



*National Institute for
Health Research*

The NIHR Research Design Service (NE)

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Presentation

- Background to the setting up of national network of RDSs
- NE RDS – who we are and what we do
- Summary of applicants helped to date

NIHR NE RDS

- The NIHR NE RDS is part of a national network of Research Design Services, funded by the NIHR, that exist to help researchers **develop and design** high quality research proposals for submission to **national, peer-reviewed funding** competitions for **applied health or social care** research
 - Limited post-funding support & advice, on trouble-shooting basis is also provided on 'in-scope' research project
- Advice through RDS is **free of charge** to researchers from the region, whose work is within our **scope**
 - Ongoing input from RDS staff to funded projects is allowed but must be costed into grants
- Active since October 2008

Background to RDSs

Best research for best health – 5 Goals

- Establish NHS as internationally recognised centre for research excellence
- Attract, develop and retain best research professionals
- Commission research focused on improving health and social care
- Manage our knowledge resources
- Public money for public good

Best research for best health: implementation plans

- Implementation plan 1.1 – National Institute for Health Research
- Implementation plan 5.1 – NIHR Clinical Research Network

- Implementation plan 5.9 – Research design services

“The purpose of the new network of RDS will be to help researchers to prepare research proposals for submission to national, peer-reviewed funding competitions for applied health or social care research. A key aspect of the work will be with NHS researchers, supporting their applications for NIHR Research for Patient Benefit (RfPB) funding. However the RDS should provide a service to all applied health and social care researchers who require support.”

Feedback from RfPB commissioning panels

Applications from the NHS often contain excellent ideas with potential for real patient benefit, which unfortunately cannot be funded because of methodological flaws.

- bids to conduct RCTs need
 - adequate recruitment strategies
 - evidence of sound statistical advice and robust power calculations;
- qualitative studies
 - demonstrate understanding of the array of methodological choices,
 - specify in detail what data collection and analytical strategies will be adopted;
- evaluators to be independent of those delivering the programme
- feasible study designs
- PPI (Patient and Public Involvement)

Our Mission

- To increase the volume, quality and impact of applied health and social care research across North East England

Our Members

- Newcastle University
 - McColl, Dickinson, Ford, May, Steele, Steen
- Durham University
 - Mason, Blackman, Hungin, Hunter
- NHS
 - Chadwick (South Tees Hospital NHS Trust)
 - Walker (Northumbria Healthcare NHS Trust)

Our Expertise

- Track record in designing & conducting applied health research studies
- Expertise in supporting applications for peer reviewed funding
- Understanding of the research ‘environment’
- Well established links with NHS and social care organisations
- ‘Buy in’ from stakeholders

Who are we?

- Newcastle
 - Elaine McColl
 - Joanne Dryburgh
 - Fiona Beyer
 - Nikki Rousseau
 - Mark Deverill – health economics
 - Tim Rapley – qualitative researcher
 - *Statistician*

Who are we?

- Durham (Stockton)
 - James Mason
 - Suzanne Sanders
 - Douglas Wilson - statistician
 - *Health research methodologists x 2*
 - *Health economist*
 - *Social care researcher*
 - *Qualitative researcher*
- James Cook
 - *PPI Officer*

Supporting Applicants

- Top priority: NIHR schemes
 - Research for Patient Benefit
 - NIHR programme grants for applied research, programme development grants, HTA, SDO, EME, i4i, RISC, PRP, PHR, HSR, NIHR fellowships
- Medium priority:
 - Other funders eligible for NIHR CRN portfolio (UK CRC partners)
- Transforming ‘own account’ research

Advice and Support

- First contact facilitators
- Core specialist advisors
 - Literature searching & systematic reviewing; statistics; health economics; qualitative research; clinical trials; social care research;
- *Ad hoc* specialist advisors
- Formative peer review & consumer review
- Partnership brokering
- Links to advice on research ethics & governance

Information Resources

- Awareness raising
- Web portal
- Mailbase
- Research support resources
- Guidance on funding sources

Patient & Public Involvement

- Establishment of a consumer panel
- Deployment of consumer advisors & reviewers
- Collation & dissemination of materials on PPI
- Training for PPI
- Resources for engagement of minority & disadvantaged groups

- Working with Involve, networks, charities

Training Programme

- Focused training for prospective & aspiring grant applicants
 - Grantsmanship
 - Research methods
 - Patient & public involvement
 - Research ethics & governance
- Referral to external training

Applicants to date: Funding bodies

- Newcastle: approx 50 applicants to date; Durham: approx 20
- Funders
 - NIHR
 - RfPB
 - HTA
 - EME
 - i4i
 - NIHR Fellowships
 - NHS Physical Environment Programme
 - MRC
 - Wellcome
 - National charities

What don't NE RDS do?

- Currently – don't refuse to help with studies that are in scope
- Though this may change over time
 - assessment criteria for RDS
 - Resources – may need to prioritise
 - Time of co-applicants
- Some RDSs select / prioritise who to help
 - Volume vs lower success rate
 - Future capacity building

What don't NE RDS do?

- Lead / drive the application for funding
 - Have had to advise several applicants to delay
 - Applicants frequently underestimate time taken at end of bid
 - Obtain input from all collaborators and RDS
 - Sign off by Trust/University
 - RDS charters

Input to date – Newcastle

- Most – detailed input to bid including statistical/health economics/CTU input
- More trials, some qualitative, some both
- Specific sections – eg PPI
- Funding sources
- General research design advice – refining research question
- Power calculations
- Collaborate on bids
- Advise re co-applicants
- Advise re other input (e.g. PPI, costs, networks)
- Send queries on behalf of applicants (MHRA, NIHR)

FAQ/FGA

- Use networks
- Involve patients
- Excess treatment/NHS support costs
- Do a literature review first
 - Not part of RDS role (though systematic reviewing expertise)
 - Outcome measures + data on variability
 - What has/hasn't worked previously

When to contact us

- Any time
 - Review of final draft/help with wording of specific sections - Two weeks before deadline
- But – the earlier the better
 - Detailed input including statistician/health economics/qualitative research/clinical trials unit as collaborator – ideally 6 weeks absolute minimum

Outcomes of RDS input

- Full/outline applications to HTA/RfPB etc
 - Too soon to know success rates – though have some HTA bids past first sift and outline stages.
- Often advising pilot applications
- Bids not do-able in current form
 - Sample size, costs
 - Service development

NE RDS – future plans

- Newcastle and Durham
- Both – mainly responsive so far
 - Demand high without advertising
- This will change to active engagement in the next few months as more staff in post
 - E.g. Durham plans to meet with research directors within trusts to negotiate planned events for staff
 - Outreach clinics
 - Database of NE researchers to inform about e.g. HTA calls for commissioned research



Research environment

- Increasingly competitive
 - HTA diagnostic tests special call – 192 applications – unprecedented.
- Submission to outcome – now a year for HTA
 - Need to make your first shot a good one
- Short turn round on HTA calls – need to have system for finding out asap.
- Networks and collaborations essential to putting in a good bid

Contacting NERDS

- Newcastle: Director – Professor Elaine McColl
 - Contact: Joanne.Dryburgh@ncl.ac.uk
- Durham: Director – Professor James Mason
 - Contact: rds@durham.ac.uk

Get in touch!

- Either about specific bid
- To register interest in relation to future calls

- Thank you