

**Specification Document (10/1011)**  
**Responsive funding in the NIHR SDO programme: call for proposals from researchers  
for secondary research studies**

**1. Introduction**

The National Institute for Health Research (NIHR) Service Delivery and Organisation Programme (SDO) has established a responsive funding workstream; this is the third call for proposals. We anticipate spending about £3 million pa once this funding workstream is well established, and there are two calls for proposals each year. The SDO Studies Panel, chaired by Professor Lorna McKee assesses proposals submitted to this workstream.

Our aim in establishing a responsive funding workstream is to provide a mechanism by which researchers can bring ideas, topics and areas of research need to the attention of the SDO programme which would not otherwise be addressed by our commissioned research programme. The selection process will be shorter than the Commissioned Programme where needs are identified through extensive liaison and dialogue with evidence users in the NHS.

The Studies Panel funding workstream is not wholly open. Each call is likely to identify a number of areas in which we are seeking proposals. These will include particular research topics, or research approaches, or other targeted areas of work. This third call is particularly focused on funding secondary research studies – by which we mean research which sets out to use existing data rather than to collect new data through fieldwork. We are seeking proposals for projects of up to 24 months in duration, and up to £300,000 in cost. More details are given below in section 4.

All proposals submitted to this responsive funding stream will be assessed in the same way as those submitted to the two other workstreams in the SDO programme; firstly for importance to the NHS, secondly for scientific quality. More details of this process are given in section 5.

We are encouraging researchers to develop proposals tailored to this call. Proposals that have been submitted elsewhere and have failed to be funded can be considered though researchers must make this explicit. Applicants also need to clarify whether their proposal is currently under consideration by another research funder. If so, applicants are asked to contact NETSCC, SDO. In addition, researchers are advised that unless a proposal fits the criteria of this specific call *and* meets the criteria for funding of the SDO programme, it will not be considered. Proposals must reflect the broad objectives of the SDO programme and address the primary audiences for SDO commissioned research as detailed below.

**2. The SDO programme objectives**

The Service Delivery and Organisation programme (SDO) is one of the national research programmes of the NHS in England and Wales, and is a constituent programme of the National Institute for Health Research (NIHR). The NIHR SDO Programme improves health outcomes for people by:

- Commissioning research and producing research evidence that improves practice in relation to the organisation and delivery of health care, and

- Building research capability and capacity amongst those who manage, organise and deliver services – improving their understanding of the research literature and how to use research evidence.

The primary audience for the research which the SDO programme commissions, is decision makers in the NHS in England and Wales – particularly managers and leaders in NHS organisations. We focus our research commissioning on topics and areas where we think research evidence can make a significant contribution to improving decision making, and so to improving the organisation and delivery of healthcare to patients.

Further information on the SDO programme, including a list of past, current and recently commissioned projects, can be found on the SDO website: [www.sdo.nihr.ac.uk](http://www.sdo.nihr.ac.uk).

### **3. Background to this call**

This is the third fully responsive funding call from the SDO programme. A limited open call scheme has operated in previous years though most of the SDO programme budget has been invested in commissioned workstreams where research needs are identified through a systematic process of assessment and prioritisation, commissioning briefs are developed, and then a call for proposals in response to those briefs is issued. While commissioning briefs rely on researchers to frame specific research questions and determine appropriate methodologies and approaches, they do set clear boundaries for the topics to be explored.

Responsive funding programmes can be a positive way of identifying neglected areas of research or supporting researchers wishing to build a related body of evidence in key areas. They are useful for stimulating research in important but less high profile areas of health need and they allow the research community to bring new ideas and topics to the forefront. We hope to see some innovative approaches arise through this mechanism in terms of topics; research teams and methods.

We wish to avoid some of the common problems associated with responsive mode funding such as a high volume of heterogeneous and poorly constructed proposals and a low success rate for researchers – both of which represent a poor use of resources for the research funder and the research community. The Panel will therefore put an emphasis on scientific rigour, quality, fit with criteria and alignment with the mission of the SDO programme. The use of a two stage process with an outline submission will in part help to ensure the coherence and quality of those bids chosen to advance to full proposal stage.

### **4. Call for proposals: main topic areas identified**

For this responsive call, we are focusing on seeking to fund secondary research studies, by which we mean research which sets out to use existing data rather than to collect new data through fieldwork.

We have chosen to focus this call for proposals on secondary research studies because we believe that the NHS in England and Wales often invests considerable resources in collecting and managing some extensive and varied quantitative and qualitative data sets which are then underutilised both operationally (by clinicians, managers and healthcare organisations) and academically (by researchers). We would note that the SDO programme rarely receives proposals for secondary research studies in its commissioned workstreams.

We see value in encouraging researchers to turn to these existing data sources to answer important research questions for several reasons. First, existing data can often be used more quickly and economically to address a research question than primary research involving new

data collection. Second, existing data often has advantages of scale and longitudinality, allowing comparisons across place and time which would not be feasible through primary research involving new data collection. Thirdly, when research based on existing data produces new measures, indicators or other similar outputs, their wider use/uptake is immediately feasible because they do not require organisations to start to collect new data. Of course, existing data may have a number of disadvantages too – data quality and completeness can be poor, and researchers have to work within the restrictions of data definitions, coding structures and recording conventions which were not designed with research in mind.

We are not placing any particular constraints on the nature, source or type of the existing data that research projects might seek to use – they could be qualitative and/or quantitative; held in electronic, paper or other forms; produced by NHS organisations or by other national bodies or professional bodies/groups; and in the public domain or privately held. We cite some examples of existing data below, but would emphasise that these are simply for illustration and we are not seeking research that solely or specifically uses these examples of existing data:

- Routinely collected data on patient activity in healthcare organisations at primary or secondary care level, including admissions, outpatient visits, waiting lists/times, primary care attendances, A&E attendances etc
- Data from hospital or primary care clinical and operational information systems, which might include information on clinical diagnoses, procedures, diagnostic and therapeutic interventions
- Data from other routine information systems used in NHS organisations to manage/record activities such as adverse events or patient incidents, staff allocations/workloads, departmental performance/operations, or a range of other issues.
- Data on particular patient groups collected through the work of professional organisations (like the Royal Colleges) or through national clinical audits, and which may include a range of demographic detail.
- Data from other national data collections such as national patient or staff surveys, cancer registries, performance indicators/measures, patient recorded outcome measures, etc.
- Data from written/paper records, such as information from patients' medical records, or from other documents such as meeting minutes, reports, surveys, websites, etc.
- Data available from existing research studies, carried out by the applicants or by others. Some funders (such as the ESRC) require projects to archive their data sets for others to use in this way.

Some more examples of existing data sets can be found on the website of the NHS Information Centre at <http://www.ic.nhs.uk/datasets>.

Proposals submitted to this call should be primarily oriented towards making use of existing data, but that does not mean that proposals cannot include some elements of primary data collection where this is necessary and justifiable.

## 5. Criteria and process for proposal selection

The SDO Programme is now seeking outline applications in the areas outlined above. We have provisionally allocated £2 million to this call. Projects may be of up to 24 months duration and up to £300,000 in cost. Applicants should note that we anticipate funding a range of projects in both size and duration. Value for money will be an important consideration, particularly for larger projects. Project costs will be carefully scrutinised and must always be well justified though we encourage investigators to include costs associated with project management to ensure completion of the work within the required timeframe. All costs must be as realistic as possible although at outline stage these may be estimates.

The application process will be in two stages. At the first stage, short outline proposals will be reviewed by the SDO Studies Panel, and a number invited to go forward to full proposal. We normally shortlist around two to three times as many projects as can be funded balancing the budget for the call and the typical cost of proposals. No individual feedback can be given on outline proposals which are not short listed though all applicants will receive feedback on the response to the call in general.

Researchers whose outline proposals are shortlisted will be given the opportunity to develop a full proposal – this is normally about eight weeks; feedback at this stage will be to inform the full proposal in line with the aim of the call. All full proposals will be subject to external peer review, prior to consideration by the SDO Commissioning Board. Decisions on all recommendations for funding are then made by the Programme Director. All full proposals which are not funded will receive feedback from peer reviewers and the Commissioning Board.

The SDO Studies Panel is predominantly made up of practising managers working in the NHS and service users/lay representatives. It also includes some academics with relevant research expertise. The primary criterion against which the Panel assesses outline proposals is that of **'need for knowledge in the NHS'**. It will use four main criteria to make this judgement:

- Relevance of the proposed research to the main areas or themes set out in this call for proposals.
- Relevance of the proposed research to the needs, interests and current and future challenges for the management community in the NHS.
- Likelihood that the proposed research will produce findings which are useful to and capable of application by the management community in the NHS.
- Likelihood that the proposed research will promote the greater engagement of the academic community of researchers and the practice community of healthcare managers, and the development of links between academic institutions and NHS organisations in this area.

The SDO Commissioning Board is primarily made up of academics with relevant research expertise, but also contains some practising managers. Its main concern is the **quality of the proposed research**. It uses two main criteria to make this judgement:

- Scientific rigour and quality of the proposed research, and the expertise and track record of the research team.
- Value for money of the proposed research, taking into account the overall cost, scale, scope and duration of the work involved

The SDO Commissioning Board will also draw on the assessment of 'NHS importance' made by the SDO Studies Panel.

## 6. General guidance for applicants

Our main concern is to commission research which is well designed, will be effectively carried out by the research team, and will provide findings which meet the needs of the SDO programme and the NHS management and leadership community it serves. We do not require or expect any particular methodological approach, disciplinary background or expertise, research team structure or other constraints. However, we urge applicants to take into account the following general points:

- **Theoretical framing and empirical methods.** In addressing issues in a way likely to lead to the wide applicability of findings, we encourage applicants to demonstrate the sound theoretical and conceptual underpinnings of their proposals and to show the theoretical and conceptual connections between their proposed research questions and empirical work. Empirical projects may use a wide diversity of methods, including both qualitative and quantitative approaches, carefully matched to study questions and with clear understandings as to how findings from different empirical approaches will be integrated. We welcome ethnographic and/or multi-method based studies.
- **Research team makeup and expertise.** Substantial empirical projects are likely to use teams with significant input from a number of disciplines and a commitment to developing robust inter-disciplinary approaches. Applicants should bear in mind the difficulties of managing large and diffuse project teams across multiple institutions, and show how the work will be managed including the time commitment needed from all team members. The principal applicant (chief investigator) should generally be the person who has contributed most to the intellectual and practical development of the proposal, and who will take responsibility for its implementation. The SDO programme encourages proposals to include an element of research capacity-building.
- **User involvement.** It is a core concern of the SDO programme that all commissioned projects should pay appropriate attention to the needs and experiences of service users, their carers and the public at large. Proposed projects should be explicit in their explanations as to how the proposed work has potential implications for service delivery that could lead to enhanced public and community engagement. Applicants should demonstrate clear involvement of all relevant PPI stakeholders including, local communities, lay people, service users, carers and minority ethnic communities during the design, execution and dissemination of the research.
- **Linkage and exchange.** Given the core mission of the SDO Programme and our focus on knowledge mobilisation, successful projects are likely to involve partnership working between experienced academic teams and those more closely involved in the design and delivery of services.
- **Location of research.** The NIHR Service Delivery and Organisation programme is funded by the NIHR, with contributions from WORD in Wales. Researchers from Scotland or Northern Ireland should contact NETSCC to discuss their eligibility to apply.
- **Research governance.** Applicants should ensure that their proposal complies with the Research Governance Framework. Successful applicants will be required to provide proof of research ethics committee approval for their project, if this is required.

- **Costs and value for money.** We will fund a range of projects in both size and duration. For larger projects, value for money will be an important consideration and project costs will be carefully scrutinised and must always be well justified. 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 SDO Programme reserves the right to award a grant for less than this maximum and for less than the amount sought by applicants where appropriate.

## 7. Dissemination and knowledge mobilisation

In outlining their research plans, applicants should make clear how findings will be communicated effectively to a wide variety of academic, policy and service audiences throughout the life of the project. Researchers should bear in mind the two main objectives of the SDO programme (see section 2), and recognise that the SDO programme seeks to fund projects which show a creative and proactive approach to engaging with the NHS management and leadership community.

Researchers will be expected to deliver the following written outputs from any proposed research: an abstract, an executive summary (500 words) and a full report detailing all the work undertaken; supporting technical appendices (up to a maximum of 80,000 words).

Applicants should outline plans for conference, seminar and other forms of dissemination to go alongside written communications. Where appropriate, the proposed work should be designed and delivered in a way that is likely to lead to significant high-quality peer-reviewed publications.

## 8. Application process and timetable

Should you have any questions or require any further clarification please refer to the NETSCC FAQs at <http://www.sdo.nihr.ac.uk/faqsnetssc.html>, if the answer to your question cannot be found please email your query to [sdofund@southampton.ac.uk](mailto:sdofund@southampton.ac.uk) with the reference number (10/1011) and 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 **two stages** and applicants should submit **outline proposals** via the SDO website by **1pm on 16 September 2010** No late proposals will be considered. No paper-based submissions will be considered. Applicants will be notified of the outcome of their outline application approximately three weeks after the SDO Studies panel meeting which is currently scheduled for October 2010.

**Outline proposals must indicate at the end of section C, Part 2 (background to proposal) whether the same or a substantially similar proposal**

- has been previously submitted to and rejected by another funder (and if so, name the funder or funders and dates of submission)**
- is currently under consideration for funding by another funder (and if so, name the funder or funders and dates by which a decision on funding is expected)**
- Please provide details of the earlier project, project number, when completed and evidence of any published output or planned output.**

**If the proposal has not been submitted elsewhere for funding then this section of the outline proposal should state “Neither this proposal nor a substantially similar one has already been submitted to another research funder”.**

**Proposals which do not provide this information will not be considered.**

Shortlisted applicants will be invited to submit a full proposal and a link to the full application form will be sent to them with the outcome letter. Please note that previous versions of the full applications form will not be accepted. Applicants will be notified of the outcome of their full proposal application approximately three weeks after the SDO Commissioning Board meeting which is currently scheduled for March 2011. Please note these dates may be subject to change.