

NIHR Evaluation, Trials and Studies Coordinating Centre

Evaluation research programmes managed by NETSCC

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Director NETSCC - EME

NIHR Roadshow – Yorkshire and the Humber
19th October 2009

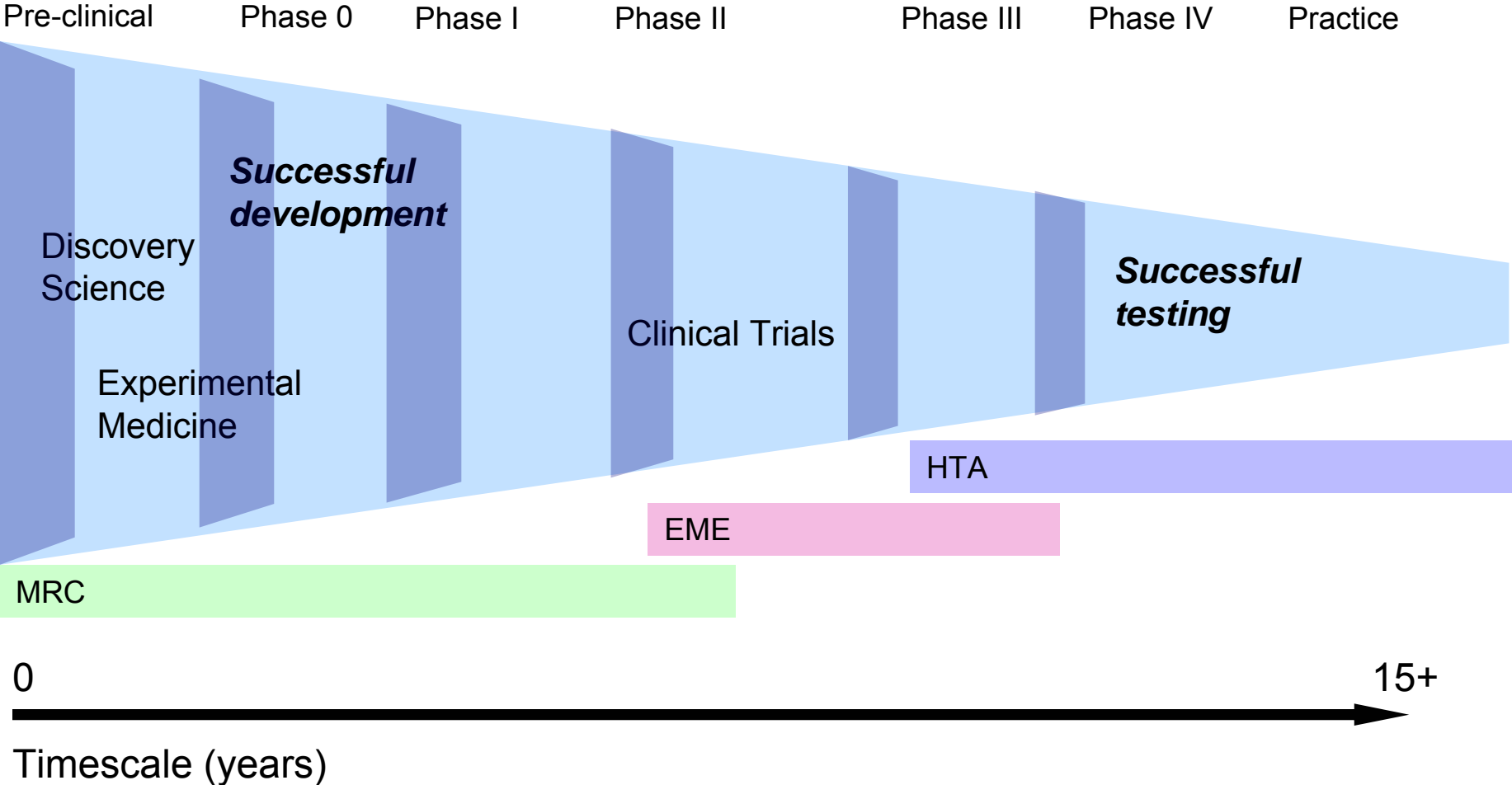


Managing evaluation
research on behalf of
the National Institute
for Health Research

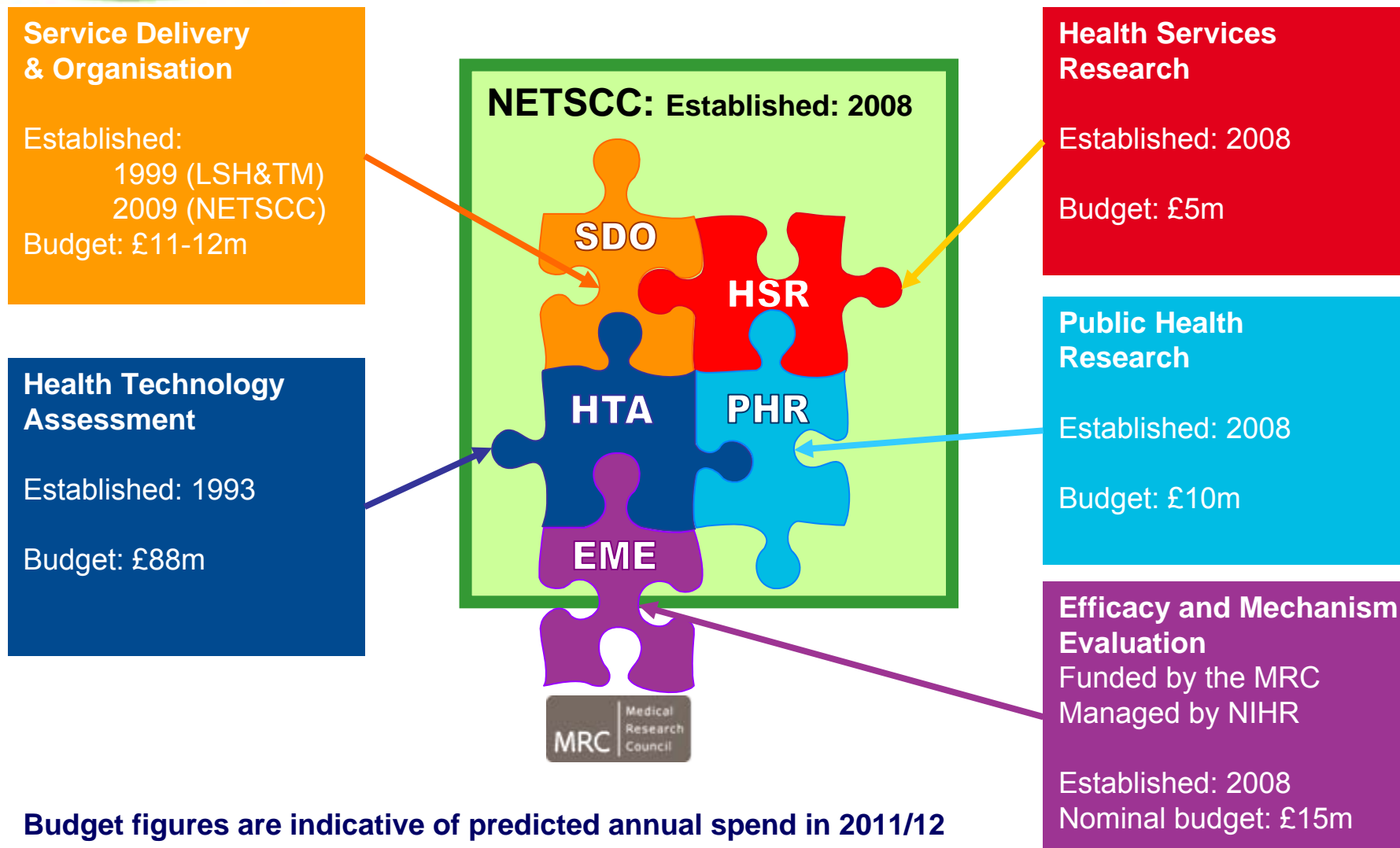




Managed Translational Pathway



NIHR Evaluation, Trials and Studies (NETS) programmes



Budget figures are indicative of predicted annual spend in 2011/12

Managing evaluation research programmes on behalf of NIHR

- ▶ **Management of prime funding for UKCRC registered Clinical Trials Units**
 - ▶ Stable funding opportunity to enable CTUs, conducting clinical evaluations and trials for NETS programmes, to support and strengthen research capacity
 - ▶ Intended to produce an increase in the number of high quality research applications submitted to NETS programmes
 - ▶ Eighteen units awarded funding to date with an initial 3 year contract

Needs-led and science-added approach for NIHR programmes

▶ We are

Needs-led

because we assess what the important questions to the NHS and other information consumers are, and in what priority they should be answered.

▶ We are

Science-added

because we ask does the proposal meet the scientific quality we insist on, and how can we support the delivery of quality.

▶ We provide

Value for money

because assessment of need and scientific support maximises the relevance and benefits achievable within a funding stream.



Funding workstreams

▶ **Commissioned workstream**

- ▶ Starts with the information needs of decision makers typically, but not exclusively, within the NHS.
- ▶ Topics are refined and prioritised by people with expertise in the field, and commissioning briefs are advertised.
- ▶ Applications are then assessed for compliance with the commissioning brief, scientific quality, feasibility and value for money.

▶ **Researcher-led workstream**

- ▶ Open calls for researchers to apply for funding for their own topics and questions.
- ▶ Applications are prioritised in terms of NHS or other information need in a process similar to that in the commissioned workstreams.
- ▶ Applications are then assessed for scientific quality, feasibility and value for money.



Full and appropriate funding

- ▶ We provide
Full and appropriate funding
because we place no upper limit on the amount of funding granted for a project
- ▶ If the question is important enough and the science requires it, we will fund it.
- ▶ University based projects: we fund up to 80% of the Full Economic Cost (FEC)
- ▶ NHS Trust based projects: we fund 100% of the direct costs
- ▶ Other organisations are also welcome to apply



Efficacy and Mechanism Evaluation programme

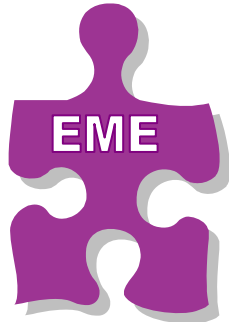
The **EME** programme is aimed at supporting ‘science driven’ studies with an expectation of substantial health gain.

EME will support clinical trials and evaluative studies in patients that:

- ▶ **Provide definitive evidence of efficacy of healthcare interventions, including size of effect, safety and effectiveness**
- ▶ **Add significantly to understanding of disease mechanisms**
- ▶ **Break new ground – new scientific or clinical principles**
- ▶ **Include development or testing of new methodologies**
- ▶ **Include validated surrogate markers as indicators of outcome**

- ▶ **Laboratory studies as part of the main study, if relevant to the EME remit**

Efficacy and Mechanism Evaluation programme



- ▶ **Researcher-led workstreams:**
 - ▶ **Standard**
 - ▶ Preliminary application (forms on website)
 - ▶ 3 calls each year
 - ▶ Assessment by board
 - ▶ Full application to next board if successful
 - ▶ **Fast-track for small/short applications**
 - ▶ Expression of interest (forms on website)
 - ▶ Assessed by EME team
 - ▶ Full application competes on equal terms with those submitted by standard method.

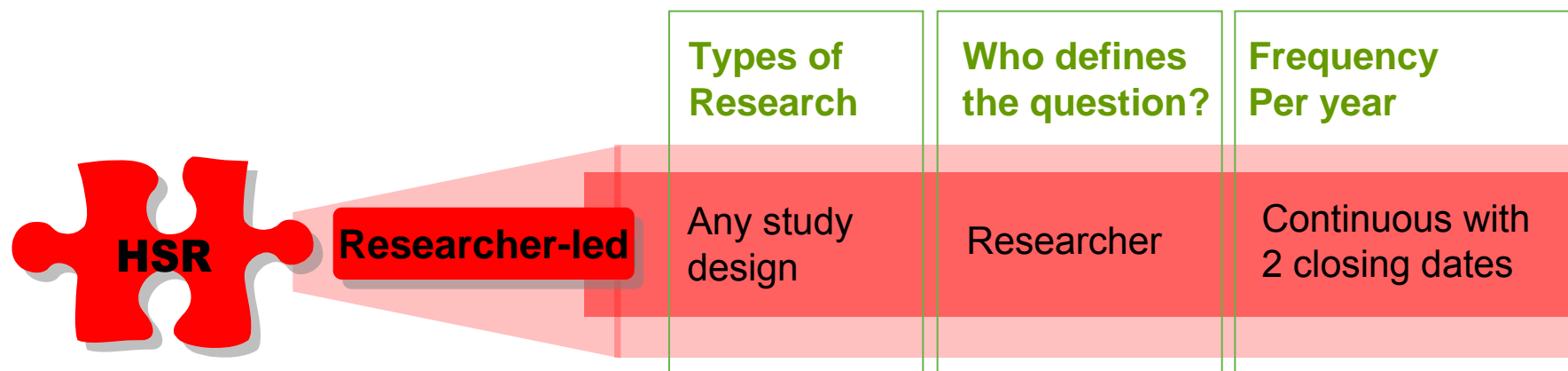
- ▶ **Translational Pull-through:**
 - ▶ Will be advertised in due course.

EME programme highlights

- ▶ The EME programme works seamlessly with and sits between MRC programmes and the NIHR HTA programme
- ▶ The EME programme is funded by the Medical Research Council and managed by NIHR, it was launched in April 2008 with a nominal annual budget of £15m.
- ▶ Applications most suited to MRC or HTA may be switched to those programmes.
- ▶ Since EME programme was launched in April 2008 it has received over 190 applications for funding
- ▶ The time taken from initial application to a funding decision is around 8 months
- ▶ The first two EME studies commenced during the Summer 2009 with two other projects scheduled to start this year. A further 8 projects have been funded or funded subject to changes during 2009 and will start early in 2010.

HSR programme Funding opportunities

- ▶ The HSR programme has a predicted annual budget of £5m by 2011/12
- ▶ The HSR programme will initially offer a researcher-led funding stream with the possibility of a commissioned workstream later.





HSR programme highlights

- ▶ HSR programme was launched in 2008
- ▶ Board members have been recruited
- ▶ It is anticipated that the first projects will be funded in early 2010
- ▶ Professor Ray Fitzpatrick, University of Oxford, was appointed programme Director from April 2009.

NIHR Health Services Research programme

▶ Purpose and Remit

The **HSR** programme addresses the main dimensions of quality that are of central concern to the NHS: Patient safety, patient experience and effectiveness of care.

Researchers are invited to submit proposals for both primary research and evidence syntheses.

The HSR programme will fund areas that are not currently funded, either due to remit or cost, by existing NIHR, DH and MRC programmes.

The HSR programme will fund multiple small studies or a single large study of national or international importance that would be beyond the capacity of other funders.

▶ History

Launched in October 2008, HSR issued its first call for expressions of interest in January 2009.

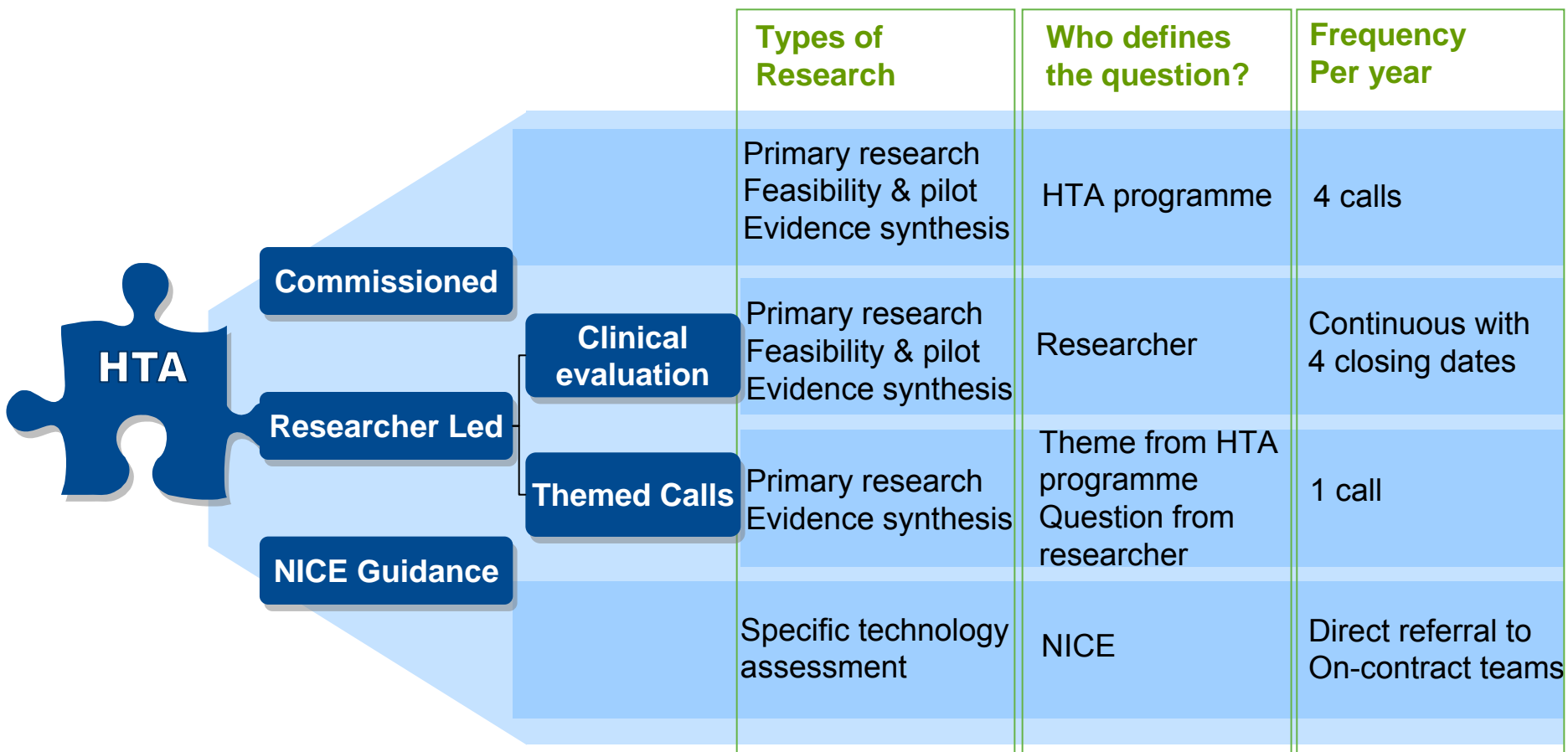
▶ Contact HSR

For more information and to apply for funding visit the website -

www.hsr.nihr.ac.uk

HTA funding opportunities

- ▶ The predicted annual budget by 2011/12 is £88m
- ▶ The HTA programme offers 3 funding workstreams:



NIHR Health Technology Assessment programme

▶ **Purpose and Remit**

To deliver information about the effectiveness, costs and broader impact of healthcare treatments and tests for those who plan, provide or receive care in the NHS.

▶ **History**

Since its inception in 1993 the HTA programme has invested over £280m in more than 800 research projects.

▶ ***Health Technology Assessment***. 2008 impact factor places it in the top 10% of medical & health related journals

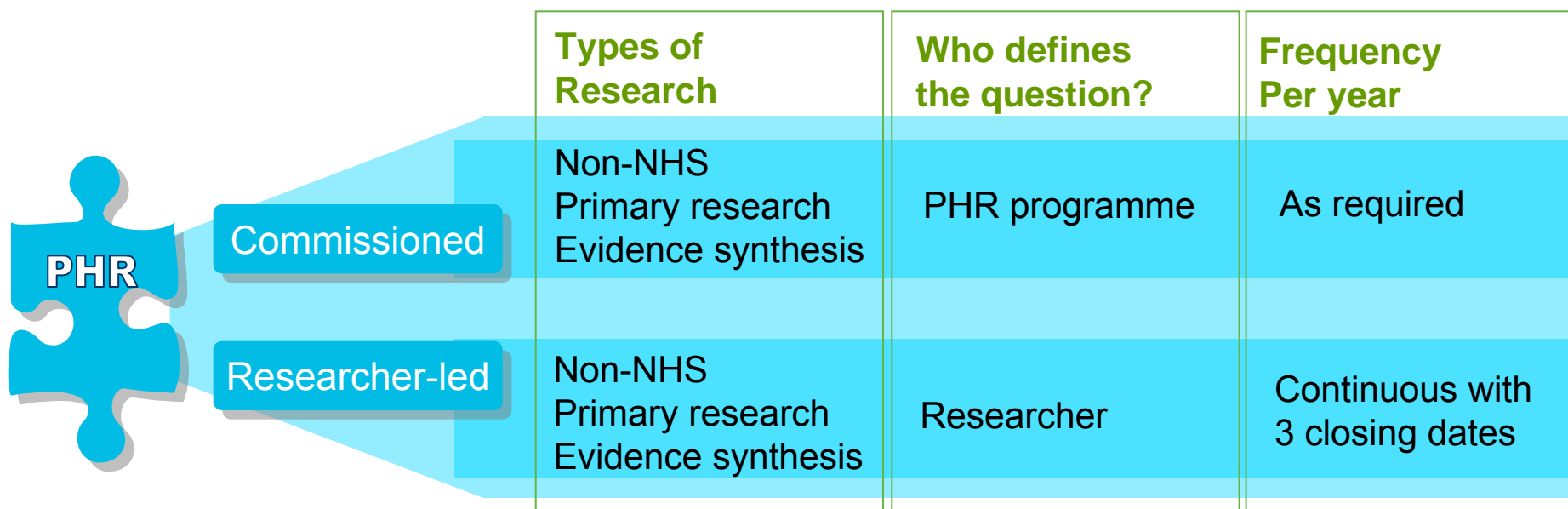
▶ **Contact HTA** For more information visit www.hta.ac.uk

HTA programme highlights

- ▶ HTA programme has invested over £280m in more than 800 projects
- ▶ For topic prioritisation we have expanded from four to six panels, established a new group and recruited 80 new panel members
- ▶ HTA Clinical Trials has expanded its remit to become the HTA Clinical Evaluation and Trials funding stream
 - ▶ Grants are now available for evaluation studies falling within the remit of the HTA programme.
- ▶ We have 3 funding boards and 1 editorial board
- ▶ Sample size of a HTA randomised control trial:
 - ▶ Median of the number of patients involved in each trial = 750
 - ▶ Range of 34 to 100,000 across current live projects
- ▶ 81% of HTA funded projects included “Public Patient Involvement”
- ▶ NICE Technology Assessment Reports
 - ▶ To date (March 2009) 135 multiple technology appraisals and 39 single technology appraisals have been completed
- ▶ Papers published in key journals over the past 5 years:
 - ▶ BMJ – 41
 - ▶ The Lancet – 14
 - ▶ New England Journal of Medicine - 3
 - ▶ Annals of Internal Medicine - 3

PHR programme funding opportunities

- ▶ The predicted annual budget is £10m by 2011/12
- ▶ The PHR Programme offers 2 funding workstreams: Commissioned and Researcher-led



	Types of Research	Who defines the question?	Frequency Per year
Commissioned	Non-NHS Primary research Evidence synthesis	PHR programme	As required
Researcher-led	Non-NHS Primary research Evidence synthesis	Researcher	Continuous with 3 closing dates

NIHR Public Health Research programme

▶ **Purpose and Remit**

The PHR programme evaluates public health interventions, providing new knowledge on the benefits, costs, acceptability and wider impacts of **non-NHS** interventions intended to improve the health of the public and reduce inequalities in health.

The scope of the programme is multi-disciplinary and broad covering a range of public health interventions.

▶ **History**

The PHR programme was launched in Autumn 2008.

▶ **Contact PHR**

For more information and to apply for funding visit

www.phr.nihr.ac.uk

PHR programme highlights

Researcher-led:

- ▶ Proposals received
 - January 2009: 47 proposals (full and outline), 35 within remit.
 - June 2009: 26 outline proposals, 18 within remit

Next call closes 11 January 2010 (by 1pm)

- ▶ Proposals funded
 - May 2009: 3 full proposals recommended for funding by Research Funding Board
 - October 2009: 8 full proposals being considered for funding (in addition to 10 outline proposals)

Themed call

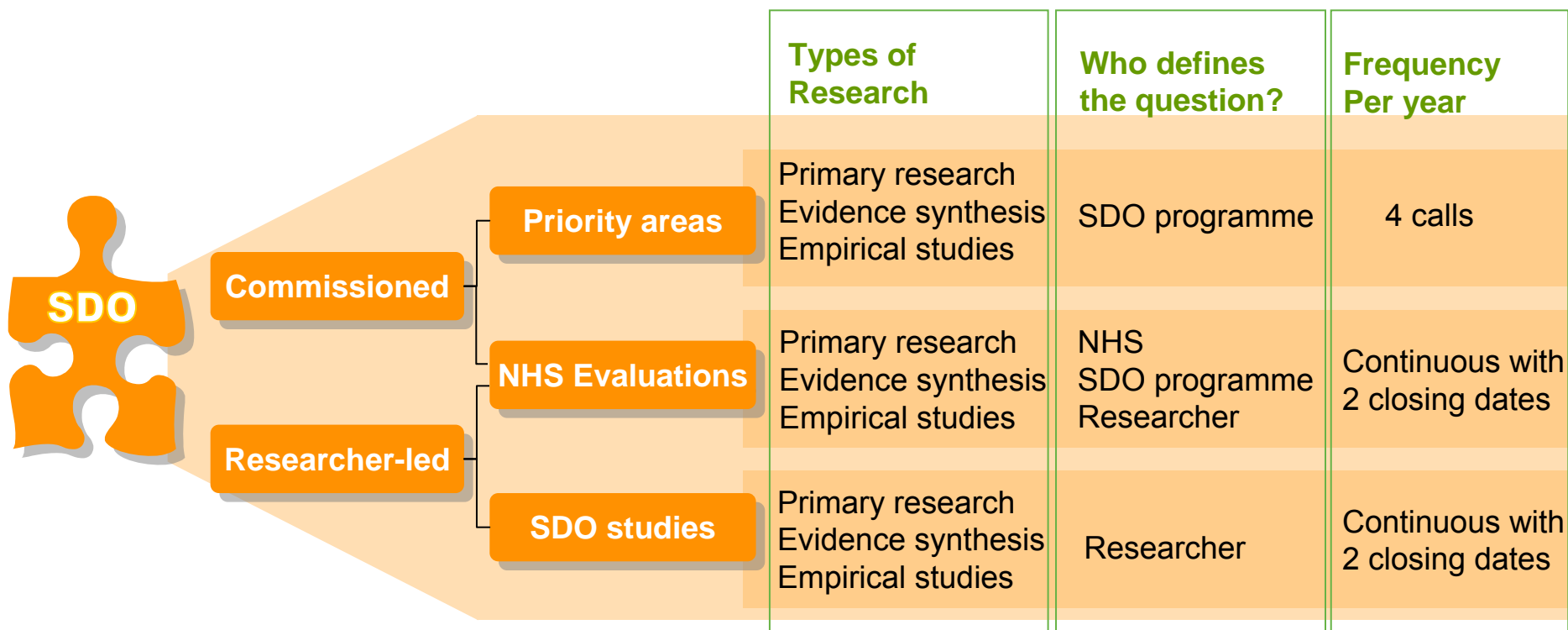
- ▶ Obesity joint themed call with HTA programme launching 20 November 2009 – *closing 20 January 2010 (by 1pm)*
- ▶ Joint briefing event 7 October 2009

Commissioned:

- ▶ Launched July 2009. Two topics advertised – call closed September 2009.
- ▶ Programme Advisory Board in November 2009 to prioritise topics for next call – opening in December 2009.
- ▶ Online research suggestions facility launched: www.phr.nihr.ac.uk/suggest

SDO programme funding opportunities

- ▶ The predicted annual budget is between £11m and £12m by 2011/12
- ▶ The SDO programme operates commissioned and researcher-led funding streams through the Priority Areas, NHS Evaluations, and SDO Studies panels.



NIHR Service Delivery and Organisation Programme

▶ **Purpose and Remit**

Produces research about the organisation and delivery of healthcare for NHS commissioners, providers of health care, partner organisations such as local authorities and the voluntary sector, and for user of health care.

▶ **History**

The SDO programme was established in 1999 and joined NETSCC in April 2009.

▶ **Contact SDO**

For more information and to apply for funding visit

www.sdo.nihr.ac.uk

SDO programme highlights

▶ **SDO Portfolio**

- ▶ The current portfolio includes 122 active and 112 completed projects
- ▶ Three panels have been established:
 - ▶ The Priority Areas panel
 - ▶ The SDO Studies panel
 - ▶ NHS Evaluations panel

▶ **Calls**

- ▶ First SDO Studies Panel
- ▶ First NHS Evaluations Panel
- ▶ Priority Areas Panel call on Knowledge Mobilisation and Capacity Building

Further Information

- ▶ For general information on NETSCC and our work
 - ▶ email info@netscc.ac.uk or visit www.netscc.ac.uk

- ▶ EME - Efficacy and Mechanism Evaluation programme
 - ▶ Email info@eme.ac.uk or visit www.eme.ac.uk

- ▶ HSR - NIHR Health Services Research programme
 - ▶ email hsr@southampton.ac.uk or visit www.hsr.nihr.ac.uk

- ▶ HTA - NIHR Health Technology Assessment programme
 - ▶ email hta@hta.ac.uk or visit www.hta.ac.uk

- ▶ PHR - NIHR Public Health Research programme
 - ▶ email info@phr.ac.uk or visit www.phr.nihr.ac.uk

- ▶ SDO - NIHR Service Delivery and Organisation programme
 - ▶ email sdo@southampton.ac.uk or visit www.sdo.nihr.ac.uk

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NIHR Evaluation, Trials and Studies Coordinating Centre

Thank you



UNIVERSITY OF
Southampton



Feasibility and pilot studies

- ▶ **Other definitions are used elsewhere but we apply the following in order to help us communicate with applicants.**
- ▶ **Feasibility study**
 - ▶ Pieces of research done before a main trial
 - ▶ Used to estimate important parameters that are needed to design the main study.
 - ▶ Feasibility studies for randomised controlled trials may not themselves be randomised.
 - ▶ They do not evaluate the outcome of interest; that is left to the main trial
- ▶ **Pilot study**
 - ▶ Pilot studies are a small scale versions of the main study that run to test whether the components of the main study can all work together.
 - ▶ Focused on the processes of the main trial, for example recruitment, randomisation, treatment, and follow-up assessments.
 - ▶ An **internal pilot** is a pilot that may be the first phase of the substantive trial and data from the pilot phase may contribute to the final analysis
 - ▶ An **external pilot** is one where the data may be analysed but set aside in respect of the substantive trial.