



National Institute for Health Research

RESEARCH FOR PATIENT BENEFIT PROGRAMME (RfPB) GUIDELINES FOR APPLICANTS

Competition Number: 8
Date of issue: 15 August 2008
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This national, response-mode funding scheme has been established in order to provide high quality research that will be of direct benefit to users of the NHS in England. Applications will be considered by one of ten Regional Funding Committees (RFCs) and proposals that relate to health service challenges, regionally or locally, will be particularly welcome. As a responsive rather than a commissioning programme, RfPB does not seek to name specific topic areas and welcomes applications on a wide range of issues. As a new venture, its criteria and procedures will be subject to amendment in the light of experience. Potential applicants are encouraged to visit the programme website for news and for the most up-to-date information before submitting an application. There is a regularly updated list of 'frequently asked questions' and Director's Messages on the National Institute for Health Research Central Commissioning Facility (NIHR-CCF) website to supplement this guidance, see:

<http://www.nihr-ccf.org.uk/site/programmes/rfpb/faq>

These notes contain the following sections:

1. Aims and scope of the RfPB programme
2. Background
3. Eligibility
4. Programme structure, timetable and procedures
5. The role of Research and Development and Support Units (RDSUs)
6. Criteria for funding
7. Guidance on completing the application form
8. The R&D Contract
9. NIHR Faculty
10. Complaints

1. Aims and scope of the RfPB programme

This programme is intended to support research which is related to the day-to-day practice of health service staff and is capable of showing a demonstrable impact on the health or health care of users of the service. Funded research projects are likely to fall into the areas of health service research and public health research, although other areas are not excluded from the programme. The research projects will use quantitative or qualitative methods to:

- Study the provision and use of NHS services
- Evaluate the effectiveness and cost effectiveness of interventions

- Examine the resource utilisation of alternative means for healthcare delivery
- Formally scrutinise innovations and developments
- Pilot or consider the feasibility of projects requiring major grant applications to other funders

Proposals which have emerged from interaction with patients and the public, which relate to patient and service user experience and which have been drawn up in association with a relevant group of service users will be particularly welcome. In all cases, however, potential impact on service improvement and patient experience will be a major selection criterion.

The Programme will **not** fund:

- Laboratory-based research or basic science research, including research based on animals
- Setting up or maintaining research units
- Proposals which are solely service developments: although the programme will fund research aimed at evaluating the effectiveness of a service or intervention it will not fund the costs of providing the service or intervention itself
- Proposals which are solely: audit, surveys, needs assessment, technology development (although these elements may be part of an integrated research study). Systematic reviews may be funded as part of a larger project or as stand alone studies. For more details, see FAQ on systematic reviews.

2. Background

RfPB is one of a series of programmes located within the National Institute for Health Research. The Director of the RfPB programme has oversight of the programme as a whole and sets the criteria for it. There are ten Regional Funding Committees (RFC), one in each Strategic Health Authority area. The RFCs are chaired by a senior academic/practitioner and their membership covers a wide range of disciplinary areas, including involvement from patients and/or members of the public. Details about RFC Chairs and the full committee memberships in each of the ten regions are available on the website and will be updated as changes occur. Applicants are strongly advised to familiarise themselves with the resources available on the website for the Programme as well as for the National Institute for Health Research as a whole.

3. Eligibility

All NHS organisations and other providers of NHS services in England are eligible to apply. Applications must come from an NHS organisation. If the application is successful, a contract will be placed with that organisation for delivery of the project and all funds for the project will be paid to the NHS.

It is recognised that where proposals emerge from daily practice, considerable work may be needed to create a sound research design. We expect that all applications will have appropriate academic input. There may well also be a strong component of service user involvement (see Sections 6 and 7).

Applications with appropriate collaborations in social care and third sector providers of health and social care are also encouraged.

An application from an NHS organisation in England can include an academic partner organisation from outside England, provided a strong case is made that the chosen academic partner is best placed to provide the academic input to the planned research.

4. Programme structure, timetable and procedures

Applications will be considered by the appropriate Regional Funding Committee. They cannot be considered by more than one committee. All applications are to be submitted electronically through the NIHR Central Commissioning Facility which manages the application process, acts as secretariat for the 10 committees and provides a point of contact for queries.

**For general enquiries
call 0208 943 8990 or
email rfpb@nihr-ccf.org.uk
or visit <http://www.nihr-ccf.org.uk>**

Committees meet three times per year. For further details of the Regional Funding Committees, please visit the website <http://www.nihr-ccf.org.uk>

In order to submit an application to RfPB, you must firstly register with the CCF website at <http://www.nihr-ccf.org.uk/site/registration>. Once registered, the first stage of the application process is the completion of a registration of intention (ROI) to submit. The deadlines for submission of an ROI are available from the website. **If you do not submit an ROI you will not be able to submit an application.** This is because we need to know the volume of applications that will go to the next meeting of the Regional Funding Committees. After the ROI deadline (see below) you will have a further six weeks to submit your full application (submission deadline) if you wish it to be considered at the next round of committee meetings. Failure to submit your application before the submission deadline will result in your application being held over to the next competition. Your ROI to submit will remain active for a period of 12 months. Failure to submit a full application during this time will result in your ROI becoming redundant. For instructions on how to obtain and submit your application form from the website, please see appendix C.

All applications will receive a preliminary scrutiny by a sub-committee and may be rejected on a failure to meet scope or on the basis of clearly inadequate study design.

There are five potential questions at scrutiny stage:

- (i). Is the proposal in the scope of the programme?
- (ii). Is the potential for patient benefit likely to be realisable in the short to medium term?
- (iii). Are the details of the proposal within the rules of the scheme?
- (iv). Is the design (on the face of it) sound and appropriate?
- (v). Does the proposal duplicate work completed or under way elsewhere?

For more guidance on these points please see the Programme Director's messages and the FAQs on the website.

Applications which pass this initial quality check will be sent out for peer review. **If suitable peer reviewers cannot be identified for an application prior to the next**

round of committee meetings, then that application will be entered into the following competition. The dates for current competitions can be found on the website (these dates are provisional and may be subject to alteration). **All deadlines occur at 5pm on the day indicated.**

	Competition 7	Competition 8	Competition 9
ROI deadline	12 August 2008	19 December 2008	17 April 2009
Submission deadline	23 September 2008	30 January 2009	29 May 2009
Submission outcome	Late February 2009	Mid July 2009	Mid November 2009

5. The role of Research and Development Support Units (RDSUs)

Not all applicants will need specialist help and advice to write their application. Some will have specialist advice available within their institutions. However, for other applicants, the most appropriate source of advice may be an RDSU.

National Institute for Health Research RDSUs are funded by the Department of Health, via the National Coordinating Centre for Research Capacity Development, to provide consultative advice on research methodology and protocol development. There is a list of RDSUs and information on their geographical coverage on the National Network of Research and Development Support Units website, which also gives guidance on the type of support, help and advice available from individual RDSUs. The website address is: <http://www.national-rdsu.org.uk/>. The website includes a link to RDInfo, who provide support to researchers not covered by an RDSU: <http://www.rdinfo.org.uk/>.

Making preliminary contact with RDSUs about an idea for a project that is still in the development stage can be helpful. Experience suggests that early approaches and a timetable that ensures RDSU staff have a chance to see and comment on drafts of the full proposal maximises the chances of receiving high quality advice. NIHR will be introducing a new Research Design Service (RDS) in due course, and guidance for future competitions will indicate when this becomes fully operational.

6. Criteria for funding

Applications will be judged on the quality of the research proposed and on significance and potential benefit to the NHS. Proposals will be expected to demonstrate evidence of relevance for a public or patient community, feasibility of practical application, likely health benefit and value for money, as well as exhibiting appropriateness, soundness and rigour in methodology and design. The peer review process aims to include public, patient, healthcare and academic referees.

All proposals must:

- Contain a clear statement of objectives and a demonstration that the design of the project is appropriate to meet those objectives
- Indicate that the team is fully aware of relevant literature and any ongoing studies on the topic

- Make a case for improvements in health and/or health care arising from the study and include a discussion of potential impact
- Provide a justification for the research design, methodologies and techniques of data collection and analysis, demonstrating in as much detail as possible how the hypotheses or research questions will be addressed
- Make reference to any anticipated difficulties of access to respondents and/or data and how these will be overcome
- Show that current research governance frameworks and procedures for ethical approval have been followed
- Give a full justification for the duration of the project and financial support requested, demonstrating that the objectives are achievable within the resources and timescales proposed and justifying the time inputs of members of the research team
- Indicate how dissemination of results will be handled and how action plans might follow

All investigators will be expected to report on findings in such a way that the research outcomes are open to critical examination by peers. Outputs from the programme are likely to take the form both of academic publications and publications designed to reach a wide practitioner audience and to influence the ways in which health services are delivered.

7. Guidance on completing the application form

These notes should be read in conjunction with the application form and are designed to help you to provide the information required. **Please note that you must use the correct application form for the current competition (with the reference number PB-PG-0808-1****). Any application submitted using forms from a previous competition will be rejected.**

Where text limits are indicated, please do not exceed these, as this will result in your application not being accepted.

In order for your application to be accepted you must submit the minimal required information. This information includes all mandatory fields from the application form. **Failure to complete the form's mandatory fields will result in your application being rejected on the grounds that it is incomplete. All mandatory fields are identified by an asterisk (*).**

Reference number

This is the reference number of your application and you should note this number as you will need it for all subsequent enquiries. If your application is successful, this reference number will stay with the project for its lifetime. The reference number is not filled in by the applicant; it should already be present when the form is downloaded. Please contact the Central Commissioning Facility if your application does not have a reference number.

1. Application

Project Title (Mandatory)

Please provide the title for the project. This should be both clearly descriptive and concise. It should contain keywords relevant to the project.

Contracting NHS Organisation (Mandatory)

Please indicate which NHS organisation would act as the contracting organisation if successful.

Project duration (Mandatory)

Please indicate the expected length of the proposed project in months. Project Grants can be up to 36 months in length.

Total funding requested (Mandatory)

Project grants should be up to 36 months duration with a **total maximum cost of £250k including overheads**. RfPB project grants will also fund pilot studies, feasibility studies, meta-analysis, modelling studies and so forth.

The maximum costs quoted above will exclude any Service Support and Excess Treatment Costs, although these must be detailed in the application finance forms.

2. Lead applicant's details (Mandatory)

Please submit the lead applicant's name, post held, department, project role and percentage of time to be spent on the project.

The lead applicant may be an NHS or university employee; in the latter case, the individual must have an appropriate relationship with the NHS organisation to ensure proper governance and accountability. As a minimum, the lead applicant will need to have an honorary contract with the NHS organisation submitting the application (the honorary contract need not be in place at the time the application is submitted; see section 24 and 26 for further details).

3. Contact details (Mandatory)

Please submit the address and contact details as required; all boxes marked with an asterisk are mandatory. In addition, please provide details of where you heard about the programme.

4. Co-applicants

Please submit the names, addresses and contact details of all co-applicants; up to six may be included. Give an outline of the role each member of the research team will play in the project on a day-to-day basis. The amount of time to be spent working on the project either as a percentage or proportion of a full time equivalent (FTE) can be entered into the finance forms.

5. Scientific summary (Mandatory)

Provide a structured abstract which outlines the background to the research project, the aims of the work; including the question to be addressed by this research, the plan of investigation and the desired outcome including its impact on the NHS and how the results may affect treatment of patients. The abstract should summarise the potential benefits to the patient and the NHS. Please observe the text limits for each section of the abstract.

6. Lay / Plain English summary (Mandatory)

The Department of Health and the National Institute for Health Research support the inclusion of the public in all stages of the research process, including commissioning, and the RfPB programme puts very strong emphasis on the importance of projects that can demonstrate impact for patients. It is essential, therefore, that you make the content of your application and the implications of your research evident to lay members of commissioning boards and reviewers. **Please provide a plain English version of the scientific summary, covering all key points and avoiding all technical terms.**

7. Relevance of the proposed research to the Research for Patient Benefit programme (Mandatory)

Research for Patient Benefit is a responsive mode programme. Topic areas are not specified in advance and applications from a wide range of disciplinary areas, using both quantitative and qualitative methodologies, are welcome. It is particularly important, however, that you set out your reasoning as to why your project merits funding under this particular programme. You may find it helpful to refer back to the aims and scope sections of the guidelines and the criteria. All projects should demonstrate that they are capable of generating outcomes that are likely to be of benefit to those who use the services of the NHS. Whenever relevant, research funded by DH, or through the NIHR, should take account of age, disability, gender, sexual orientation, race, culture and religion in its design, undertaking, and reporting and this aspect of your application should be addressed in your application form. Please also include a statement of why the RfPB Programme is the appropriate source of funding for the proposed research.

8. Delivery across the NHS (Mandatory)

Explain how the findings of the research may be exploited and implemented within the NHS.

9. Aims of the project (Mandatory)

Projects in this programme will vary considerably in their research design; however, this section of the form should be used to indicate the main aims of the project, outlining the research question which the work will address and, where appropriate, the main hypothesis. The answer to this question should make clear how the proposed project will address the research question, including as full details as possible.

10. Background (Mandatory)

Please explain the size and nature of the problem to be addressed. Provide a brief literature review, including, if appropriate, reference to previous work. Demonstrate any relevant links to ongoing policy development and highlight the skills and experience of the applicants that make them well placed to carry out the work.

11. Research plan and methodology (Mandatory)

RfPB wishes to encourage both qualitative and quantitative research designs and recognises that these need to be presented in different ways. In all cases, however, reviewers will expect a clear outline of the overall research design and a strong justification of sampling strategies, methods of data collection and analysis. In some cases, it will be appropriate to include discussion of dissemination and implementation here as well as in response to question 17. The key is that the

reasoning underlying all stages of the project should be transparent. Whatever the nature of the research, it is vital to add as much detail as possible on design and methodology, including justification of sample size, power calculations and sample selection and exclusion criteria where applicable.

If possible, include with your application a copy of any questionnaires that you have prepared to be used as part of your study (these can be uploaded as part of annex 4).

12-14. Public involvement (Mandatory)

It is anticipated that for many, although not all projects, there will be a particularly **significant component of public involvement** and it is important that this is described clearly, using the definitions offered. For further information about active public involvement, please see appendix A, which has been written in close co-operation with INVOLVE. Director's Message 4, which focuses on patient and public involvement in research, can be found on the website (<http://www.nihr-ccf.org.uk/site/programmes/rfpb/director/default.cfm>).

15. Project plan and justification of costs (Mandatory)

The project plan should be separated into distinct packages each of which identifies well-defined milestones. There should also be more information in this section on the role of individual members of the research team and the rationale for their inclusion. There is no need to comment on every item of costs, but there should be comment on major sources of expenditure. In addition, a Gantt chart must be submitted in annex 3.

16. Project management (Mandatory)

The proposal should identify the project management processes that will ensure that milestones are achieved in a timely manner. This should include information pertaining to the schedule of meetings for the project group to permit evaluation of progress and dissemination. Please also highlight the role of any advisory or reference groups associated with the project.

17. Methods of disseminating the findings of the research (Mandatory)

Describe how the outcomes of this research will be publicised in the NHS and wider healthcare community. This could include plans to submit papers to peer reviewed journals but it will be particularly important to identify forms of presentation that will maximise impact on practitioners and service managers.

18. Value for money (Mandatory)

There are two elements to this. First, regardless of whether the case has been made in another section, you should indicate here how this research will benefit the NHS. For example, where appropriate, describe the likely cost savings or benefits in terms of numbers of patients treated, treatment time *etc.* Note that some projects will have included full cost benefit analysis as part of the design; for others, a broad indication of likely benefits is all that is required. Secondly, there is the matter of value for money in the project itself – the choice and roles of team members, ways of recruiting the sample, of administering interventions *etc.* Again, this may have been alluded to in other sections but it is important to address it specifically here.

19. Potential intellectual property issues

Complete this section if there will be any intellectual property produced during the course of this project.

20. Ethical approval (Mandatory)

Research must adhere to the Research Governance Framework. If your application is successful, it will not be able to start until CCF has issued a start certificate, which will not be issued until you have provided evidence of ethical approval.

21. Declaration concerning other applications (Mandatory)

Have you submitted this proposal to RfPB or another funding organisation previously? If yes to the latter, to which organisation and with what result? If no decision has been received, when is one expected? If unsuccessful, please indicate the reason why.

22. Other information and References

Please give details of any advice you have received in preparing your application *e.g.* from a statistician or health economist. If you have had advice from your local R&D Support Unit, please state which one. It will be helpful to indicate whether this advice has been restricted to a single element of the design or has been more wide-ranging.

23. Monitoring information (Mandatory)

Please use the drop-down menus to provide the information requested. This will be used by the Department of Health and the National Institute for Health Research for accountability, audit and monitoring purposes.

24. Application finances (Mandatory)

Please provide a breakdown of costs associated with undertaking the project described **on the spreadsheet provided**. Where an application is a collaboration between a University and Trust, **separate forms must be completed for each type of institution**. If two trusts are collaborating then costs may be submitted on the same form (see appendix C for more information). **The leader finance form must be completed by the NHS partner, as this will be the contracting organisation.**

NHS organisations: 100% of directly incurred costs and the directly allocated costs, not including the estate charges, will be paid. Applicants may include a reasonable project overhead but the sum total of the grant must not exceed £250,000. **The overhead should be entered in the indirect costs section and only covers additional costs incurred as a result of the project.**¹

Directly incurred costs

These are costs that are specific to the project, which will be charged to the project as the amount actually spent and can be supported by an audit record. They comprise:

- Labour costs for all those contributing to the project, including normal salary increments and increased costs arising from salary awards, broken down by individual
- Essential items of equipment (we will not fund individual items of equipment costing more than £5,000 and items over £1,000 should be listed individually) plus maintenance and related costs that are not included as part of estates. These can be rental or purchase costs

- Travel and subsistence
- Consumables specific to the project
- Externally provided specialist services such as laboratory tests, x-rays or work sub-contracted from the contracting organisation
- Other costs specifically attributed to the project

Directly allocated costs

These are the costs of an institution's research resources that will be charged to the project on the basis of estimated use, rather than actual costs. They comprise:

- Investigator's costs, unless directly incurred or non-chargeable
- Costs of pooled staff effort
- Estates costs (HEIs only) which include building and premises costs, basic services and utilities, lease/rent/rates, insurance, cleaning/portering/security/safety, staff facilities, any clerical staff and equipment maintenance not included as directly incurred costs
- Usage costs of major research facilities
- Central and distributed computing
- Charge out rates for shared equipment

Indirect costs

Indirect costs will be charged in proportion to the amount of research staff effort requested on the grant. Institutions will calculate them, using their own cost rates. They comprise:

- General office and basic laboratory consumables
- Library services/learning resources
- Typing/secretarial
- Finance, personnel, public relations and departmental services
- Central and distributed computing if not directly allocated
- Cost of capital employed

Universities and Higher Education Institutions (HEIs): should determine the Full Economic Cost (FEC) of their research using the Transparent Approach to Costing (TRAC) methodology. Universities and HEIs should outline the full economic cost of undertaking the research. For universities and HEIs, 80% of FECs will be paid, provided that TRAC methodology has been used. **Itemisation of costs and methods of calculation may be requested to support the application at a later date.**

¹ Our expectation is that RfPB applications will come from NHS organisations and that the NHS organisations will be the lead for each project. DH will contract with the NHS organisation and the money will be paid to the NHS. However, we expect that all applications will have appropriate academic input.

For any element of the grant which is to be paid by the NHS organisations to an HEI, the indirect costs should be calculated by TRAC methodology.

The total costs (NHS + institutional costs) + (University + FEC) must be less than £250k (excluding any Service Support and Excess Treatment Costs). Service Support Costs will be paid through whatever arrangements are in place at the time (an organisation in receipt of R&D Transitional funding would be expected to meet the Service Support Costs of any RfPB project it is hosting).

A representative of the NHS host organisation must sign off the application form. The "Declarations and signatures" page is intended to ensure that the NHS host organisation is satisfied that all costs in the application are correct, including any element to be passed on to a university.

The information entered here should provide an analysis of the total funds requested based on current prices. These costings will be used to assess value for money. Total grant value, including annual inflationary up-lift(s), should be included. Inflationary increases during the course of the project should be estimated on the form and allowance for incremental increases should also be included.

Guidance on NHS Support Costs and Treatment Costs (including Excess Treatment Costs)

The finance form for the RfPB application includes a section that asks researchers to provide an estimate of the patient care costs associated with the research. An explanation of why these costs are being incurred and the basis on which the estimations have been made should be included in the application form under 'Justification of the support requested'.

The Regional Funding Committees will take NHS Support Costs and Treatment Costs into account when considering the value for money of a research proposal. It is important that you consider these costs and discuss them with the NHS organisation(s) involved in order to avoid any delay in commencing the research.

For the RfPB Programme the Department of Health (the research funder) pays the costs of the research itself. The NHS pays the associated patient care costs (NHS Support and Treatment Costs).

NHS Support Costs should be met from Transitional R&D Funding or *Ad hoc* R&D Funding. From 1st April 2007 NHS support costs will be increasingly be paid via the Comprehensive Research Network, which will be fully operational within two years.

Treatment Costs, including any Excess Treatment Costs, will be met through normal patient care commissioning arrangements.

NHS Support Costs: These are the additional patient care costs associated with the research, which would end once the R&D activity in question had stopped, even if the patient care service involved continued to be provided. These might cover items such as extra patient tests, extra in-patient days and extra nursing attention.

Treatment Costs: These are the patient care costs that would continue to be incurred if the patient care service in question continued to be provided after the R&D activity had stopped. Where patient care is being provided which differs from the normal, standard, treatment for that condition (either an experimental treatment or a service in a different location from where it would normally be given), the difference between the total Treatment Costs and the costs of the "usual standard care" (if any) constitutes Excess Treatment Cost, but is nonetheless part of the Treatment Cost, not an NHS Support or Research Cost.

For further information, please see:

HSG(97)32: Responsibilities for meeting patient care costs associated with research and development in the NHS

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH_4018353

EL(97)77: Meeting patient care costs associated with research and development in the NHS detailed guidance

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Executiveletters/DH_4017752

Attributing revenue costs of externally funded non-commercial research in the NHS (ARCO)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4125280

25. Suggestion of peer reviewers

Please suggest three potential peer reviewers who have the relevant expertise to provide appropriate peer review for your application. These reviewers should be independent and have no conflict of interest with respect to your application. Applicants' suggestions are only one source of peer reviewers; they may not be approached to review your application.

26. Declarations and signatures (Mandatory)

Applicants are expected, before submitting applications, to have discussed their proposals with their own or any other body whose co-operation will be required in the conduct of the research. The declarations and signatures form which is associated with the application form must be signed by an administrative or finance officer for the host (contracting) institution to confirm that the financial details of the application are correct and that the host institution will agree to administer the award if made. **This section must be completed by the NHS partner, as this will be the contracting organisation.** This declarations form should be printed, signed by the relevant authority and returned by post to the Central Commissioning Facility at the address below. **Please do not send completed applications by post.**

**NIHR-CCF
PO Box 407
Teddington
TW11 0XX**

Failure to submit your correctly completed declarations and signatures form by the deadline will result in your application being rejected on the grounds that it is incomplete.

27. Other information to be submitted with the application form (mandatory documents are marked with an asterisk):

- **The application finance forms***
- **Annex 1***: Should consist of a one-page Curriculum Vitae from each applicant
- **Annex 2***: Should include a list of current grants held by the applicants (1 page), a list of current research commitments (1 page) and a list of the applicants' publications specifically related to this application (1 page)
- **Annex 3***: Gantt chart indicating a schedule for the completion of work packages
- **Annex 4***: Supporting documentation including diagrams, pictures, questionnaires and letters of support (file size should not exceed 5Mb). The main application can cross-refer to any material here, but care should be taken that application is as full as possible in its own right

Annexes are not downloaded from the website. Annexes 1-4 should be files generated by the applicant and named as follows: annex1_filename; annex2_filename *etc.* For example, annex 1 for application PB-PG-0808-10001 should be named 'annex1_PB-PG-0808-10001'.

Please refer to Appendix C for instructions on how to download and name the finance forms.

For each annex, you will be permitted to upload one file; therefore, if you have multiple documents they must be combined into one file for upload. Files with the following extension will be accepted: .xls .doc .ppt .pdf and .mpp

For further information please visit our FAQ section of the website

<http://www.nihr-ccf.org.uk/site/programmes/rfpb/>

8. The R&D contract

Once your application has been considered, the CCF will provide feedback to research applicants as directed by the Regional Funding Committees. Successful research projects are expected to commence within six months of notification of funding. Offers of funding may be withdrawn in circumstances where projects do not commence by the time agreed in the R&D contract.

Successful applicants will be given a contract by the Department of Health. The contract will be between the Department of Health and the NHS host institution. The contract will be managed by the CCF.

The Department of Health reserves the right to negotiate the price it is prepared to pay for the work based on the cost of the application and its operating constraints. The Department of Health will expect the day-to-day running of your grant (including employment of staff and purchase of equipment and consumables) to be handled by the contractor through a project leader. Payment will normally be made quarterly, in arrears.

All research commissioned by the Department of Health or through the National Institute for Health Research is subject to the standard R&D contract. **By submitting your application, you accept the terms and conditions of the standard contract and are agreeing to be bound by them in the event of an offer of funding.**

If you wish to view a copy of the standard contract please visit our website at:

<http://www.nihr-ccf.org.uk>

9. NIHR Faculty

If this application is successful, the individuals named in the Full Application Finance Form (and who are either NHS or university employees), will become members of NIHR Faculty for as long as their salaries are supported by the RfPB Programme award. This is in recognition of their success in demonstrating that they are engaged in high quality research relevant to NIHR and/or NHS policy concerns.

NIHR Investigators, as members of NIHR Faculty, are expected, *via* the National Coordinating Centre through which their research activities are funded, to advise the

Director of NIHR on research issues within their expertise. This may take the form of serving on review panels or carrying out peer review. We would not normally expect to require more than four peer reviews or serving on two panels a year.

Further information on the NIHR Faculty is available at:

<http://www.nihr.ac.uk/faculty.aspx>

10. Complaints

As with any funding body, decisions will be based on the committee's interpretation of information provided on the application form and by peer reviewers. It may also reflect the committee's judgement on the relative priority of a particular application in the event of limited resources. Any complaint that the decision has not been reached in accordance with published RFPB guidance (including Directors' messages and FAQs) or that there was some other irregularity in the decision making process should be referred to the CCF in the first instance.

Appendices

- A. Further information about INVOLVE and active public involvement
- B. Glossary
- C. Using the website

For general enquiries
call 0208 943 8990 or
email rfpb@nihr-ccf.org.uk
or visit <http://www.nihr-ccf.org.uk>

APPENDIX A

INVOLVE

Promoting public involvement
in NHS, public health and
social care research

INVOLVE is a national group that advises on public involvement in NHS, social care and public health research and development. INVOLVE was established in 1996, is funded by the Department of Health and is a programme of the National Institute for Health Research.

INVOLVE aims to ensure that public involvement improves the way that:

- Decisions are made about what should be a priority for research
- Research is commissioned (chosen and funded)
- Research is designed and carried out
- Research findings are communicated

INVOLVE believe that involving members of the public leads to research that is:

- More relevant to people's needs and concerns
- More reliable
- More likely to be used

If research reflects the needs and views of the public, it is more likely to produce results that can be used to improve health and social care services.

Public involvement

INVOLVE use the term '**public**' to include:

- Patients and potential patients
- People who use health and social care services
- Informal (unpaid) carers, parents and guardians
- Disabled people
- Organisations and communities that represent the interests of people who use health and social care services
- Members of the public and communities who are potential recipients of health promotion programmes and social service interventions

The term 'the public' also embraces the rich diversity of people in our multi-cultural society whether defined by age, colour, race, ethnicity or nationality, disability, gender or sexuality who may have different needs and concerns.

By **'involvement'** in research INVOLVE mean:

An active partnership between the public and researchers in the research process. Active involvement may take the form of consultation, collaboration or user control. Many people define public involvement in research as doing research 'with' or 'by' the public, rather than 'to', 'about' or 'for' the public. This would include, for example, public involvement in prioritising research, advising on a research project, assisting in the design of a project, or in carrying out the research.

Ways members of the public can be involved in research

Consultation

Consultation involves asking members of the public for their views about research, and then using those views to inform decision-making. This consultation can be about any aspect of the research process - from identifying topics for research, through to thinking about the implications of the research findings. Having a better understanding of people's views should lead to better decisions.

Collaboration

Collaboration involves active, on-going partnership with members of the public in the research process. For example, members of the public might take part in an advisory group for a research project, or collaborate with researchers to design, undertake and/or disseminate the results of a research project.

User controlled research/user led research

User controlled research is research that is actively controlled, directed and managed by service users and their service user organisations. Service users decide on the issues and questions to be looked at, as well as the way the research is designed, planned and written up. The service users will run the research advisory or steering group and may also decide to carry out the research.

Some service users make no distinction between the term user controlled and user led research, others feel that user led research has a different vaguer meaning.

They see user led research as research which is meant to be led and shaped by service users but is not necessarily controlled by them. Control in user led research in this case will rest with some other group of non-service users who also have an interest in the research, such as the commissioners of the research, the researchers or people who provide services.

Reference: Beresford Peter and Turner Michael (2005) User Controlled Research: Its meanings and potential. Shaping Our Lives and the Centre for Citizen Participation, Brunel University. Commissioned by INVOLVE.

INVOLVE produces a range of publications which are free and can be downloaded from the website www.invo.org.uk or contact INVOLVE if you would like a copy sent to you. INVOLVE also have a research database which has examples of involving the public in research www.invo.org.uk/Database.asp.

For further information on active public involvement in the research process see:

INVOLVE (2006) Public involvement in research grant applications: guidelines for researchers. INVOLVE Support Unit.

Hanley B and others (2004) Involving the public in NHS, public health and social care research: Briefing notes for researchers. INVOLVE Support Unit.

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APPENDIX B**Glossary**

- CCF: Central Commissioning Facility – part of the NIHR set up to commission research on its behalf
- FEC: Full economic cost
- FTE: Full time equivalent
- HEI: Higher Education Institution
- INVOLVE: is a national advisory Group, funded by the Department of Health or through the National Institute for Health Research, which aims to promote and support active public involvement in NHS, public health and social care research
- NRR: National Research Register - an online source which hosts information about all research projects funded by the Department of Health or through the National Institute for Health Research
- NIHR: National Institute for Health Research
- RDSU: Research and Development Support Unit
- RfPB: Research for Patient Benefit
- RFC: Regional Funding Committee
- ROI: Registration of intention (to submit an application)
- TRAC: Transparent approach to costing

APPENDIX C

Using the website

Submitting an ROI

When submitting an application, the first stage is the completion of a registration of intention (ROI) to submit. The deadlines for submission of an ROI are available from the website. **If you do not submit an ROI you will not be able to submit an application.**

The Application form

Downloading and uploading your application

The application process for the RfPB programme is an electronic application process which will be managed through the NIHR Central Commissioning Facility website. You will be asked to download the application and finance form, you can then complete them offline and upload your completed forms through the website.

Downloading your forms

Please ensure that the forms are downloaded and uploaded using the registration of the lead applicant. If you are a co-applicant or PA of the lead applicant, please register in the lead applicant's name or you will be assigned as the lead applicant on this application.

- Log in to the CCF website at <http://www.nihr-ccf.org.uk/extranet/> with your username and password
- Click on the "RfPB" link in the left hand menu
- Click on the "Download and submit" link in the left hand menu
- Click on the "Download Application Forms" button
- Click on the "Begin Download" button
- Click the "Download" button and confirm your download, saving the application form to your local drive
- Click the "Download" button and confirm your download, saving the finance form to your local drive

There is no standard format for Annex 1-4 and therefore no annex files to download. The annexes should be free form and include the supporting documentations as outlined above (see page 10). If you require multiple finance forms, please save a copy of the finance form and rename it.

For example, you will download a form called:

Finform_XXXXXX_PB-PG-0808-10001 - You should re-name this file:

Finform_leader_PB-PG-0808-10001 - You should then save a copy and rename it:

Finform_part01_PB-PG-0808-10001

Your reference number

This is the reference number of your application and you should note this number as you will need it for all subsequent enquiries. If your application is successful, this reference number will stay with the project for its lifetime.

The reference number is not filled in by the applicant; it should already be present when the form is downloaded. Please contact the Central Commissioning Facility if your application does not have a reference number.

Uploading your application forms

After completing your application, please log in to the website at <http://www.nihr-ccf.org.uk/extranet/>

- Click on the “RfPB” link in the left hand menu
- Click on the “Download and submit” link in the left hand menu
- Click on the “Submit Application Forms” button
- Click on the “Begin Submit” button. You will be given the option to submit all the mandatory files and one optional file, each file is submitted sequentially
- You must click the “Submit” buttons individually for each file and use the browse button to locate the file on your local network/drive
- You will then be asked to confirm your submission
- Please note that your application form is numbered with your reference number. **The document you upload must have the same file name as that downloaded from the website.** Failure to submit a file with the same name will result in the upload being rejected
- The finance form template must be named correctly and submitted for the lead institution (*e.g.* finform_leader_PB-PG-0808-10001). Further copies should be renamed and submitted for each partner institution (*e.g.* finform_part01_PB-PG-0808-10001). Please note, a partner finance form should be submitted for each partner; however, if more than one trust are collaborating, costs for both may be submitted on the same form (similarly for universities).
- Additional annexes will be appended with your file name; for example, annexes 1 and 2 for file PB-PG-0808-10001 should be named as follows: annex1_PB-PG-0808-10001, annex2_PB-PG-0808-10001, respectively. Note the 10001 is the variable part of the file name therefore your file number may not be 10001.
- Once you have uploaded all the required files you will see a green tick appear on the submission page. A confirm application submission button will also appear. **You must click this “confirm application submission” button for your application to be submitted into the competition. Failure to do so will result in your application not being submitted.**

On completion of your submission you will receive an email thanking you for your submission. Please keep this email as proof of submission. **If you do not receive this email within 24 hours of completing the submission, please contact the CCF.**

Please note that during busy periods such as close to a competition deadline it will take slightly longer to upload your application. During this time our helpline will be receiving a very high volume of calls. We therefore advise that you do not leave your submission until the last 24 hours of the competition.

Common issues when uploading:

- Please note that if you wish to upload a file, you must have the associated software on your PC to open that file. For example, to upload an .xls file you must have excel on your PC
- Please ensure that the file you are trying to upload is closed otherwise you will get an error message and the file will not upload properly
- If you have uploaded the wrong version of the document, you can overwrite it by uploading the correct document again. You will be permitted to overwrite

the documents up until you press the “Confirm Application Submission” button or until the submission deadline.

- If you encounter problems when uploading the forms this may be because of the Internet browser you are using. Some applicants that use Firefox have encountered problems when uploading the finance form. If this occurs please try with Internet Explorer or Netscape; alternately contact the CCF helpline for assistance.