

**Specification Document (11/1023)**  
**Responsive funding in the NIHR SDO programme: open call (with special interest in studies with an economic/costing component)**  
**Closing date 1.00pm on 15 September 2011**

## 1. Introduction

This is the fifth call for proposals to the researcher-led workstream of the National Institute for Health Research (NIHR) Service Delivery and Organisation Programme (SDO). The SDO Studies Panel (<http://www.sdo.nihr.ac.uk/thesdstudiespanel.html>), chaired by Professor Lorna McKee, assesses proposals submitted to this workstream.

This workstream provides a mechanism by which researchers can bring ideas, topics and areas of research need to the attention of the SDO programme which might 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.

This fifth call is open and all good ideas addressing important service delivery questions with robust methods will be considered. However, projects relating to costs and costings are particularly invited in this call, given the need for good research in this area to support decisions by managers and clinical leaders. These include studies on the cost-effectiveness of service delivery interventions, studies of costs (for instance, tracking patients with complex needs across boundaries) or developing and extending costing methods in health services research. However, other bids which do not include an economic/cost component but are within the remit of the SDO programme will also be considered for this call.

Applicants to this call must also take into account:

- The remit of the SDO programme, focused on service delivery and not evaluation of national policy (which is the subject of other NIHR research funding streams)
- The key audience of SDO-funded research as NHS managers and clinical leaders seeking evidence to support improved services and care
- Note that if a proposal is for an evaluation of a service or intervention, the unit of analysis is the organisation and not individual patients (i.e. the SDO programme does not usually fund assessments of clinical or therapeutic interventions)

We have provisionally allocated £2 million to this call for proposals and anticipate funding a number of projects. **The cost and duration of a proposed project must be clearly set out and justified (further details in section 5.7) and applicants must demonstrate that they have the research-user in mind particularly as regards the timely production of research findings, processes for knowledge mobilisation and the relevance, generalisability and utility of the findings.**

Examples of previously funded SDO projects (some still in progress) with a strong component on costs and costing include:

- **09/1816/1021** (Geraint Lewis): Analysis of virtual wards  
<http://www.sdo.nihr.ac.uk/projdetails.php?ref=09-1816-1021>

- **09/10001/37** (Alastair Pickering): Review of clinical effectiveness and cost-effectiveness of triage versus direct transfer in urgent care  
<http://www.sdo.nihr.ac.uk/projdetails.php?ref=09-1001-37>
- **10/1009/09** (Naomi Fulop): Comparing two models of stroke care (including an economic component) <http://www.sdo.nihr.ac.uk/projdetails.php?ref=10-1009-09#>

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 of the research question to the needs of the NHS, secondly for scientific quality. More details of this process are given in section 7. Researchers are advised that unless a proposal fits the criteria of this call **and** reflects the broad objectives of the SDO programme addressing the primary audiences for SDO commissioned research as detailed below, it will not be considered. In addition, proposals will be judged for their competitiveness<sup>1</sup>.

Proposals which have been submitted elsewhere and have failed to be funded can be considered but researchers must give full details. Applicants also need to clarify whether their proposal is currently under consideration by another research funder or another NIHR programme. If so, applicants are asked to contact NETSCC-SDO.

## 2. The SDO programme objectives

The NIHR Service Delivery and Organisation programme is funded by the NIHR, with contributions from NISCHR in Wales. Researchers from Scotland and Northern Ireland should contact NETSCC to discuss their eligibility to apply.

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

Responsive funding programmes can be a positive way of identifying neglected areas of research, enhancing underdeveloped methods or supporting researchers wishing to build a related body of evidence in key areas. They are useful for stimulating research in important but

<sup>1</sup> **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 SDO 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.

less high profile areas of health need and they allow the research community to bring new ideas, novel methods and topics to the forefront. We hope to stimulate some innovative approaches through this responsive mechanism in terms of topics; methods; research teams; and stronger collaborations /partnerships between researchers and the service. .

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 the need in the NHS for the research, scientific rigour and quality, fit with SDO 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. This call for proposals**

NHS managers are facing unprecedented challenges in realising savings of £20 billion over the next four years while maintaining quality of service. Evidence is not always available to support managers in difficult decisions on disinvestment or adapting services to increase productivity and efficiencies. Many research studies lack good quality costing or cost-effectiveness data, or have limited generalisability to the wider service (Jefferson 2002). Over 11,000 economic evaluations are now registered in the NHS Economic Evaluations Database ([www.crd.york.ac.uk](http://www.crd.york.ac.uk)), but most are focused on clinical interventions or technologies (Soares 2008). Limited emphasis has been placed on assessing the cost-effectiveness of models of care delivery. Recent calls for the SDO programme have produced only a few studies with an economic or costing component, or studies where the focus on costs or cost-effectiveness is minimal.

This call is open and all studies which meet the criteria of addressing important service questions and being of sufficient scientific quality are welcome. However, in this call we are particularly interested in studies which contribute to the evidence on costs and costings, given the deficiencies in the current evidence base as outlined above. Studies may include empirical cost-effectiveness studies – for instance, comparing services or evaluating new organisational methods for achieving cash-releasing savings. Other applicants may apply economic theories or models to healthcare, as has been done for instance in applying queue theory to bed management in hospitals. There may be scope to apply new techniques from business and economic disciplines not yet used in health.

Another fruitful area may be methodological work to test and develop tools that others can use – for instance, costing measures when tracking patients across care pathways or benchmarking tools for comparing efficiency or productivity of clinical units. This methodological work may also include a synthesis or guide on the appropriateness of different methods of economic analysis when evaluating health services – which form of cost-effectiveness methods are most appropriate and how managers can use these to make decisions. Cost-utility techniques are the methods of choice for most clinical cost-effectiveness studies (NICE 2008), but there may be circumstances when other methods can and should be used when comparing different service type interventions.

This call has been kept deliberately broad, but we would like to fund novel and high-quality proposals which will strengthen the evidence base on cost and cost-effectiveness of service delivery interventions.

Note that this call is distinct from a recent call for proposals on effective financial management. This included studies to investigate capacity for financial management in the health service and

evaluate specific organisation interventions, such as service line management. The present call is inviting proposals to add to the evidence base and armoury of tools for assessing the cost-effectiveness of services and delivery models.

## **5. General guidance for applicants**

Our main concern is to commission research which is well designed; will be effectively carried out by the research team; will provide findings which meet the needs of the NIHR SDO programme and the NHS management and leadership community it serves; and will be used to improve health services. With these aims in mind, we offer the following general guidance to applicants. The SDO Panels and Commissioning Board will take account of this guidance when they assess and select proposals.

### **5.1 Research team makeup and expertise**

Our key concern is that 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 or no apparent time commitment to the project is discouraged. Full proposals should make it clear what responsibilities and roles will be fulfilled within the project 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 past track record in holding grants, we will look for evidence that they will be supported and mentored by more experienced co-applicants.

### **5.2 NHS management engagement**

Our key concern is that NHS managers should be directly engaged or involved with SDO 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 the involvement of at least one NHS manager is clearly evidenced. This could be to enlist an NHS manager as part of the project team as a co-applicant, and to involve them in all stages of the research cycle. Other models of involvement might be: as members of a project advisory/steering group; or as members of an expert user group; or through letters of senior management support for the research. It must be clearly shown how managers will contribute and the significance of their role to the delivery of the research. 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 knowledge mobilisation (see below). The active involvement of NHS managers will ensure commitment to and support for the research from the NHS organisations involved. Please note the time of NHS manager(s) as co-applicants can be costed into the proposal, as part of the NHS Support Costs.

### **5.3 Gains for the service**

Not all research will individually result in potential savings or direct gains for the service. However it may lead to a better understanding of organisations, systems or services and contribute to that body of knowledge. 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. As a publicly funded programme in a time of restraint, researchers should look to demonstrate potential savings and gains for the service, where appropriate. This includes setting out in broad terms the likely impact and implications of this work for the wider service at outline stage.

#### **5.4 Research methods**

Our key concern is that the research proposed is well designed, will be well conducted, and will add to knowledge in the area.

Here we highlight some necessary watchpoints derived from past experience. 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 and articulating the objectives and aims of the research.

The research methods proposed must be appropriate to the nature of the research question(s) 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 and timed to take account of these activities.

Researchers should be mindful of the need for broader applicability of findings and the need to draw generalisable conclusions from their findings. Emphasis must be given to 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 set out clearly and in some detail the proposed methodology. It should include a Gantt chart or project timetable showing clearly the planned dates of different project phases and of project outputs.

#### **5.5 Public involvement**

It is a core concern of the SDO programme that all commissioned projects should pay appropriate attention to the needs and experiences of all relevant stakeholders (including local communities, lay people, service users and patients, carers and minority ethnic communities as well as healthcare practitioners and managers) during the design, execution and communication of the research. Proposed projects should be explicit in describing their arrangements for public and patient involvement and in communicating how the proposed work has potential implications for service delivery that 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 lay audience, avoiding jargon and explaining clearly the expected benefits of the research.

#### **5.6 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. Any risks associated with organisational restructuring should be addressed where anticipated and factored into the project design and timelines.

### **5.7 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 SDO programme reserves the right to award a grant for less than this maximum and for less than the amount sought by applicants.

## **6. Research outputs and knowledge mobilisation**

Our key concern is to ensure that projects funded by the SDO programme are designed from the outset to produce useful, timely and relevant research findings which are then well-disseminated and taken up. Involvement of managers at all stages of the research life-cycle process is likely to enhance both relevance and knowledge mobilisation.. Such engagement will also likely to ensure a focus on varied and diverse outputs aimed at different audiences, especially managerial audiences...

All full proposals submitted to the SDO programme must include a detailed section on research outputs and knowledge mobilisation in the full plan of investigation which is attached to the proposal when it is submitted. We would expect to see that section and the project plan detailing the outputs and knowledge mobilisation activities which are planned across the life of the project, and the resources section of the proposal showing that sufficient resources have been allocated within the project budget to undertake these knowledge mobilisation 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 knowledge mobilisation activities shown in the project proposal should 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. The report must use the layout template provided. Following scientific peer review and editing/revision, the report will be made available on the SDO programme website. 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 SDO 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 and knowledge mobilisation activities. All projects are encouraged to collaborate in knowledge mobilisation with the SDO Network, which is hosted by the NHS Confederation and exists to enable managers to improve and develop the services they manage by facilitating their access to and use of the latest health services research. (<http://www.nhsconfed.org/networks/sdonet/Pages/SDONetwork.aspx>).

## 7. Process for proposal selection

The NIHR Service Delivery and Organisation programme is funded by the NIHR, with contributions from NISCHR in Wales. Researchers from Scotland and Northern Ireland should contact NETSCC to discuss their eligibility to apply.

Whilst we have not set a maximum duration or cost for projects, value for money will be scrutinised and all costs must be justified. Applicants should be aware that changes to costs between outline and full proposal will have to be fully explained, and we therefore encourage applicants to be as realistic as possible when costing their outline proposals. Realistic costs are also very important at commissioning of full proposals as the SDO programme does not normally accept requests for variations to contracts for additional time or funding once projects have been contracted.

Applications for this call will be assessed in two stages. Outline proposals will be sought. Once remit and competitiveness checks have been made, they will then be reviewed by the SDO Studies Panel. The primary criterion against which the Panel assesses outline proposals is that of **NHS need for the research** – in other words, whether the proposed research will be useful to research users in the NHS, and is likely to contribute to improving decision making. It will use four main criteria to make this judgement:

- 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 timely, useful to and capable of application by the management community in the NHS
- Likelihood that the proposed research will promote the greater engagement between the academic research community and the health management community in the NHS, and will encourage development of links between academic institutions and NHS organisations.

Applicants whose proposals are shortlisted will be asked to develop a full proposal for assessment by the SDO Commissioning Board meeting. This board's primary 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 and the scale, scope and duration of the work involved.

## 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/faqsnetsc.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 (11/1023) 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 15 September 2011**. No late proposals will be considered. No paper-based only submissions will be considered.

Applicants will be notified of the outcome of their outline application in November 2011.

Shortlisted applicants will be invited to submit a full proposal via the SDO website (a link will be sent to shortlisted applicants). Applicants will be notified of the outcome of their full proposal application in April 2012. Please note these dates may be subject to change.

## References

National Institute of Clinical and Health Excellence. Guide to the methods of technology appraisal. June 2008  
<http://www.nice.org.uk/media/B52/A7/TAMethodsGuideUpdatedJune2008.pdf> (accessed 4 July 2011)

Soares M and Dumville JC (2008). Economic evaluation of healthcare technologies using primary care research. *Evid Based Nurs* 2008; 11: 67-71

Jefferson T and Demicholi V (2002). Quality of economic evaluations in healthcare. *BMJ*; 324; 313