The Research for Patient Benefit (RfPB) Programme

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What is the RfPB Programme?

• A national, response-mode programme established in 2006 to generate high quality research for the benefit of users of the NHS in England.
• “Regionally derived applied research projects in health services and social care.”
• Reactive funding scheme, recently increased from £250,000 to £350,000 in total for a maximum three year project.
• Three competitions per year:
  • next deadline 22 January 2014 – Competition 23
  • other deadlines May and September.
• Regional panel deciding on RfPB funding:
  • full application only, no outline application
  • preliminary scrutiny - assessment of ‘scope’ – can be rejected at this stage without going to the full panel.
What is the RfPB Programme?

- What RfPB is for:
  - supports applications for high quality, investigator-led research that is relevant to the NHS
  - funds research related to day-to-day practice in areas identified and developed by health service staff, often in partnership with service users
  - selects proposals for funding on the basis of the quality of the proposal and its likely transition into patient benefit locally and for the wider NHS
  - supports relevant feasibility studies to help reach the next step of a definitive trial
  - quantitative, qualitative, mixed methods supported.
Scope

• RfPB scope is wide-ranging.
• However, the benefits to patients and service users need to be realisable or potentially realisable in the short to medium term.
• “The Research for Patient Benefit Programme supports health and social care research that will have a real impact on day to day practice in the NHS. The programme places the experience of patients and service users at the heart of the research it funds and its regional focus means that local investment in research translates directly to the local patient population.”, Programme Director, RfPB, 2013.
• RfPB is not about the major discoveries and breakthroughs in basic medical research that make the headlines.
How does RfPB operate?

Four principles:

• generating high quality applied research in health and social care with the potential to improve any area of health, healthcare and health service delivery
• ensuring that service users and the public have as effective as possible a voice in the decision process
• providing consistency of standards and procedures nationally
• being transparent about the nature of the programme and its decision processes.
The preliminary scrutiny stage

The proposal must satisfy three criteria to go forward to full panel:

- good potential for achieving patient/public health benefit:
  - must be directed at achieving patient benefit on a trajectory in short to medium term
  - must be identifiable as research not solely service evaluation
  - must relate to practice by the NHS
  - pilot, feasibility and development work are eligible for funding such as for larger Randomised control trial (RCT), they may focus on processes for main study: recruitment, randomisation, treatment and follow up.
- the methodology and research design is of sufficient standard to allow for peer review
- all administrative rules have been met.
The full panel

- Full panel consists of researchers/research-active clinicians and patients/members of the public.
- Two panel members lead the discussion of each application and also have access to peer reviews.
- North West RfPB panel members here: [www.ccf.nihr.ac.uk/RfPB/about/regional_map/#tab2](http://www.ccf.nihr.ac.uk/RfPB/about/regional_map/#tab2).
- Panel makes recommendations about funding applications to central RfPB and RfPB centrally makes final decision.
What do panels look for?

- RfPB panels are looking for:
  - original and feasible proposals
  - sound and appropriate research design
  - a strong likelihood that tangible benefits for NHS patients and other users of health and social care services will be realisable in the short to medium term, within three to five years
  - a team with the right mix of skills and experience for the research question
  - evidence of relevance for a public or patient community.
What do panels look for?

- Clarity:
  - the application needs to be very clearly written
  - a person who is not from your clinical area must be able to understand why the study question is important and how you plan to answer it
  - but not so basic that the detail, science and rationale is lost.
What do panels look for?

• A ‘dream team’:
  • team composition is critical
  • Joint applications by NHS clinicians working in partnership with academic institutions are welcome
  • methodological expertise such as statisticians, health economists or qualitative researchers as appropriate, as well as patients with the condition being studied and their carers, needs to be evident
  • there needs to be a clear reason for a co-investigators being on a team.
What aren’t panels looking for?

Common reasons for rejection:

- not in scope:
  - no direct potential health benefit within timeframe
  - describing practice, rather than ‘closing the loop.’
- no evidence that Patient and Public Involvement (PPI) is understood to be important
- poor research design
- over-ambitious within the resources and timeframe e.g. some mixed-method multi-component studies
- not enough evidence in the application that the project will be deliverable e.g. gaining sample sizes
- overlap with other National Institute for Health Research (NIHR) funded research.
Will RfPB fund systematic reviews?

• Systematic reviews may be funded as an element in a research design, when appropriate, but the RfPB is not a primary source of funding for systematic reviews.

• RfPB will fund small stand-alone systematic reviews where the likely outcome is aligned clearly with the remit of the programme, and:
  • they are likely to provide a guide to action (what the service providers should be doing or what they should stop doing) as opposed to identifying knowledge gaps.

  and/or:
  • a practitioner or researcher has identified a particular area where it is important to have clarity about the best evidence available.

www.ccf.nihr.ac.uk/RfPB/Pages/FAQ.aspx
Is RfPB the right scheme for you?

- Basic science projects submitted to the RfPB scheme are likely to be rejected on scope. Other funders e.g. Medical Research Council (MRC) fund this type of research.
- It is also difficult to deliver a full-scale NHS randomised controlled trial within three years for under £350,000 nowadays, so applications for definitive trials that are unrealistic in terms of recruitment potential and trial management arrangements are unlikely to succeed.
- It would be better to apply for a feasibility study that has a clear trajectory for a definitive trial which can then be funded, for example, by the Health Technology Assessment (HTA) Programme.
Is RfPB the right scheme for you?

RfPB does not fund:

• setting up or maintaining research units

• applications which are solely service developments, although the programme will fund research aimed at evaluating the effectiveness of a service or intervention it will not fund the costs of providing the service or intervention itself

• applications which are solely: audit, surveys, needs assessment, technology development, although these elements may be part of an integrated research study.
Some other NIHR funding streams

- Programme Grants for Applied Research (PGfAR) and Programme Development Grants (PDG).
- Research Fellowships: Doctoral, Post-Doctoral, Career Development.
- Health Technology Assessment Programme (HTA).
- Efficacy and Mechanism Evaluation Programme (EME).
- Health Services and Delivery Research Programme (HS&DR).
- School for Social Care Research.
- School for Primary Care Research.
- School for Public Health Research.

www.nihr.ac.uk/research/Pages/programmes_research_programmes.aspx
How can the RDS NW help?

• Individually focused advice.
• Online resources.
• RfPB Proposal Development Series:
  • one for each RfPB application deadline
  • series rotating between RDS NW locations but open to all across the North West.
  • series of three meetings, designed to help potential RfPB applicants to the point of successful applications.
  • designed to complement rather than replace detailed individual RDS NW advice.
Some Cumbria and Lancashire RfPB projects


- PB-PG-0609-19081 Prof Gail Furze The development and feasibility of an intervention to reassure patients about test results in rapid access chest pain clinic. Bury PCT £231,356.

- PB-PG-0407-11227 Dr Mary Turner  Community-based evaluation of 'Preferred Place of Care' in the North West of England. Lancashire Teaching Hospitals NHS Foundation Trust. £247,646.

- PB-PG-0211-10001 Dr Fiona Lobban  A Pilot Study to Assess the Feasibility of a Web-based Intervention for Prevention of Relapse in Bipolar Disorder (ERP-Online).Cumbria Partnership NHS Foundation Trust £227,634.
RfPB competition 23

• Application submission deadline 22 January 2014 by 1.00 pm.
• Declaration and signatures deadline 29 January 2014 by 1.00 pm.
• Preliminary scrutiny outcome mid - March 2014.
• Submission outcome late July 2014.
• This RfPB round part of bigger themed call on Antimicrobial Resistance.
RfPB resources

• RfPB website: www.ccf.nihr.ac.uk/RfPB/Pages/home.aspx/
• Funded RfPB projects: www.ccf.nihr.ac.uk/RfPB/about/Pages/FundedProjects1.aspx
• RDS NW website: www.rds-nw.nihr.ac.uk