

Research for Patient Benefit

Overview of the programme in the North West

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(2011-2013)



5 June 2013

Overview of the presentation

- Background on NIHR and RfPB
- RfPB in the North West
- Programme statistics
- Tips for applying and common areas of feedback to applicants
- Application process



NIHR Remit

- Aims to create a **health research system** in which the NHS supports **outstanding individuals**, working in **world class facilities**, conducting **leading edge research** focused on the **needs of patients and the public**
- A range of programmes with a **broad range of health priorities**
- Funding is based on the **quality and relevance of the research to the NHS and personal social services**
- Demonstrate the potential to have an **impact on the needs of patients and the public within 5 years** of its completion
- The NIHR does not fund basic research or work involving animals and/or animal tissue

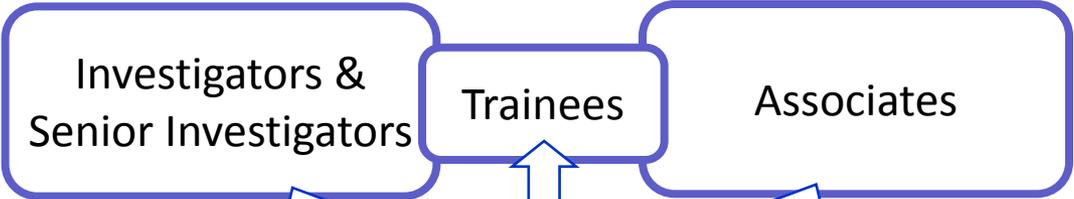


NIHR: a Health Research System



National Institute for Health Research

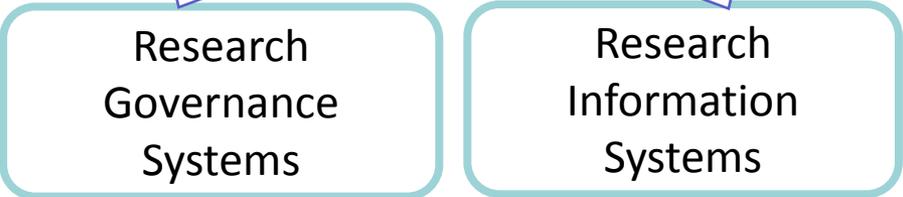
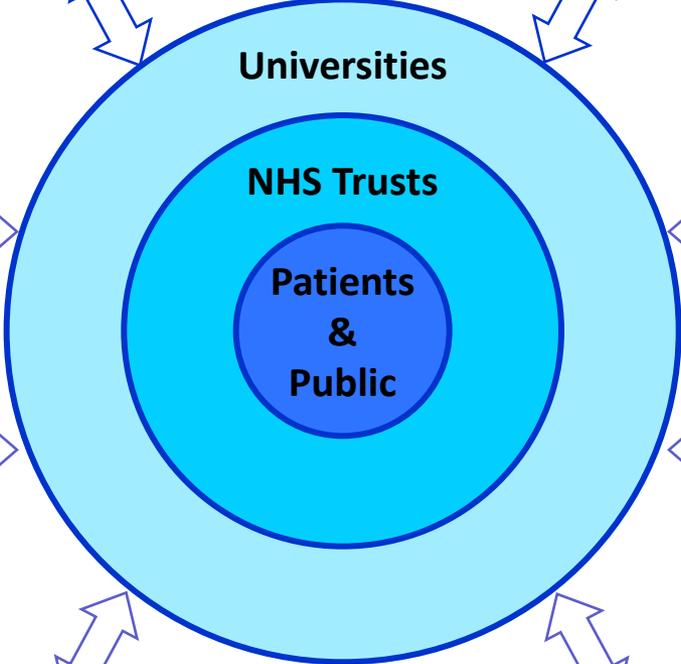
Faculty



Infrastructure



Research



Systems

INVENTION

EVALUATION

ADOPTION

DIFFUSION



National Institute for Health Research

This pathway covers the full range of interventions - pharmaceuticals, biologicals, biotechnologies, procedures, therapies and practices - for the full range of health and health care delivery - prevention, detection, diagnosis, prognosis, treatment, care.

MRC

Basic Research

Development Pathway Funding

Efficacy & Mechanism Evaluation

Invention for Innovation

Biomedical Research Centres

Biomedical Research Units

Patient Safety and Quality Research Centres

Research for Innovation, Speculation & Creativity

Research for Patient Benefit

Health Services Research

Programme Grants for Applied Research

Public Health Research

Service Delivery & Organisation

Health Technology Assessment

Collabs for Ldrshp in Appl Hlth Res and Care

Ctr for Reviews & Dissemination, Cochrane, TARs

NHS Purchasing & Supplies Agency

Centre for Evidence-based Purchasing

National Institute for Health & Clinical Excellence

Guidance on Health & Healthcare

NHS Evidence

Access to Evidence

NHS Institute for Innovation & Improvement

Support for the NHS

Ex-Strategic Health Authorities Clinical Commissioning Groups (CCGs)

Duty of Innovation

Ex-Primary Care Trusts -CCGs

Healthcare Commissioning

NHS Providers

Patient Care

National Institute for Health Research

Aims of the RfPB programme

- Intends to support research which is related to the day-to-day practice of health service staff and is **concerned with having an impact on the health of users of the NHS**
- Funded research projects often in areas of health service research and public health research, although other areas are not excluded from the programme
- Applications which have emerged from interaction with patients and the public, which relate to patient and service user experience and which have been drawn up in association with a relevant group of service users will be particularly welcome

Research for Patient Benefit

- Supports high quality investigator-led research projects that address issues of importance to the NHS
- Supports qualitative or quantitative research that could:
 - Study **the way NHS services** are provided and used
 - Evaluate **whether interventions are effective** and provide **value for money**
 - Examine whether **alternative means for providing healthcare** would be more effective
 - **Formally assess innovations** and developments in healthcare
 - **Pilot or assess feasibility** of projects requiring major applications to other funders

Research for Patient Benefit

- Response-mode funding programme for small grants
- Maximum award £350k for up to three years
- Overall programme funding of up to £25 million per year
- Awards made to **NHS organisations in England** with subcontracts to academic partners
- Ten Regional Advisory Committees and a national Programme Director
- Three funding competitions per year
- Single stage application process
- **> 520 awards made to date totalling over £100m**

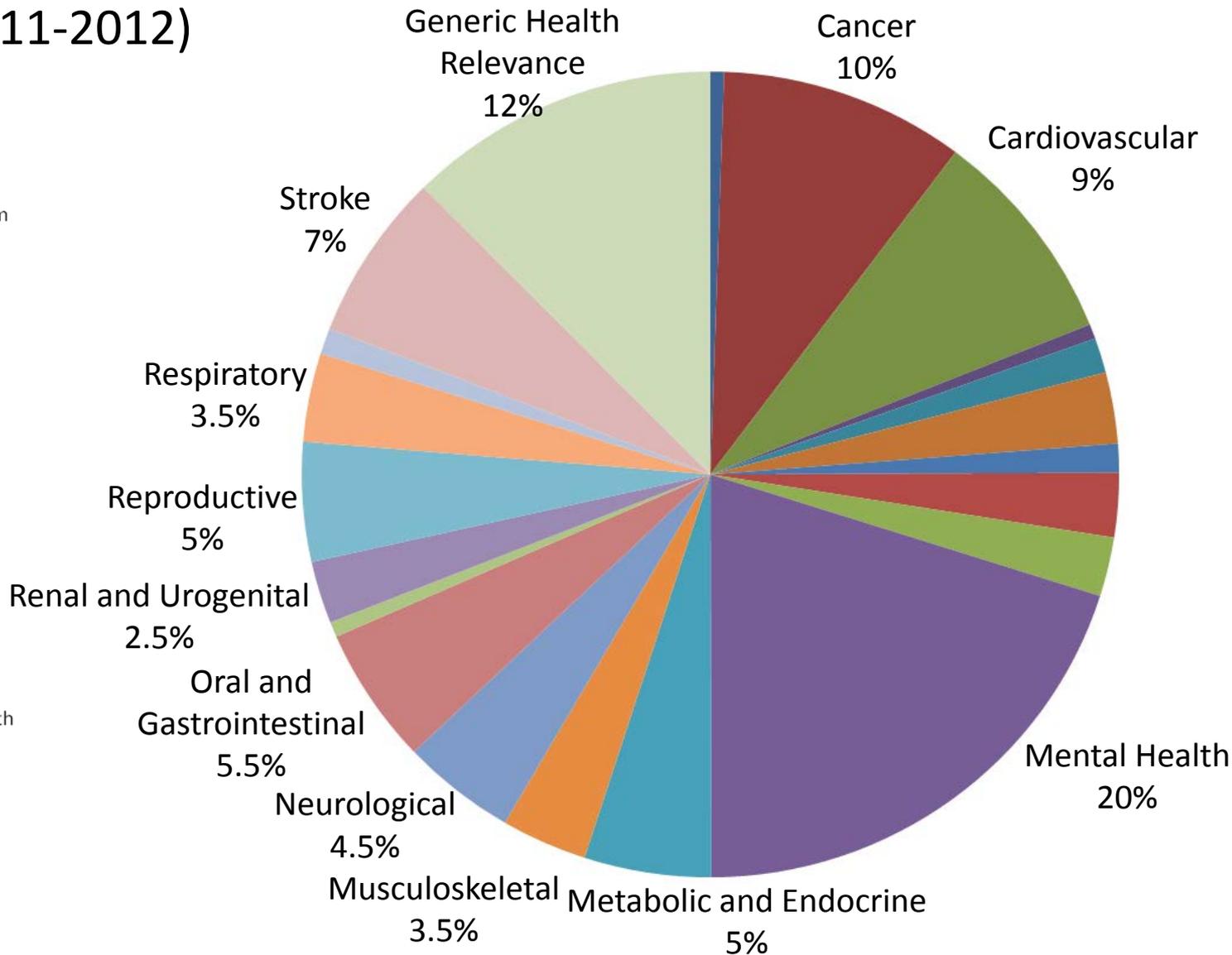


Research for Patient Benefit

Spend across health category (2011-2012)



National Institute for
Health Research



RfPB Funded Research Information

(www.rfpb.nihr.ac.uk)

- [Faculty](#)
- [Research](#)
 - [RfPB](#)
 - [About the programme](#)
 - [Funded Projects](#) ✓
 - [Regional funding committee](#)
 - [map](#)
 - [Programme Director](#)
 - [How to apply](#)
 - [Patient and Public Involvement](#)
 - [FAQ](#)
 - [Contact](#)
- [Systems](#)
- [Infrastructure](#)
- [Patient & Public Awareness](#)
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Research for Patient Benefit

inspired by patients and practice

Funded Projects

The following are the projects that are funded by RfPB. Use the dropdown list to view the projects based on health category

Health Category:

Project ID	Salutation	First Name	Surname	ProjectTitle	Institution	Start Date	End Date	Funding Amount
Health Category:								
PB-PG-1208-16187	Professor	Julietta	Patrick	Risk of preterm delivery after excision of the cervical transformation zone	NHS cancer screening programme	5/1/2010	30/04/2013	£154,153.00
Health Category: Blood								
PB-PG-0407-13039	Professor	Farhad	Kamali	Improving the safety and efficacy of anticoagulation therapy for thromboembolic disease through vitamin K	Newcastle upon Tyne Hospitals NHS Trust	9/1/2009	31/08/2012	£250,387.00
PB-PG-0408-15191	Dr	Alison	Ward	Successful self-monitoring of oral anticoagulation therapy	Oxfordshire Primary Care Trust	7/1/2009	31/12/2011	£248,253.00
Health Category: Blood/Cancer								
PB-PG-1207-.....	Dr	Miriam	Johnson	Diagnosis and	Scarborough	1/4/2010	03/07/2011	£212,008.00

RfPB in the North West

- **Regional Committee Chair – Professor Cynthia Pine**
- **72 projects funded by RfPB** of 438 applications received
- **58%** of applications successful at preliminary scrutiny/scoping stage (68% national average)
- **29%** of peer reviewed applications successful for funding (23% national average)
- Regional Manager – Eleni Tripodaki
- Further information: www.rfpb.nihr.ac.uk or rfpb@nihr-ccf.org.uk



NIHR Application Process

- **NIHR standard application form** and online submission
- **Please read up to date guidance for current rules on signatures and declarations**
- Applications first assessed for **fit to scope**
 - Good potential for achieving patient/public health benefit
 - Methodology and research design is of sufficient standard to allow for peer review
 - All administrative rules have been met
- Applications sent for **peer and lay review**

1. Is the proposal in Scope?

- Must be identifiable as research and not amount solely to service development.
- Must relate to day to day practice in the NHS.
- Certain kinds of pilot work are in scope- where a clear trajectory to a main study is likely.
- **Applications that emerge from the interaction with patients and public are explicitly welcomed.**

2. Is there a convincing patient benefit?

- Need to state **when** patients will benefit
- Are claims made in this section followed through in aims and stated outcomes?
- Direct involvement in local practice, not just national policy
- Dissemination - Not solely to enhance research portfolio but lead to NHS improvement as well
- Resources requested for acting on the findings?

3. Is the research design and methodology sufficient to allow peer review?

- Sufficient detail?
- Clear and coherent?
- Are there errors and misunderstandings of research design

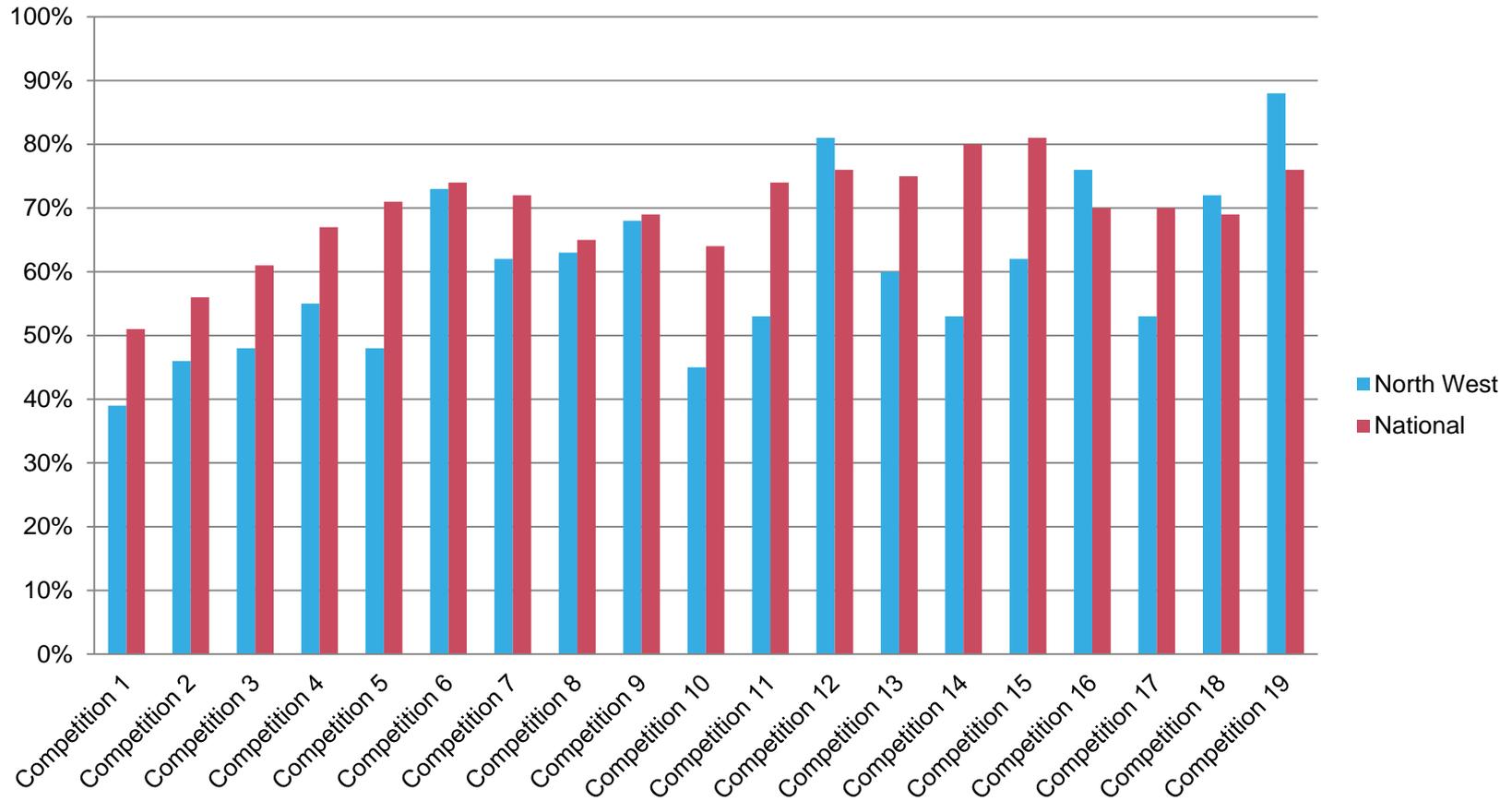
4. Have the administrative rules been met?

- >350K – automatic rejection
- >3 years – automatic rejection
- No declaration and signatures – automatic rejection
- No NHS involvement – automatic rejection

Further issues

- Overlap with projects already in RfPB portfolio and other NIHR programmes such as Programme Grants for Applied Research, HTA, SDO or RISC.

Preliminary Scrutiny Statistics



Peer review process

- At least three (more often five or six)
- Researcher in a similar/same field
- Practitioner in same/similar field
- Public/patient

Peer reviews

Comment on:

- Relevance and importance to NHS– build on previous research, not duplicative
- Quality of research, rationale, design, methods
- Strength of and breadth of team
- Likely impact
- Value for money and justification of funding requested
- Involvement of patients and public

Regional funding committee meeting

- Regional portfolio update
- Final reports on previously funded projects
- Consideration of applications (15-20 mins each)
- Presentation of ranking of applications
- Decisions as to which to recommend for funding

Regional funding committee meeting

- All committee members read all applications
- Lead assessors 1 and 2
 - LAs read case and reviews in detail prior to meeting, present briefly at meeting
 - Draw attention to features of reviews
- Discussion of application
- Discussion summarised and noted
- Individual scoring

Fundamental flaws

- Not taken account of current state of evidence in field
- Similar research already underway
- Research design is not capable of answering research question
- Too many fixable faults >4

Examples of fixable faults

- Need a statistician/ economist on the team
- Timetable too tight
- Need more detailed reasoning regarding outcomes
- Dissemination to impact practice unclear
- Changes necessary would not need a wholesale redesign of the project

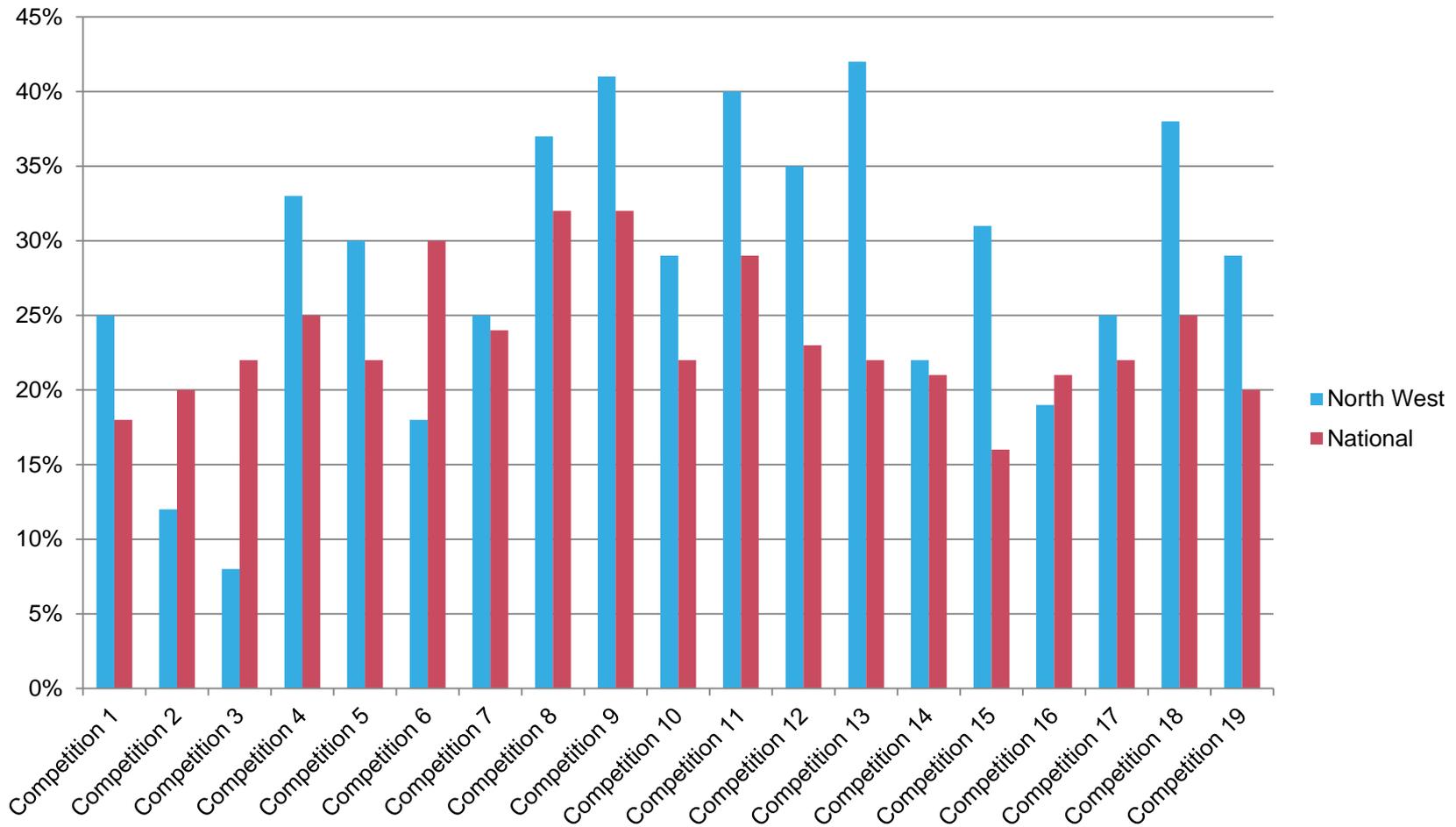
Regional funding committee meeting

- Funded
 - Intention to fund subject to conditions
 - Rejected with encouragement to prepare a new application
 - Rejected
-
- If conditions are applied, Lead Assessors, Chair consider applicants' responses

Top Tips for Applying

- Read the Programme Guidance and Director's Messages (available on the website)
- Describe clearly how the research will benefit patients
- Build a team with necessary range of skills
- Make contact with your local RDS for support
- Ensure you have convincing and appropriate lay/public involvement
- Have someone in your local organisation review and check over your application
- Clarity of writing essential

Application Success Rates



Common areas for feedback

- Detail in the methodology lacking or appropriateness of the design questioned
- Overall lack of clarity and focus of the application
- Inappropriate outcome measures
- Particular areas of expertise lacking in the research team
- Insufficient quality of the patient and public involvement
- Justification or detail of the intervention lacking
- Insufficient detail provided in the background information
- Inappropriate statistics or health economics analysis
- Concerns with the recruitment, sampling and overall feasibility
- Questions regarding project impact, timescales, generalisability or dissemination

What makes a successful RfPB application?

- **Consulting and involving others**
 - Using local resources and building appropriate partnerships
 - Inclusive working with patients and public
- **Keeping the decision criteria in mind**
 - Achieving a convincing and appropriate research design
 - Explaining the context for the study and how the research will benefit patients
 - Tackling patient and public involvement
 - Specifying outcomes for the NHS
 - Providing a well crafted proposal
- **Seek advice from the Research Design Service**

Other things to keep in mind

- **Patient and public involvement** must be adequately thought through and planned as part of design
- **Plain English summary** should be reviewed
- **Relevance to patients and NHS** is important
- **Read the guidance** and website resources
- Be aware of eligibility criteria
- All project costs are scrutinised by NIHR – particular attention should be paid to **NHS service support, treatment and excess treatment costs**
- **Deadlines at 1pm exactly** so don't leave it to the last minute!



The costs of R&D in the NHS

Research Costs are the costs of the R&D itself; data collection, analysis and other activities needed to answer the research questions.

- Research Costs will be met by the research funder (i.e. RfPB)

NHS Support Costs include the additional patient-related care costs associated with the research, which would end once the R&D activity in question had stopped, even if the patient care service involved continued to be provided.

- NHS Support Costs will be met by NHS R&D Support Funding (i.e. Networks)

Treatment Costs are the patient care costs which would continue to be incurred if the patient care service in question continued to be provided after the R&D activity had stopped. **Excess Treatment cost** is the difference between the total Treatment Costs and the costs of the standard treatment currently provided.

- NHS Treatment Costs will be met through commissioning arrangements for patient care (i.e. NHS/contracting organisation)

Guidance: Attributing the costs of health and social care Research & Development (AcoRD) – updated 4 May 2012

- Check programme specific guidance documents and website resources
- Resources available:
 - www.rfpb.nihr.ac.uk or 020 8843 8057
 - www.ccf.nihr.ac.uk or 020 8843 8000
 - www.nihr.ac.uk or enquiries@nihr.ac.uk
- NIHR Research Design Services (RDS)

