful as a check on how we had understood the literature. (Further details of the organisations contacted are given in the report).

The Brunel team's approach also began with database searches as well as 'grey' literature retrieved through a more 'by hand' search. This involved careful trawling through abstracts and a questioning and critical analysis of a smaller sample of papers focused on identifying innovative methodological approaches and finding examples of interesting engagement with conceptual and theoretical issues. For example, we included reports of process-based methodologies that could be applied to research on continuity of care. We also approached a sample of 20 researchers who have worked on topics related to continuity of care and asked for responses to similar questions to those above sent to voluntary organisations.

The information from these two different approaches was analysed using a common data extraction sheet and simple rating scheme that we devised and agreed specifically for this exercise after some experience of reviewing papers. The papers were assessed, with the patient's perspective in mind, on three dimensions and each of these dimensions had a five point scale. The 'relevance to policy and/or research' scale was used to assess how clearly the concept of continuity of care was related to or illuminated by the findings. The 'methodological quality of evidence' scale ranged from well designed RCT or rigorous qualitative study to poorly defined methods or anecdotal discussion. The 'conceptual clarity of definitions of continuity' differentiated between definitions of continuity of care which were undeveloped and those which helped to move the debate forward.

As a result of our ongoing consultation with NCCSDO staff, the team paid particular attention to the current NHS priority areas: cancer care, cardiovascular disease, diabetes and mental health; and to care of older people with particular reference to the interface with social care. However, when we found literature that raised important methodological issues or implications of policy initiatives on continuity of care outside these strategic areas, then it was included. A good example was the work we found relating to maternity care and midwifery which illustrated the conflict of priorities between women and professionals, and between the provision of continuity of care through a personal relationship (e.g. community midwives), and continuity across ante/intra/postnatal care.

Time and Other Resource Issues

Part of the SDO's listening exercise focused on how to retain the interest and involvement of the diverse range of stakeholders in the SDO's programme. It was noted that one way of securing their ongoing commitment in the commissioning process is to ensure that it keeps up a relatively fast pace. This meant that the SDO needed the findings of a scoping exercise quickly in order to commission their main programme in good time.

In this situation, sharing tasks across a multi-skilled team may save time. We found creating a team at short notice stimulating and enabling but

there were logistical challenges such as the fact that team members' diaries were already very full including pre-booked summer vacations. Thus the initial schedule of team meetings used the only mutually available dates. Access to researchers with the necessary skills and availability to work at short notice and on a short contract is also a significant issue. The other main time constraint was the time taken in retrieving papers. Even in 2002, full copies of much important literature are not available electronically, though this improves month by month. The apparent incompatibility of different universities' computer software sometimes led to frustration but the existence of electronic communication allowed a genuine team working throughout. In practice, working quickly also implies having equally sophisticated technology available at home, and this needs to be included in the costing of projects.

The Report

Our final report provided a comprehensive and substantial review, although it would be fair to say that, in accordance with our interpretation of a scoping exercise, it was indicative and suggestive rather than definitive. In particular, given the speed of the scoping process, a more sustained period of analysis and reflection on such a report was not possible, and may have been particularly useful given the range of methodologies employed in the exercise. It was written to inform commissioning of formal literature reviews and empirical work and is being used for this purpose. Details of further research that has been and is being commissioned on continuity of care can be found on the SDO website (www.sdo.lshtm.ac.uk). Our report has also been edited for wider dissemination (through the SDO website), and although this meant further revision post completion, we have noticed considerable interest in our report, notably from other researchers seeking to put in bids for the next stage of commissioning.

Comment and Suggestions

The challenge of a multi-faceted and unclear concept

Our key challenge within the three month time limit was having to overview and evaluate the literature without having time or staff to undertake a series of systematic searches and review all papers thus identified. This caused us considerable concern as we became aware of the diverse and often unclear ways in which continuity of care might be considered. To quote from our report:

> *'While we found a range of plausible definitions (of continuity of care), even more frequently the term was used as an expression of striving for good quality care in an indeterminate way. It was not uncommon for the concept of continuity of care (or the lack of it) to be used to explain the results of a variety of measures of outcome, with little attention given to a specific definition or to any mechanism of application. The result was that searching for such a diffuse term identified a large number of articles for consideration, making the task of mapping the field without formally reviewing it an unusually challenging one. Even when attempts are made to define continuity of care it is usual for this to be part of a complex package of care.' (Freeman et al, 2000: 43).*

Developing a team for a short term project

The purpose of a scoping exercise is both to map a wide range of literature, and to envisage where gaps and innovative approaches may lie. We brought together a variety of perspectives, a breadth of knowledge and expertise, and a pool of networking resources, working towards a synthesis from which to meet this remit. We believe that this formed the basis for what could have been a particularly productive further iterative process. Within the time constraints, however, it was not possible to draw fully on our combined expertise and this constituted a potential waste of valuable resources in the course of this particular project. Thus, there is a case for more sustained work to capitalise on the added value to be gained from inter-disciplinary debates and dialogues – particularly as such work is now actively encouraged (Fulop et al, 2001).

That said, this exercise provided us with a valuable insight into NHS Research and Development policy making and current initiatives and we enjoyed having the opportunity to make a presentation to, and engage in a constructive dialogue with the SDO Commissioning Board. We

offer the following suggestions to readers taking part in similar exercises:

Box 2: Summary Suggestions

- Choose people who can work quickly and flexibly
- Be creative with the resources of a multi-disciplinary team and narrow down the focus of the exercise but
- Meet with the co-ordinators of the research programme as early on as possible to check that your group's intentions for how to carry out the exercise, and your focus, are in accord with the remit; and finally
- Agree the format of the final document at an early stage with the research commissioners.

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References

Department of Health (2000) *Research and Development for a First Class Service: R and D funding in the new NHS*, Department of Health paper 21374, March.

Freeman, G., Shepperd, S., Robinson, I., Ehrich, K., Richards, S. and Pitman, P. (2000) *Continuity of Care: Report of a Scoping Exercise for the SDO programme of NHS R and D*, London: NCCSDO [online] [cited 29 Oct 2001] Available from internet URL:
http://www.sdo.lshtm.ac.uk/continuityofcare.htm

Fulop, N. and Allen, P. (2000) *National listening exercise: a report of the findings,* London: NCCSDO [online] [cited 29 Oct 2001] Available from internet URL:
http://www.sdo.lshtm.ac.uk/listeningexercise.htm

Fulop, N, Allen, P, Clarke, A, and Black N (2001) 'Issues in studying the organisation and delivery of health services', in Fulop, N., Allen, P., Clarke, A. and Black, N. *Studying the Organisation and Delivery of Health Services,* London: Routledge.