



*National Institute for
Health Research*

**EVALUATING PARTNERSHIPS BETWEEN UNIVERSITIES AND NHS
ORGANISATIONS: LEARNING FROM THE NIHR COLLABORATIONS
FOR LEADERSHIP IN APPLIED HEALTH RESEARCH AND CARE
(CLAHRC)**

RESEARCH BRIEF (CLA258)

CALL FOR PROPOSALS

1 Introduction

The nine National Institute for Health Research Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) began in October 2008 with funding for five years. The Collaborations have a common broad template of purpose and aims but will exemplify these in diverse ways according to their local circumstances and the research priorities of the local community. The NIHR Service Delivery and Organisation Programme (NIHR SDO) wishes to take the opportunity provided by this 'natural experiment' to further our understanding of the scope for improving health outcomes through large-scale collaborations between universities and health service organisations in designing, conducting and implementing applied health research. The scope and nature of all projects must be such that they contribute to the growing international knowledge base on research use and impact.

The intention of this call is:

- to commission external evaluations of the CLAHRC initiative that reflect the dynamics, processes, emergent properties and diverse impacts of the CLAHRCs as they develop;
- to generate rich formative evidence that can be used for learning as the CLAHRCs grow and develop and that has broader applicability for other universities and health organisations tackling similar challenges outside the CLAHRCs;
- to improve patient outcomes by adding to the evidence base on the impact of closer engagement between the academic community of researchers and the practice community of healthcare managers and health professionals on the design and conduct of applied health research and its implementation in practice.

We have provisionally allocated a budget of up to £3 million for this call, and anticipate that a number of projects will be commissioned, some of which may last up to five years. This call will be conducted as a **one**

stage process and we are therefore seeking full project proposals at the outset. Depending on the nature of the proposals funded under this call, the SDO Programme may consider a further call later.

There will be a briefing meeting for researchers interested in submitting proposals in central London on **Wednesday 28 January 2009**. Further details of how to book a place and attend can be found in section 5 of this brief.

Section 2 of this call for proposals provides some background information on the SDO Programme's objectives. Section 3 outlines the NHS need for research in this area, summarises the existing relevant research literature, and highlights other relevant research which is currently underway or has been commissioned by SDO or other funders. Section 4 sets out the main themes for this call for proposals. Section 5 explains the process and criteria by which outline and full proposals will be assessed. Section 6 provides some general guidance for applicants to the SDO programme. Section 7 sets out the timetable for applications to this call for proposals.

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 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 – 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 (<http://www.sdo.nihr.ac.uk>).

From April 2009, the NIHR SDO Programme will be managed by NETSCC, Service Delivery and Organisation - part of the NIHR Evaluation, Trials, and Studies Coordinating Centre at the University of Southampton.

3 Background to this call

3.1 The NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRC)

The establishment of the nine NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRC) has its roots in three recent major policy documents:

(i) The five year Research and Development Strategy set out in *Best Research for Best Health* (Department of Health 2006).

(ii) The Cooksey Report on UK health research funding (HM Treasury 2006). This identified two gaps in the translation of health research:

- translating ideas from basic and clinical research into the development of new products and approaches to treatment of disease and illness; *and*
- implementing those new products and approaches into clinical practice.

The CLAHRC initiative focuses on this second gap in translation.

(iii) The Report of the High Level Group on Clinical Effectiveness established by the Chief Medical Officer (Department of Health 2007). The Group was asked to review areas of significant variations in implementing evidence-based practice and to recommend a programme of action to enhance the effectiveness and efficiency of clinical care. The Group recommended that the health service should harness the capacity of higher education more effectively to encourage relevant research, engagement and population focus and to embed a critical culture that is more receptive to change. The CLAHRC initiative also addresses the Group's concern that new interventions should include analysis of mechanisms to encourage their adoption in the health service.

3.2. Overall purpose of the NIHR CLAHRC Collaborations

The overall purpose of the NIHR Collaborations for Leadership in Applied Health Research and Care is to:

- forge mutually beneficial forward-looking partnerships between Universities and their surrounding NHS organisations, focused on improving patient outcomes through the conduct of applied health research and implementation of the results.¹

The Collaborations have three key interlinked functions:

- conducting high quality applied health research;
- implementing the findings from research in clinical practice; and

¹ Applied health research funded through this scheme aims to deliver findings that will have practical application for the benefit of patients, typically through improved health care or better health care delivery, within the relatively near future. The CLAHRC research themes therefore comprise health services research and/or innovation where there is potential gain for patients and the public within a 3-5 year time scale.

- increasing the capacity of NHS organisations to engage with and apply research.

3.3 Aims of the NIHR CLAHRC Collaborations

The aim of an NIHR Collaboration for Leadership in Applied Health Research and Care, as set out in the *Call for Proposals to Establish Pilots*² and in the *Note of issues discussed at the Briefing Meeting for Potential Applicants for NIHR CLAHRCs*,³ is to develop innovative ways of conducting applied health research and translating research findings into improved outcomes for patients based on mutually beneficial partnerships between universities and NHS organisations.

This initiative aims to:

- secure a step change in the way that applied health research is done and applied health research evidence is implemented locally;
- increase capacity to conduct and implement applied health research through collaborative partnerships between universities and NHS organisations;
- link those who conduct applied health research with all those who use it in practice across the health community covered by the Collaboration;
- test and evaluate new initiatives to encourage implementation of applied health research findings into practice;
- create and embed approaches to conducting and implementing research that are specifically designed to take account of the way that health care is increasingly delivered across sectors and across a wide geographical area;
- focus on the needs of patients, and particularly on research targeted at chronic disease and public health interventions;
- improve patient outcomes across the geographic area covered by the Collaboration.

3.4 Establishing the CLAHRC collaborations

In response to the call for proposals to establish CLAHRCs, published in October 2007, 22 collaborations submitted bids by the closing date of 31 January 2008. Following an extensive process of review,⁴ bids submitted by nine collaborations were accepted to start in October 2008, with funding of £88m being awarded over five years. The successful organisations are listed in Appendix A with contact details and outline details of the projects. It is expected that further information (e.g. further details of the CLAHRC research themes, a summary of local evaluation plans) will be available in January. Researchers intending to apply for funding under this call are expected to be familiar with CLAHRC material that is publicly available but are not expected to have approached an

² <http://www.nihr.ac.uk/files/pdfs/CLAHRC%20-%20Call%20for%20Proposals%20for%20Pilots.pdf>

³ <http://www.nihr.ac.uk/files/pdfs/CLAHRC%20-%20Briefing%20Meeting%20Note.pdf>

⁴ Further details of the application process can be found at

<http://www.nihr.ac.uk/files/pdfs/CLAHRC%20-%20Call%20for%20Proposals%20for%20Pilots.pdf>

individual CLAHRC or CLAHRCs prior to submitting their proposal. Approaches to individual CLAHRCs may be made by the successful applicants once funding has been agreed in principle. In particular, researchers will need to confirm that the proposed work will not conflict with or duplicate the CLAHRCs' own evaluation plans.

3.5 Evaluating these new ways of working through the NIHR SDO Programme

The current research call by the NIHR SDO Programme aims to capitalise on the opportunity provided by the CLAHRCs to evaluate this new initiative and in doing so to make a substantial contribution to learning for the CLAHRCs themselves and for the NHS as a whole. It also aims to contribute, through well-theorised evaluations, to the wider evidence base on how best to foster the application of research findings in practice settings.

Central to much current thinking in this field is an understanding of partnerships and other ways of encouraging interaction between researchers and research users:

"...a major predictor for the application of research to practice is the extent of interaction throughout the research process between the researchers and the practitioners who could potentially use the results" (Denis and Lomas 2003: S2:2)

As this call acknowledges, further empirical research is needed on the nature of such partnerships and on the dynamics that help to establish and sustain them, but these evaluations do not start with a blank canvas. The multiple challenges involved in ensuring that health care is based as closely as possible on evidence from high quality research are well recognised (e.g. Lomas 2000; Walshe and Rundall 2001; Tetroe et al. 2008; The Clinical Effectiveness Research Agenda Group 2008). Against this background, the past decade has seen growing interest in the theory and practice of the emerging field of what can broadly be termed research use and implementation. Although there is a lack of conceptual clarity, and terms such as knowledge translation attract different definitions (Tetroe et al. 2008), there is particular interest in health services in understanding the activities commonly termed 'knowledge transfer' and 'knowledge exchange': interaction between researchers and decision-makers (e.g. clinicians, managers or policy-makers) that results in research informing health service decision-making and practice.

These insights and those from related research fields (e.g. the diffusion of innovations, (Greenhalgh et al. 2004)) have encouraged the development of various models of the research use process that represent a significant departure from traditional models that separated research (or knowledge) production from its dissemination and uptake (Landry et al. 2001; Armstrong et al. 2006). At local level, a 'sensemaking' process is evident which influences how research is enacted in clinical practice, influenced by local context and background organisational capacity (Dopson and Fitzgerald, 2005).

There are various theoretical streams of literature which may be relevant. The interaction model emphasises the importance of formal and informal

links between researchers and research users at each stage of the research process: from defining the research questions, through designing and carrying out research studies to implementing the findings in practice and determining further research questions (Landry et al. 2001; Kiefer et al. 2005). The interaction model conceptualises research use as a complex, multifaceted, iterative and dynamic social process that is facilitated or impeded by surrounding personal, professional, team, organisational and legislative factors. Engagement with research is socially and organisationally situated, problem-led and heavily dependent on local context. It is influenced by local systems of meaning in which research evidence is often only one form of evidence used by practitioners, managers and policy-makers (Bartunek et al. 2003; Lomas 2007; Nutley et al. 2007). Furthermore, understandings of 'research use' are not limited to instrumental (i.e. direct) uses but also encompass conceptual uses (i.e. when research contributes to shifts in the assumptions or understandings that underpin frameworks and discourse) (Weiss 1979).

The interaction model operates at a relatively micro level, emphasising the role of frequent interpersonal interaction in the knowledge translation process. It may be usefully complemented by more macro level perspectives. One such emphasises the importance of different social and epistemic 'communities of practice' (Ferlie et al, 2005; Swan et al, 2007; Currie et al, 2008) displayed by co-located professions and organisations within the health care field. Knowledge can easily 'stick' at such field boundaries rather than 'flow'. Knowledge may take different forms and there may be attempts to enforce 'knowledge hierarchies' which may be accepted or perhaps contested. Such boundaries and hierarchies need to be mapped and understood. Attempts to align potentially incommensurable fields (e.g. the worlds of formal academic knowledge and the more tacit world of clinical practice, especially in such sectors as primary care) and incentive structures may be critical, for example, by developing new hybrid roles, broadening educational and socialisation processes or altering incentive structures and financial flows.

Local CLAHRCs may also be influenced – and influence – national level institutions. National level institutions (e.g. Cochrane, NICE, NSFs) in the field of Evidence Based Medicine (EBM) have developed rapidly over the last decade and may be important in structuring local interactions. There is a more elaborated institutional framework than previously. There is a social science informed literature on the dynamics of EBM production (Harrison et al, 2002; Dopson and Fitzgerald, 2005) which applicants may wish to consider. Do CLAHRCs, for example, find it easier to implement research where there is 'legitimate' evidence based national guidance (e.g. in cancer) than in other sectors? How do these national institutions interact with local sites? How do CLAHRCs use the evidence produced by these institutions or influence its production?

The introduction of CLAHRCs further increases the role of Medical Schools and Universities as leading organisations within the health care field. While we have studies of attempting to introduce evidence in clinical practice, few of them explicitly consider the impact of Universities and Medical Schools as knowledge producers and now translators. This is a novel development which requires exploration. There is a separate literature on higher education settings (Clark, 1995) and changing

patterns of knowledge production (Gibbons et al, 1994) which applicants may wish to consider and apply to the substantive analysis of Medical Schools involved in CLAHRCs. Do these academic organisations display different cultures, incentive structures and career tracks from the clinical field? Do they display similar or distinctive organisational and research identities, cultures and values (e.g. extent of multi disciplinarily; openness to social science and organisational knowledge)? How dominant are they within the CLAHRCs and how do they interact with the non academic clinical field? Do some CLAHRCs manage these potential tensions more successfully than others?

Despite the growing interest in such theoretical models and literature streams and the development of major initiatives like the Canadian Health Services Research Foundation that link researchers with health policy makers and managers (Lomas 2000), there is as yet relatively little empirical research evidence to inform efforts to develop such models in real world settings (Mitton et al. 2007; Tetroe et al. 2008; The Clinical Effectiveness Research Agenda Group 2008). Considerable work has been done to identify such areas as: the barriers and facilitators to research use in health policy-making and practice (e.g. Ross et al. 2003; Mitton et al. 2007); cultural differences between practitioners and academics (e.g. Bartunek et al. 2003; Denis et al. 2003; Bowen et al. 2005); and the importance of good relationships and a high degree of trust between researchers and research users (e.g. Landry et al. 2001; Bowen et al. 2005). The nature of capacity building is now better understood: that it encompasses both factual learning (e.g. research concepts, the findings of specific research projects, how to locate and access information) and attitudinal change (a shift in how individuals and groups view research and their relationship to it) (Bowen et al. 2005). However, little is known about which strategies work best to encourage such collaborative links, in what contexts, how they work and why (Pawson and Tilley 1997; Lavis et al. 2003; Kothari et al. 2005; Armstrong et al. 2006; Hanney and Gonzalez-Block 2006; Mitton et al. 2007; Tetroe et al. 2008).

There are a few empirical studies, particularly in the Canadian context, that examine efforts to build research partnerships between researchers and research users in health care (e.g. Antil et al 2003) and in other public sectors (Walter et al. 2003; Clark and Kelly 2005) but further well-designed and formal research studies are needed to assess and evaluate the success of such strategies in specific contexts in order to know best how to direct resources (Mitton et al. 2007; Tetroe et al. 2008). Such work may need to consider the role of macro and institutional levels as well as the micro and interpersonal levels.

This call therefore responds to this recognised gap in the literature in relation to evaluating the effectiveness and efficiency of strategies aimed at increasing applied health research use in multiple populations and settings (Kiefer et al. 2005; The Clinical Effectiveness Research Agenda Group 2008) and does so in the context of the 'natural experiment' provided by the introduction of one such strategy, the NIHR CLAHRC in the NHS. Applicants may wish to draw on the above or indeed other appropriate theoretical frameworks in their proposals.

Relationship to other SDO research calls

Applicants should be aware of the potential for overlap with SDO research calls in related areas (see <http://www.sdo.nihr.ac.uk/>). In particular, applicants should note the following calls:

COM238 Research on the Practice of Health Care Commissioning

MP241 Management Practice in Healthcare Organizations: Part V Proposals on knowledge utilization in healthcare management

RU244 Research utilization and knowledge mobilization – A scoping review

4 Call for proposals

Nature of the investigations

The commissioning group is keen to ensure that the findings from this call can be used to inform learning as the CLAHRCs grow and develop in the early years of the period 2008-2013. Particular emphasis should therefore be placed on research designs that will allow for rigorous but rapid results with an emphasis on formative learning e.g. through phased research designs. Applications should therefore include specification of how such formative learning will be shared in an ongoing fashion with the CLAHRCs.

A summary document of the CLAHRCs' local evaluation plans should be available in January. Applicants will need to confirm that their proposed work will not duplicate or conflict with the CLAHRCs' own plans for local evaluations.

Individual projects may be funded for up to £600k over five years but, in order to meet the need for shorter-term learning, smaller focused projects of lesser duration will receive particular emphasis.

In addressing issues in a way likely to lead to the wide applicability of findings, firm theoretical and conceptual underpinnings in tandem with substantial empirical work are likely to be important features. Approaches that utilise and take forward wider social science theories and draw on the broad diversity of evaluation approaches including exploratory, descriptive, experimental, programme and economic evaluation approaches are encouraged.

Applicants may wish to reflect on the priorities for future research identified by Greenhalgh and colleagues following their review of the literature on the diffusion of innovations (Armstrong et al 2006):

"Greenhalgh et al identified the following priorities for research in this area: it should be theory-driven, focus on process rather than 'package orientation (e.g. why did this project work in the context rather than is program X effective), ecological (exploring the interaction between program and setting), and should use common definitions, measures and tools, and it should be collaborative and

coordinated, multidisciplinary and multi method, meticulously detailed, participatory'. Rather than exploring the attributes of innovations that promote their adoption, they suggest a range of questions focusing on innovation processes, adopters and adoption, dissemination and social influence, the organizational context, system's readiness for innovation, the outer context and implementation." (Armstrong et al 2006: 387).

Applicants may also find it useful to read the recent paper "*Developing the protocol for the evaluation of the Health Foundation's 'Engaging with Quality' initiative: an emergent approach*" (Soper et al 2008).

Broad themes

The CLAHRC Collaborations have a common broad template in their three key functions of conducting high quality applied health research, implementing the findings from research in clinical practice and increasing the capacity of NHS organisations to engage with and apply research. Nevertheless, individual Collaborations will exemplify these functions in different ways according to local circumstances and priorities and the patient care areas which their research projects cover. The commissioning group acknowledges these differences and the broad scope of potential research proposals that this call could encompass.

The commissioning group envisages funding a range of projects: for example, proposals might relate to the experience of one or more individual collaborations or explore a theme or themes across all nine collaborations. Alternatively some projects may focus largely on formative work that can assist CLAHRCs in developing more effective processes for engagement or impact, while others may orient more to summative approaches evaluating the longer-term outcomes of the collaborations. However, applicants should note that although funding is available for projects lasting up to five years (where carefully justified), we are particularly interested in shorter-term studies, or work with phased outputs that can influence ongoing developments within the CLAHRC collaborations in their formative years. It is anticipated that, depending on the nature of the proposals received, this commissioning round may fund an initial tranche of research projects and be followed by a later commissioning round that funds further projects to cover the later years of the CLAHRC funding period (2008-2013).

Examples of areas of interest to the programme are given below. These might form either components of a project or whole projects as appropriate. **This section gives illustrative suggestions that potential applicants may wish to consider. Applicants should note:**

a) that the examples of areas of interest are not intended to be either prescriptive or exhaustive and that proposals covering other areas of interest may be submitted;

b) that the broad questions that appear here are intended only to suggest areas of interest and should not be interpreted as research questions *per se*; proposals submitted under this call will

need to include well-developed research questions underpinned by specific theory;

c) that in addition to informing an evaluation of, and further development, the CLAHRCs, research funded under this call must also contribute to the broader literatures and debates on knowledge use in health care.

4.1 The impacts of the CLAHRC collaborations

Proposals could explore the impacts of the CLAHRCs in a range of areas relating to applied health research and its application: for example, the impact on commissioning, on workforce planning and on local service delivery; the impact on patient and public health outcomes; and the implications for the wider NHS and for future initiatives around applied health research. The nature and extent of the impacts that CLAHRCs have will depend on the context, dynamics and processes in which and through which CLAHRCs develop and carry out their activities around the design, conduct and implementation of applied health research (see for example the areas of interest which are elaborated further under sections 4.2-4.5 below). Research studies on the impacts of CLAHRCs will therefore need to explore these aspects of context, dynamics and process. In addition to contributing to the lessons for the developing CLAHRCs, such studies will also contribute to the wider evidence base on how knowledge is developed and applied.

The following are *examples* of areas of interest that might form part of studies on the impacts of the CLAHRC collaborations:

- To what extent have CLAHRCs been able to realise the intended step-change in conducting and implementing applied health research in their locality? What changes have occurred and through what processes?
- What impacts have CLAHRCs had on patient/public health outcomes? How have these changes happened?
- What impacts have CLAHRCs had on the commissioning process through PCTs or practice-based commissioning?
- What impacts have CLAHRCs had on the private and independent sector?
- To what extent have CLAHRCs acted as an 'accelerator' to attract additional research monies to the local health economy? In what ways?
- What impact have CLAHRCs had on the inter- and intra-organisational and cross-sectoral relationships within the CLAHRC local area (including relationships across the wider health community e.g. social care, local authorities)?
- What impacts (e.g. on policy development, use of research and implementation methodologies) have CLAHRCs had on the broader health communities including regional, national and international forums?
- What impacts have CLAHRCs had on local workforce planning? What are the implications of CLAHRCs for future workforce planning at national and local levels?

- Have CLAHRCs resulted in new types of personnel being employed to enhance the role of applied research, in either universities or NHS organisations?
- What enhances and what undermines the impact of CLAHRCs at local level?
- What unintended and dysfunctional consequences have arisen for universities, the NHS, patients and research funders?
- What lessons can be learnt from the establishment and ongoing development of CLAHRCs to inform the conduct and implementation of applied health research in the NHS?

4.2 The decision to apply (or not to apply) for CLAHRC funding

This theme explores the drivers behind the bids submitted for CLAHRC funding and considers whether the expectations of successful bidders are now being met. Importantly, it also looks at the impact on collaborations that bid for CLAHRC funding but were unsuccessful and addresses whether CLAHRCs differ from non-CLAHRC organisations in their approach to applied health research.

e.g.

- What influenced the nine successful collaborations to bid for CLAHRC money? What were the key drivers and motivating factors for key individuals and groups and to what extent does the experience of working in a CLAHRC meet those expectations and objectives?
- How did the successful collaborations prepare their bids? By what processes were collaborations formed e.g. forming a new collaboration, 'reframing' or expanding an existing collaboration? By what processes were the research projects that were the focus of each bid chosen?
- What influenced those who bid but were unsuccessful and how has that process affected their activities since? What influenced those who did not bid and in what ways do their activities around conducting and implementing applied health research differ from those of the CLAHRCs?

4.3 Establishing the CLAHRCs

This theme explores the processes and dynamics of setting up the local Collaborations and considers the extent to which CLAHRCs draw on non-clinical research evidence to inform their governance, structures, processes and activities.

e.g.

- What processes are the CLAHRC organisations undergoing to establish the CLAHRCs? What new ways of collaborating or working across organisations and groups are emerging? What kinds of impacts are the local context and dynamics having on these processes? Are some contexts more receptive to CLAHRCs than others?
- What lessons can be learned from the process of establishing CLAHRC infrastructure at local level (e.g. costs, administration, impact on other activities, implications for sustainability)?

- To what extent, in what ways and with what impact do CLAHRCs draw on existing non-clinical research evidence (e.g. on management and change management, knowledge utilisation, networks etc) to inform their governance, structures, processes and activities?

4.4. Working as a CLAHRC

This theme is at the heart of the evaluation of CLAHRCs. It looks at the processes by which CLAHRCs seek to address the three core functions, at the relative engagement of different stakeholders, at the dynamics of joint working around research and its application, and at the challenges of quality improvement and managing change. Work in this area could encompass explorations of, for example, leadership, management, governance and engagement of stakeholders. Studies should draw on existing bodies of theory.

Areas that might be explored include the following:

- What leadership, management and governance arrangements do the CLAHRCs have in place to facilitate inter-disciplinary knowledge-sharing and joint working between the NHS and university partners? What role does the administrative lead organisation play? How effective are these arrangements and what lessons can be learned?
- What strategies have the CLAHRCs adopted in relation to:
 - engaging health care users and the general public
 - engaging, as appropriate, health care planners and policy makers
 - linking, as appropriate, with other DH and NIHR programmes and institutions, including the HTA and SDO programmes, CRD, Cochrane Centre, NICE and UKCRN?

How useful have these strategies been and what lessons can be learned?

- To what extent have CLAHRCs involved other agencies in the wider community (e.g. social care, local authorities) in the conduct and implementation of applied health research? Who has been involved and with what effects? What are the challenges of whole-system working across organisational and professional boundaries? What lessons can be learned?
- What is the extent and nature of the involvement of different CLAHRC stakeholders (e.g. health professionals, managers, commissioners, researchers, patients, carers and members of the public) in the conduct and implementation of applied health research? How has involvement been facilitated or hindered? What is the nature of the relationships between different stakeholders in the CLAHRC? How have these relationships changed compared to prior to the development of the CLAHRC? In what ways have these relationships had an impact on the CLAHRC?
- To what extent and in what ways do CLAHRCs develop priorities within and between the three key CLAHRC functions: conducting high quality applied health research, implementing the findings from research in clinical practice and increasing the capacity of NHS organisations to engage with and apply research?

- What tools, techniques and approaches are being developed to address the three key CLAHRC functions and how useful are they? For instance:
 - What novel ways of working do CLAHRCs use to address 'the second gap in translation', and how have these played out in practice?
 - What quality improvement methods do CLAHRCs use to encourage implementation of applied health research? What are the challenges of using these methods and what has been successful?
 - What capacity development approaches are used to improve universities' engagement with NHS organisations? How effective are these?
 - What activities are CLAHRCs undertaking to increase capacity in the local health community to engage with and apply research? (e.g. training and development in research and improvement methodology, leadership etc, input to pre- and post-registration programmes for health professionals, encouraging NHS staff to develop research projects, recruiting new academic and clinical staff). How successful have these activities been? What challenges are encountered and what lessons can be drawn?
- To what extent do local stakeholders identify with the CLAHRC? How does membership of a CLAHRC affect identification with other bodies e.g. professional groups, the employing trust?
- To what extent and in what ways do CLAHRCs actively seek to foster culture change around the conduct and implementation of applied health research? With what effects?
- What methods (including IT) do CLAHRCs use for internal reflection and learning, networking, communication and coordination? What are the advantages and drawbacks of these methods? What problems have been encountered and how have these been overcome?
- What arrangements have CLAHRCs put in place to ensure that activities are sustainable beyond the current CLAHRC funding?

4.5 Working beyond the current CLAHRC collaborations

This theme recognises that there is potential for inter-CLAHRC collaboration and for collaboration between CLAHRCs and the wider NHS. It explores the ways in which individual CLAHRCs seek to work with or have an impact on organisations outside the CLAHRC locality.

e.g.

- What are the extent, nature and outcomes of the interaction between the nine collaborations (e.g. sharing best practice, joint training, staff rotations, joint working on common research themes)? What lessons can be drawn?
- To what extent do CLAHRCs aim for international or national as well as regional impact from their activities? What strategies are adopted and with what effects? Is there a role for CLAHRCs in increasing research capacity and capability across the breadth of the NHS?

- What cross-CLAHRC studies are being conducted to increase external validity of designs where different CLAHRCs are dealing with the same themes?
- What is the interplay between the development of CLAHRCs and other current initiatives intended to stimulate new dynamics in the NHS/university relationship and promote the application of research, i.e. Academic Health Science Centres (AHSCs) and Health Innovation and Education Clusters (HIECs)?

5 Call for proposals: process and criteria

The SDO Programme is now seeking full proposals in the areas outlined above. We have provisionally allocated up to £3 million to this call. Projects may be of up to five years duration and may be funded to a maximum of £600,000 per project. Applicants should note that this is an absolute upper limit, not a target, and that we anticipate funding 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.

There will be a briefing meeting in central London for researchers interested in submitting proposals on **Wednesday 28 January 2009 (2-5pm)** with light refreshments. Researchers are encouraged to attend this meeting at which there will be a short presentation on the brief by SDO alongside the chair of the commissioning group, and then an opportunity for questions and discussion. If you wish to attend the meeting, please email Chris Langridge (Chris.Langridge@LSHTM.ac.uk) **as soon as possible** to book a place and for directions to the venue. The presentation slides and a short note of issues raised during discussion at the meeting (FAQs) will be posted on the SDO website alongside the research brief soon after the meeting has taken place.

The application process will be in one stage. Proposals will be subject to external peer review and consultation with representatives from the CLAHRCs and will then be reviewed by the SDO Research Commissioning Board, which will then make recommendations to the director of the NIHR SDO programme on whether to fund each proposal.

The main criteria which will inform the selection process will be:

- Likelihood that the proposed research will produce timely and accessible findings that can be used by the CLAHRCs to inform their early development while also contributing to the wider evidence base.
- Likelihood that the proposed research will contribute to closer engagement in future between researchers and research users in designing, conducting and implementing applied health research, whether through CLAHRCs or in the wider NHS.
- Likelihood that the proposed research will contribute to the international literature on how knowledge is created and used.

- Relevance of the proposed research to the three key functions of the CLAHRCs: conducting high quality applied health research; implementing the findings from research in clinical practice; and increasing the capacity of NHS organisations to engage with and apply research.
- Relevance of the proposed research to the needs, interests and current and future challenges for those conducting and implementing applied health research in the NHS.
- Scientific rigour and quality of the proposed research, and the expertise and track record of the research team, with due regard to the issue of independence referred to below in the paragraph on “Eligibility to apply”.
- Value for money of the proposed research, taking into account the overall cost and the scale, scope and duration of the work involved.

Eligibility to apply

We would welcome bids from research teams that combine UK researchers and researchers from the international research community.

We recognise that many researchers with skills and experience in this area will already be involved in a CLAHRC, or be based in institutions which are participating in a CLAHRC. These researchers and their institutions are not excluded from applying to carry out research under this call. However, in the interests of credibility and safeguarding the independence and integrity of the research, researchers who are directly involved in a CLAHRC themselves are encouraged to participate in bids led by principal investigators from outside the CLAHRC, from their own or other institutions, either from the UK or from the international research community.

Whatever configuration of research team is proposed, the commissioning group will need to be satisfied that high standards of independence and rigour can be maintained. This issue will need to be addressed explicitly in any application.

Prior contacts with the CLAHRCs

Researchers intending to apply for funding under this call are expected to be familiar with CLAHRC material that is publicly available but are not expected to have approached an individual CLAHRC or CLAHRCs prior to submitting their proposal. Approaches to individual CLAHRCs may be made by the successful applicants once funding has been agreed in principle.

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 on applicants, with the exception of the points covered under “Eligibility to apply” in the previous section. However, experience of reviewing applications over a number of years leads us to make the following general points which we urge applicants to take into account:

- **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 are likely to 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. Atheoretical, unfocused and poorly justified empirical investigations are unlikely to be funded.
- **Research team makeup and expertise.** Substantial empirical projects are likely to utilise broad teams with significant input from diverse disciplines and a commitment to developing robust interdisciplinary approaches. However, applicants should bear in mind the difficulties of managing large and diffuse project teams across multiple institutions, and the need to show that applicants will commit an appropriate amount of time and effort to the project. The principal applicant should generally be the person who has contributed most to the intellectual and practical development of the proposal, and who will take de facto responsibility for its implementation. The SDO programme will look favourably on proposals which include an element of research capacity-building.
- **Stakeholder involvement.** Applicants should demonstrate clear involvement of all relevant stakeholders (including where relevant, local communities, lay people, service users, carers and minority ethnic communities as well as health care practitioners and managers) during the design, execution and communication of the research.
- **Linkage and exchange.** Given the core mission of the SDO Programme and our focus on knowledge mobilisation successful projects are most likely to involve partnership working between experienced academic teams and those more closely involved in the design and delivery of services.
- **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 services users and their carers. Proposed projects should be explicit in communicating how the proposed work has potential implications for service delivery that could lead to enhanced public and community engagement.
- **Location of research.** SDO funds research that is primarily of relevance to the NHS in England. However, there is no restriction on

where researchers are based, or as to where empirical studies are undertaken. Research that addresses broader questions of international interest is particularly valuable. For example applicants may be able to show how learning from the NHS can inform debates about internationally important topics such as improving the quality or efficiency of care.

- **Research governance.** Applicants should ensure that their proposal complies with the Research Governance Framework.⁵ 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.** The proposed costs of the project should not exceed the limits stated in this call for proposals. Applicants should note that this is an absolute upper limit, not a target, and that we 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. NHS R&D 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, NHS R&D 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, the applicants should make clear how findings will be communicated effectively to the CLAHRCs and to a wide variety of academic, policy and service audiences. As indicated above, the commissioning group is concerned that research proposals lead to findings that not only contribute to the evidence base in the longer-term but can also be used by the CLAHRCs as they grow and develop; applicants should therefore indicate how they intend to provide early/phased results. 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 executive summary (500 words) and research summary (5000 words) with clearly identified policy, managerial and practice implications; a full report detailing all the work undertaken; supporting technical appendices (up to 80,000 words).

In addition, on completion of projects, successful applicants should be prepared to work with the SDO to develop summaries of their work for wider audiences (for example, see the *Research Summaries* already developed from many completed SDO projects: <http://www.sdo.nihr.ac.uk>).

⁵ http://www.dh.gov.uk/en/Researchanddevelopment/A-Z/Researchgovernance/DH_4002112

Applicants should outline plans for conference, seminar and other forms of dissemination to go alongside written communications. The proposed work should normally be designed and delivered in a way that is likely to lead to significant high-quality peer-reviewed publications. Projects lasting more than one year will be expected to deliver interim reports on progress and provisional findings (approximately annually).

Successful applicants will be expected to attend at least one meeting a year with the SDO Programme during the project lifetime and, as such, should ensure that travel costs are appropriately costed within the proposal budget. In addition, successful applicants are expected to participate in any meetings convened by the SDO Programme to bring together the researchers funded under this call. Informal discussions with the SDO Programme about the final report will take place throughout the project.

8 Application process and timetable

Any questions, queries or requests for clarification in relation to this call for proposals should be raised at the briefing meeting (see Section 5 above) or sent by email to Chris.Langridge@LSHTM.ac.uk by **Monday 2 February 2009** with the reference number and title of the call for proposals as the email header. Responses to all questions received by this deadline and a brief note of queries raised and answers given at the briefing meeting will be posted on the SDO website alongside the call for proposals by **Monday 9 February 2009**.

The process of commissioning will be in **one stage** and applicants should submit **full proposals** via the SDO electronic Commissioning and Appraisal System (eCAS) at <http://www.sdo.nihr.ac.uk/ecashome.html>.

Further guidance regarding online submission is available on the eCAS website using the help guidance on each page. If you are a first time applicant you will need to register with eCAS. All applicants are advised to familiarise themselves with eCAS before the deadline for proposals.

Proposals should be submitted by 1pm on 26 February 2009. No late proposals will be considered. No paper-based submissions will be considered. Applicants will be notified of the outcome of their application by late May 2009.

Applicants should plan for projects to start in July 2009. Please note that these dates may be subject to change, and any changes will be notified to applicants and on the SDO website.

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APPENDIX A

The 9 NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRC)

Name of CLAHRC	Lead NHS Organisation	Academic Partner(s)	Director
NIHR CLAHRC for Birmingham & The Black Country	University Hospital Birmingham NHS Foundation Trust	University of Birmingham	Professor Richard Lilford Professor of Clinical Epidemiology and Head of School of Health and Population Sciences, The School of Health and Population Sciences, Public Health, Epidemiology & Biostatistics Unit, The University of Birmingham, Edgbaston, Birmingham B15 2TT r.j.lilford@bham.ac.uk 0121 414 8695
NIHR CLAHRC for Cambridgeshire & Peterborough	Cambridgeshire & Peterborough NHS Foundation Trust	University of Cambridge	Professor Peter Jones Head, Department of Psychiatry Box 189, Addenbrookes Hospital Hills Road Cambridge CB2 2QQ pbj21@cam.ac.uk 01223 336961
NIHR CLAHRC for Greater Manchester	Salford Teaching Primary Care Trust	University of Manchester	Professor Bonnie Sibbald Director, University of Manchester Institute of Health Sciences NPCRDC, Williamson Building, University of Manchester, Oxford Road, Manchester M13 9PL Bonnie.Sibbald@manchester.ac.uk 0161 275 7604
NIHR CLAHRC for Leeds, York & Bradford	Leeds Teaching Hospitals NHS Trust	University of Leeds University of York	Professor Justin Keen Centre for Health and Social Care Leeds Institute of Health Sciences Charles Thackrah Building 101, Clarendon Road Leeds LS2 9LJ j.keen@leeds.ac.uk 0113 3436941 07966 545099

NIHR CLAHRC for Leicestershire, Northamptonshire & Rutland	University Hospitals of Leicester NHS Trust	University of Leicester	Professor Richard Baker Department of Health Sciences University of Leicester 22-28 Princess Rd West Leicester LE1 6TP rb14@le.ac.uk 0116 252 3202
NIHR CLAHRC for Northwest London	Chelsea & Westminster NHS Foundation Trust	Imperial College London	Professor Derek Bell Professor of Acute Medicine Department of Medicine, Imperial College London Chelsea & Westminster NHS Foundation Trust 369, Fulham Road London SW10 9NH Derek.Bell@imperial.ac.uk 020 8746 5845
NIHR CLAHRC for Nottinghamshire, Derbyshire, Lincolnshire	Nottinghamshire Healthcare NHS Trust	University of Nottingham	Professor Graeme Currie Professor of Public Services Management Nottingham University Business School, Jubilee Campus, Nottingham NG8 1BB Graeme.Currie@nottingham.ac.uk 0115 9515485
NIHR CLAHRC for South West Peninsula	NHS South West	University of Exeter University of Plymouth Peninsula Medical School	Professor Stuart Logan Director, Institute of Health & Social Care Research, Peninsula Medical School St Lukes Campus Exeter EX1 2LU stuart.logan@pms.ac.uk 01392 262991
NIHR CLAHRC for South Yorkshire	Sheffield Teaching Hospitals NHS Foundation Trust	University of Sheffield Sheffield Hallam University	Professor Sue Mawson Professor of Rehabilitation Centre for Health & Social Care Research Montgomery House 32 Collegiate Crescent Collegiate Campus Sheffield S10 2BP s.j.mawson@shu.ac.uk Susan.mawson@sth.nhs.uk 0114 2713409

NIHR CLAHRC Research and Implementation Themes

Name of CLAHRC	Research and Implementation Themes
NIHR CLAHRC for Birmingham & The Black Country	• From structure to function: health service redesign • Evaluation of Paediatric Outreach Services • Early detection and interventions in psychosis • Housing and Health: SMART, Equal Independent • Re-designed maternity support services for multi-ethnic disadvantaged groups • Investment in prevention (evaluation of targeted prevention of cardiovascular disease in primary care) • Optimisation of the Management of Stroke and TIA • Implementation of effective community care for diabetes • Improving patient safety: studying an evolving information technology (IT) system
NIHR CLAHRC for Cambridgeshire & Peterborough	• Addressing the mental health and wellbeing of adolescents with ongoing mental health and social care needs • Mental health and psychological wellbeing among adults with long-term conditions: maintaining and improving the lives of people with developmental conditions or post-traumatic impairments of brain function • Supporting mental health in the older population • Public Health supporting mental health across the lifespan • Achieving High Quality Pathways
NIHR CLAHRC for Greater Manchester	• People with Long Term Conditions: Guided information for people with long term conditions – implementing self-care support in diabetes, heart and kidney disease • Health Care Practitioners: New approaches to the treatment of depression in people with long term conditions • Health Care Services: Patient-centred access and guided self-management in specialist care for patients with diabetes and kidney disease • Health Information Systems: Information systems to improve healthcare monitoring and planning for people with long-term conditions • Stroke • Diabetes • Chronic Kidney Disease • Heart Disease
NIHR CLAHRC for Leeds, York & Bradford	• Physical health and addiction • IMproving PRevention Of Vascular diseaseE in primary care – IMPROVE-PC • Improving maternity and child health and well-being through the development and implementation of research-calibre information systems • Outcome-driven stroke care • TRIP-LAB (Translating Research Into Practice in Leeds and Bradford)

NIHR CLAHRC for Leicestershire, Northamptonshire & Rutland	• Prevention of chronic disease and its associated co-morbidity • Early detection of chronic diseases in a multi-ethnic population in primary care • Structured education and self-management programmes in long term conditions • Rehabilitation • Implementation for health
NIHR CLAHRC for Northwest London	• Developing service innovations to improve the patient journey of the acutely ill patient across professional or organisational interfaces of care • Developing service innovations for the delivery of chronic disease care pathways to improve the patient journey across professional or organisational interfaces • Collaborative Learning and Delivery Pathway for Improvement • Patient and Public Involvement • Evaluation of the implementation of research into practice
NIHR CLAHRC for Nottinghamshire, Derbyshire, Lincolnshire	• Multi-level assessment and intervention to implement innovation in the delivery of patient-focused care in NHS Trusts • Synthesis and dissemination of research and implementation programme: engaging stakeholders through a focus on access to care and occupational outcomes • An organisational studies approach to commissioning and implementing innovation for local service delivery to people with serious mental illness and personality disorder • Targeting behavioural interventions for people with challenging chronic illness in primary care: Reducing the burden of disability and improving service effectiveness • Translating stroke rehabilitation into NHS clinical practice • Children and Young People's Health and Behaviour: Putting evidence into practice
NIHR CLAHRC for South West Peninsula	• Diabetes and Cardiovascular Health • Mental Health & Neurology • Development & Ageing • Environment & Human Health • Implementation Group
NIHR CLAHRC for South Yorkshire	• Research evaluation of Rotherham Breathing Space Programme for COPD • Enabling more effective self management in diabetes; embedding structure education in clinical care • Stroke – Prevention and Long-Term Management in the Community • Obesity Reduction in South Yorkshire: a Randomised Controlled Trial of Services for Obese Adults • Improving quality and effectiveness of services, treatments and self-management in long term depression • Technologies for long term conditions – fitness for purpose, evidence and potential for the future • Genetics • User-Centred Health Care Design • Translating knowledge into action • Intelligent commissioning • Reducing health inequalities

Addendum

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The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk.