

Joint Research & Development Office

Making more successful Grant Applications

R&D Workshop
11th June 2008

Personnel

- Prof Neil Barnes - Joint Director, R&D
 - Prof Deborah Ashby – PGRA panel member
 - Dr Adrian Martineau
 - Dr Stephanie Taylor
 - Nick Good - R&D Projects Manager
- } successful applicants

Workshop Outline

- Best Research for Best Health - overview
- The Barts and The London experience
- Tips for successful applications
- From a Grant Review Panel perspective
- Help from JRO & RDS
- Case studies

Best Research for Best Health

- **BRfBH** is an end to end strategy to invest in research – published 2006 to be fully effective from 2010
- Funding streams replace Culyer levy for R&D support costs
(Culyer levy has fallen from £33m to £20m in 2008/9 & £0 2009/10)
- **BRfBH** designed as interwoven funding streams:
 - Each stream relates to **public health targets**
 - Each designed to be accountable
 - Integrates patient health care with research
 - Each stream requires making bids in response to competitions announced by NIHR, DH etc

Stream 1 - Targeted funding

- NIHR/ DH has run competitions to establish approved units to host/ advance trials
- BLT/ QMUL have already successfully acquired:
 - **Health Technology Co-Operative** (worth £2m – we have 1 of 2 in UK)
 - **Technology platform** (£1m+ until Sept 2008)
- We are in the process of securing a **Biomedical Research Units** (Cardiovascular disease)

Stream 2 - Research Networks

- BLT/ QMUL host 4 Research Networks
 - Cancer
 - Diabetes
 - Medicines for Children
 - Comprehensive Local Research Network
 - **Central & North East London CLRN**
 - Awarded March 2007 (one of 25 in England)
 - Fully operational April 2008+
 - Funding currently based on formula relating to Portfolio of Studies (worth £ms but total still unclear)
- Networks create a hub for related research and expertise that accords with DH NIHR public health priorities

Stream 3 - Grants

- 2007/8 first year with fully operational *rolling* programmes
- **Programme Grants (Applied Research)**
 - £2m over a period of 3 -5 years
 - **Focus on conditions causing significant disease burden, where other research funders may not be focused, or there is insufficient funding available**
 - Replace, in part, programmes of research currently supported by the Priorities and Needs (PNF) component of NHS R&D Support Funding for NHS Providers
- **Research for Patient Benefit (RfPB)**
 - £250k over up to 3 years
 - **Fund pilot, feasibility or modelling studies**

The Barts and The London experience

	Applied for	Short-listed	Awards
Programme Grants for Applied Research (PGAR) (Rounds 1 - 3)	41	5	4
RfPB (Rounds 1 - 5)	10	n/a	5
Research for Innovation Speculation and Creativity (RISC)	n/k	n/a	1
Health Technology assessments	n/k	n/a	4
CLAHRC	1	1	0
Biomedical Research Units	4	2	1

The Barts and The London experience

A mixed experience...

- 1) Good or bad? depends who we're being compared with
- 2) "Work in progress": DH (NIHR) and BTL strategies are still developing
- 3) It's a long haul: the regular NIHR grants are available on rolling basis at least twice a year *plus* various specific, targeted calls

“More successful applications”

- More applications overall
- **AND** those we make being **more successful**
- Need to improve the chances of success by
 - involving more investigators (new candidates in new clinical areas - mentored by those with experience)
 - Building on success (ours &, where known, from elsewhere)

What works - generic

- Read the rules & answer the questions
- Good applications fit the stated criteria: output must be “Applied Research”, “Benefit Patients” or “Benefits the NHS” as appropriate
- Remember that the aim of BRfBH grants is to support the health service and public health research:
 - Study the provision and use of NHS services
 - Evaluate effectiveness and cost-effectiveness of interventions
 - Examine the resource utilisation of alternative means of healthcare delivery
 - Formally scrutinise innovations and developments
- Tell a story & don't assume pre-knowledge

What works - generic

- Programmes need to add up to a coherent piece of work or portfolio of individual projects
- Programme/ Project must be scaled to fit award:
 - Applied Research Programme Grants could be multi-site, several projects building on each other
 - RfPB more likely to be single-site clear-cut project
- Must be measurable deliverables
- Applicant and Team needs to be right:
 - NHS applicant (or co-applicant) with proven record
 - Relevant skills set of Applicant & Team Members:
 - Methodologists (statisticians, health economists, psychologists, social scientists)
 - Patient/ User Representatives must be more than “Token”!

What works - specifics

What has been funded?

- Programme Grant awards have focused at short-falls in other funding (eg, mental health, diabetes, stroke)
- RfPB award have focussed on bids that use local resources well, build (on) partnerships, involve patients
- BUT Past Performance not necessarily a guide to future..
- These programmes are ***RESPONSIVE!***

What doesn't work?

- Lab-only research projects (inc animal)
- Proposals solely about service development
- Proposals solely based on literature reviews, audit surveys, needs assessment, technology development (although these may be part of an integrated research study)
- Leaving out patients
- Leaving out the NHS!
- Poor science (high quality, good question, defined benefit, methodology, distance & rigour etc)
- Applications outside relevant competition scope
- Applications outside stated administrative criteria (costing, timescale, submission method/ time)

PGAR panel perspective – Deborah Ashby

- Ensure the plans match the aims you've stated
- Don't write a lot of background in the plans section - this is for plans!
- Don't try and impress with a lot of “bitty” not very well worked-up ideas - a few coherent ones are better
- Don't put in something which is based on methodology or in an area where none of the investigators have substantial experience
- The size, and design and analysis of studies in the programme should always have a rationale
- State exactly what the role of each investigator will be in which bit of the programme
- There are always methodologists (statisticians, health economists and qualitative researchers) on the panel and probably as referees so make sure you have consulted adequately over methodology, include adequate investigator time, and adequate funding and time for relevant researchers, and make sure that what you've written will convince them
- There are lay representatives on the panel looking for serious evidence of lay involvement. Lack of appropriate expenses/ payment can be taken as lack of serious commitment

Anything else?

- Remember **You are not alone!**
 - Use critical friends to review the application before submission
 - Involve the R&D Office
- Clear all commitments for the week before final submission
- Prepare your partner that you will be working harder than usual (weekends and late at night) and you are likely to get more and more irritable as the deadline approaches (Prof Graham Hitman's comment)
- Take time to make sure applications “press the right buttons” – delay to next round if in doubt!
- Do not leave the final upload to the last few minutes of the deadline
- **NIHR says there is no shortage of funds... BUT they only award according to set criteria & standards**

The Joint R&D Office

We can help!

- Since 2003, JRO has run all SMD & BLT research Finance and Governance
- Negotiate commercial contracts and provides project costings
- Prepare site agreements for collaborative projects
- Administer externally funded projects
- Authorise research funded posts
- Provide full research support service:
 - Ethics review
 - Risk assessment
 - Trial monitoring
 - Training in Governance and GCP (for Barts & The London partnership and other partners in NE London)
- Publicise Grant Calls (Bulletin)

NIHR Research Design Service

- NIHR RDS is in the design stage but is intended to be a body that can respond to requests for advice from researchers at all stages of the research process
- Staff of a local RDS will not be funded as part of the RDS contract to do research, but they will need to be active in research in order to maintain professional skills and credibility.
- Each RDS will be part of a national service and will be expected to liaise with counterparts to develop common processes and a consistent service to the research community. This will necessitate communications and networking activities between RDS in different areas to ensure a national identity, presence and impact.

RDS for London

- A cross-London Research Design Service is being established – a joint bid between KCL (as lead), QMUL, UCL, IC, St George's and LSBU – **aim is to start Jan '09**
- It will offer advice and guidance on all aspects of research design and conduct including help with:
 - formulating research questions
 - research design for quantitative studies
 - research design for qualitative studies
 - contacting appropriate collaborators in research
- RDS will have access to health economic and statistical expertise, systematic review and research methodological expertise, and be able to draw on other expertise as necessary
- Advice and support will be available face-to-face for local researchers, supported by telephone, email and website contact.
- Training may be used where most effective to impart information to groups of researchers

Case Study 1: Stephanie Taylor - Personal Tips

- Allow plenty of time
- Don't be deterred if a proposal has failed previously (but do improve it)
- Write to the guidance for applicants
- Look at how it will be reviewed
- Don't ignore all the "little extra bits"
- Patient/consumer involvement
- Go the extra mile
 - Letters of support
 - Really good Gantt chart / project management plan

RfPB: those little extra bits include...

- Relevance of the proposed research to the RfPB programme
 - Including e.g. i) likely benefits of proposed research to patients, ii) implications for the further development of clinical or public health practice, iii) potential impact on local policy making and improvement in service delivery (Maximum 5,000 characters)
- Delivery across the NHS
 - Outlining how findings from this project may be implemented within the NHS to provide improvements in service delivery, patient health and well being (Maximum 1,500 characters)

- Please provide **details of public involvement in the project** (Maximum 2,000 characters)
- **Project management** (Maximum 1,500 characters)
 - Outlining the processes that will be put in place to ensure that the project is well managed, commenting on the management structure, identifying the project manager, meetings schedule, financial management etc.
- **Methods of disseminating the findings of the research** (max 2,000 characters)
 - How will the findings of the research be published in the NHS and the wider health care community?
- **Value for money?** (max 2,000 characters)
 - Indicate where appropriate how this research will benefit the NHS outlining potential savings in terms of treatment costs, number of patients, treatment time etc

Case study 2: Adrian Martineau

Vitamin D to Prevent Respiratory Infection

- **Phase 1: Cross-sectional studies**
 - to determine prevalence and determinants of vitamin D deficiency in 360 patients with asthma, 360 patients with COPD, 1000 nursing home residents and 1000 nursing home staff
- **Phase 2: Randomised controlled trials**
 - to determine whether vitamin D supplementation reduces attendance for unscheduled health care for episode of respiratory infection in these populations
- **Phase 3: Qualitative studies**
 - to determine acceptability of different strategies to correct vitamin D deficiency
- **Phase 4: Economic evaluation**
 - to determine cost-effectiveness/cost-utility of vitamin D supplementation for the NHS

What they liked:

- ‘Coherent package’
- Potential to deliver benefit within 5 years
- Value for money
- Addressing a problem which places a large burden on the NHS

What they didn't like:

- ‘Insufficient detail on the economic analysis’
- Need for specific experts to join the team
- Need for more intensive safety monitoring
- Need for more patient/public involvement