

Specification
14/19 – Call for follow-on studies to funded HS&DR projects
Closing date: 9 April 2014

1. Call

This call invites full proposals for follow-on work to studies which have been funded by the HS&DR programme. This includes work funded by the programme's predecessor programmes – the Health Services Research Programme and the Service Delivery and Organisation Programme. The originating studies can be live or completed. **This is not a mechanism for funding extensions of existing projects. Follow-on studies must have distinct research objectives and outputs, and demonstrate clear and substantial added value to the research user community from the proposed additional research. The commissioning board will take into account the track record of the original research team(s) in delivering high quality, scientifically rigorous and high-impact, relevant research findings, to time and budget.**

The HS&DR Programme recognises the added value of building on and exploiting fully research which is funded. This call provides a fast-track mechanism for teams who have a track record in delivering high quality research to time and budget. **This is a one-stage process.** In the full proposals, applicants need to demonstrate the likely impact of the proposed follow-on study, describe its relation to the original study, provide a robust study design and show that they can commit required resources (including senior investigator time) to complete the research.

2. Remit

- 2.1. The proposed follow-on studies must be in the general remit of the HS&DR programme. The Programme is designed to address the needs of managers and decision-makers, with a broad focus on the quality, access and organisation of services.
- 2.2. To be eligible for this call, studies need to build on and complement existing HS&DR funded studies. These could be:
 - Applying the original research to another setting or clinical area
 - Extending preliminary testing of an intervention to a wider number of sites
 - Exploring new organisational forms or services identified during the original study
 - Using data collected in original study for further modelling and analysis
 - Using the findings of original research to develop and test toolkits or other tailored products for commissioners or service practitioners (as studies in own right, rather than bolt-on dissemination activities)
- 2.3. Follow-on studies should include members from the original team. Principal investigators need not be the same for original and follow-on, but there should be substantial cross-membership of senior/core team members.
- 2.4. Follow-on studies might combine more than one original study from the same call or thematic area. An example given below is of two teams studying support workforce

who came together for a joint follow-on study on innovative practice in deployment of support workers.

- 2.5. Research of all types is welcome, including primary and secondary research. However, the aim of this call is to commission substantive research, rather than adjunct studies.
- 2.6. Studies should be well-designed, with clear research objectives and methods. Follow-on studies will be assessed in the usual way, with full peer review, independently of the original research studies.

3. Purpose of the call

- 3.1. The HS&DR programme wishes to maximise its investment in existing research studies by increasing the reach or impact of original research, or exploiting rich datasets generated and cleaned during original work.
- 3.2. Examples are given below, some of them commissioned from an SDO call for follow-on studies in 2010:
- 3.3. Further analytic work using Birthplace cohort data to examine new relations (such as organisational characteristics and rates of intervention) from the rich database <http://www.nets.nihr.ac.uk/projects/hsdr/10100843> (Hollowell)
- 3.4. Mixed-methods evaluation of along-side midwifery units (a new organisational form which emerged from service mapping in the original Birthplace study) <http://www.nets.nihr.ac.uk/projects/hsdr/10100835> (McCourt)
- 3.5. Further work to test innovative models of inducting, supporting and supervising assistant nursing workforce, building on two separate studies of support workforce <http://www.nets.nihr.ac.uk/projects/hsdr/10100817> (Kessler)
- 3.6. Work on identifying morbidities and complications after paediatric cardiac surgery, including longitudinal data, building on earlier study by the team which developed a casemix-adjusted mortality risk model in this area and identified gaps in existing routine data <http://www.nets.nihr.ac.uk/projects/hsdr/12500506> (Tsang)

4. Notes to Applicants

The NIHR Health Services and Delivery Research (HS&DR) programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health services, including costs and outcomes in order to improve health and health services. It is focused on research to support decisions by frontline managers and clinical leaders on the appropriateness, quality and cost-effectiveness of care.

The NIHR Health Services and Delivery Research programme is funded by the NIHR, with contributions from NISCHR in Wales, the HSC R&D Division, Public Health Agency in Northern Ireland, and case by case contributions from the CSO in Scotland.

The programme operates two funding streams (this call is under the commissioned workstream); Researcher-led and Commissioned. Researchers in England, Wales and Northern Ireland are eligible to apply for funding from either workstream under this programme. Researchers in Scotland may apply to the researcher-led workstream but are not eligible to respond to the commissioned workstream and should contact the CSO to discuss funding opportunities for healthcare delivery-type research.

5. Application process and timetable

Please ensure you have read the supporting documents and application guidance notes provided to support this call.

Should you have any questions or require any further clarification please refer to the NETSCC FAQs at [HS&DR programme - FAQs](#), if the answer to your question cannot be found please email your query to hsdrinfo@soton.ac.uk with the title for the call for proposals as the email header. Applicants should be aware that while every effort will be made to respond to enquiries in a timely fashion, **these should be received at least two weeks before the call closing date.**

The process of commissioning will be in a **single stage** and applicants should submit **full proposals** via the HS&DR website by **1pm** on **April 9 2014**. All proposals will initially be checked for remit and competitiveness¹. No late proposals will be considered. No paper-based only submissions will be considered.

Applicants will be notified of the outcome of their full application in **August 2014**. Please note this date may be subject to change.

6. Transparency agenda

In line with the government's transparency agenda, any contract resulting from this tender may be published in its entirety to the general public. Further information on the transparency agenda is at:

<http://transparency.number10.gov.uk/>

http://www.ogc.gov.uk/policy_and_standards_framework_transparency.asp

<http://www.contractsfinder.businesslink.gov.uk/>

¹ 'Non-Competitive' means that a proposal is not of a *sufficiently high* standard to be taken forward for further assessment in comparison with other proposals received and funded by the HS&DR programme because it has little or no realistic prospect of funding. This may be because of scientific quality, cost, scale/duration, or the makeup of the project team.

**Supporting document (General guidance)
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1. General guidance for applicants

NB: This is general guidance and not all the sections will apply to the specific call.

Applicants must show that the proposed research is well designed; will be effectively carried out by the research team; will produce findings which meet the needs of the NIHR HS&DR programme and the NHS management and leadership community it serves; and will be used to improve health services. We do not prescribe or prohibit particular approaches to research, but we encourage applicants to take account of this guidance in their project proposals, and point out that the HS&DR (Commissioned) Panel and Commissioning Board will take account of this guidance when they assess and select proposals.

Research team makeup and expertise

Projects should have a research team with the right skills to undertake the research. It is important that the team has the necessary expertise, but is not so large that project management will be difficult. Projects are likely to use a team with significant input from diverse disciplines appropriate to the content and methods of the project. All applicants need to show that they will commit appropriate time and effort to the project, and the use of large teams of applicants with little time commitment to the project is discouraged. Full proposals should make it clear what responsibilities and roles will be fulfilled by each team member.

The chief investigator or principal applicant should generally be the person who has contributed most to the intellectual and practical development of the proposal, and who will take lead responsibility for its implementation. This is not necessarily the most senior investigator in the research team. Where the principal applicant has a limited track record in holding grants, we will look for evidence that they will be supported and mentored by more experienced co-applicants.

NHS management engagement

Wherever appropriate, NHS managers should be directly engaged or involved with HS&DR research projects because this will produce research that is more closely grounded in and reflective of their concerns and makes the subsequent uptake and application of research findings more likely.

We particularly welcome project proposals in which an NHS manager is formally part of the project team as a co-applicant, and in which they (and/or other NHS managers) play a significant part in the project. Their contribution may be to facilitate or enable research access to organisations, to be directly involved in research fieldwork, to comment on and contribute to emerging findings, and to be involved in dissemination activity. The time of NHS manager(s) as co-applicants can be costed into the proposal, as part of the Research Costs.

There are other ways in which NHS management support for the proposed research can be demonstrated, such as co-opting managers to project advisory or steering groups, the inclusion with full proposals of a letter or statement of support from senior leaders in relevant NHS organisations.

Gains for the service

Not all research will individually result in potential savings or direct gains for the service. Where it is appropriate, studies should include a cost-effectiveness component with a view to helping managers and service providers make decisions and identify potential for savings. Researchers should look to demonstrate potential savings and gains for the service, where appropriate. This includes setting out in broad terms the likely impact of this work for the wider service at outline stage.

Research methods

Proposals must show that the research is appropriately designed, will be well conducted, and will add to knowledge in the area. It is not our intention to specify particular research methods, but to highlight areas where we have found common weaknesses in the past.

Proposals need to make proper use of relevant theory and of the findings in the existing literature to frame their research questions. Although at outline stage, comprehensive referencing is not required, illustrative sources and indication of the grounding in a body of literature should be given. Theoretical, descriptive evaluations, proposals which appear not to be informed by the existing literature and projects which appear to replicate rather than add to existing research are unlikely to be funded. Research questions need to be very clearly stated and framed – in terms which are sufficiently detailed and specific. This includes a clear description of the intervention which is being assessed (where relevant) and articulating the objectives and aims of the research.

The research methods proposed must be appropriate to the nature of the research questions, and to the theoretical framework for the project. It is important that the proposal makes a clear link between the research questions and the intended empirical approach and fieldwork, showing what data will be gathered and how it will be used. The approach to data analysis must be clearly explained. The proposal needs to show that the research team has considered and addressed the logistics and practical realities of undertaking the research – gaining ethical and research governance approval, securing access, recruitment, data collection and management, etc. Studies should be realistically costed to take account of these activities. Where trial methodology is proposed, researchers are advised to have got input from their local clinical trials unit or officer.

Researchers should be mindful of the need for generalisability of results and the relevance of the outputs for the service as a whole. This may affect the study design – for instance, single case studies are likely to be supported only exceptionally.

The plan of investigation should be set out: It should include a Gantt chart or project timetable showing clearly the planned dates of different project phases and of project outputs.

Public involvement

It is a core concern of the HS&DR programme that all commissioned projects should pay attention to the needs and experiences of all relevant stakeholders (including local communities, individual members of the public, users of services, carers and minority ethnic communities as well as healthcare practitioners and managers) during the design, execution and communication of the research. Proposed projects should describe their arrangements for public and patient involvement and in communicating how the proposed work could lead to enhanced public and community engagement. The application includes a section for the non-expert and care should be given to 'pitching' the proposal at a public audience, avoiding jargon and explaining clearly the expected benefits of the research.

Research governance

Applicants should show that they understand and that their proposal complies with the Research Governance Framework for the NHS. Successful applicants will be required to provide proof of research ethics committee approval for their project, if it is required, before funding commences. The project plan should take realistic account of the time required to secure ethics and governance approval.

Costs and value for money

Project costs will be carefully scrutinised and must always be well justified and demonstrate value for money. NIHR programmes currently fund Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NIHR may fund 100% of costs. However, the NIHR HS&DR programme reserves the right to award a grant for less than this maximum and for less than the amount sought by applicants.

Clinical Trials Toolkit

Researchers designing or undertaking clinical trials are encouraged to consult the Clinical Trials Toolkit (www.ct-toolkit.ac.uk). This NIHR resource is an innovative website designed to help researchers navigate through the complex landscape of setting up and managing clinical trials in

line with regulatory requirements. Although primarily aimed at those involved in publicly funded Clinical Trials of Investigational Medicinal Products (CTIMPs), the Toolkit will also benefit researchers and R&D staff working on trials in other areas, who will find useful information and guidance of relevance to the wider trials environment.

2. Research output dissemination

Our key concern is to ensure that projects funded by the HS&DR programme are designed from the outset to produce useful, timely and relevant research findings which are then used. Experience suggests that this is most likely if researchers collaborate with NHS managers throughout the life of a project, and aim to produce a variety of research outputs – not just a final report and one or more papers for academic peer reviewed journals.

All full proposals submitted to the HS&DR programme must include a detailed section on research outputs in the full plan of investigation which is attached to the proposal when it is submitted. Applicants need to show that sufficient resources have been allocated within the project budget to undertake these activities. In general terms, all projects which are longer than 12 months are expected to produce some interim outputs during the life of the project as well as those at the end of the project.

The outputs and dissemination activities in the project proposal are likely to include some or all of the following:

- A final and full research report detailing all the work undertaken and supporting technical appendices (up to a maximum 50,000 words), an abstract and an executive summary (up to 2000 words). This is a required output. The executive summary must be focused on results/findings and suitable for use separately from the report as a briefing for NHS managers. Care should be given to using appropriate language and tone, so that results are compelling and clear. This is a required output from all projects.
- A set of PowerPoint slides (up to 10 maximum) which present the main findings from the research and are designed for use by the research team or others in disseminating the research findings to the NHS. The slides must use the template provided. They will be made available alongside the report on the HS&DR programme website. This is a required output from all projects.
- Journal papers for appropriate academic peer reviewed journals, designed to ensure the research forms part of the scientific literature and is available to other researchers.
- Articles for professional journals which are read by the NHS management community and which will be helpful in raising wider awareness of the research findings.
- Seminars, workshops, conferences or other interactive events at which the research team will present and discuss the research and its findings with NHS managers
- Guidelines, toolkits, measurement instruments or other practical methods or systems designed to enable NHS managers to use the research findings in practice. We are looking for practical, innovative ideas – such as questions arising from the research that non-executive directors could raise at Board meetings or similar.

This list is illustrative rather than comprehensive, and we will welcome project proposals which include other forms of output dissemination activities.