



RESEARCH FOR INNOVATION, SPECULATION AND CREATIVITY (RISC)

GUIDANCE FOR APPLICANTS: RISC COMPETITION 3

RISC is one of a series of programmes located within the National Institute for Health Research (NIHR). 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. As a responsive rather than a commissioning programme, RISC 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.

1. AIMS AND SCOPE OF THE RISC PROGRAMME

The RISC programme will support potentially paradigm-changing projects in Health Services and Public Health Research. **The aim is to fund new and radical ideas for health research** that have potential for high impact but which are unlikely to fair well in traditional peer review processes.

The RISC programme is complementary to the Research for Patient Benefit (RfPB) programme as it provides a response-mode funding stream for applications that are too speculative for RfPB.

NIHR programmes apply the Frascati definition of applied research¹; *i.e.* that applied research is original investigation undertaken in order to acquire new knowledge, which is directed primarily towards a specific practical aim or objective.

The Programme will **not** fund:

- Research which is solely laboratory-based or research which is considered to be basic science, including research based on animals;
- setting up or maintaining research units;

¹ *Frascati Manual 2002*: Proposed Standard Practice for Surveys of Research and Experimental Development, OECD, Paris, 2002

- 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: literature reviews, audit, surveys, needs assessments, technology development (although these elements may be part of an integrated research study);
- Proposals that are “fishing expeditions”, while these may fit the RISC scope in that they have a slim success probability and would provide huge public benefit if successful, we do not wish to encourage proposals which do not provide a clear evidence base for the research question.

2. ELIGIBILITY

All researchers based in the NHS in England will be eligible to apply. Successful proposals are likely to involve a partnership between those delivering the service and relevant academic staff. **Funding contracts will only be placed with NHS organisations, but the NHS host organisation may then pass funding on to its research partner(s).**

It is possible that the academic partner could be a university outside England, if an appropriate case is made in the application. We would expect the application to make a strong case that the chosen academic partner was the organisation best placed to provide academic input to the planned research.

3. PROGRAMME STRUCTURE, TIMETABLE AND PROCEDURES

All applications are to be submitted electronically through the NIHR Central Commissioning Facility (CCF), which manages the application process and provides a point of contact for queries. Any enquiries should be directed to Dr Julian Hughes at NIHR CCF: julian.hughes@nihr-ccf.org.uk or 020 8943 8450.

In order to submit an application to RISC, you must firstly register with the NIHR CCF website at <http://www.nihr-ccf.org.uk/site/registration>. Once registered, you will be able to download your application form. After the competition launch date, on Thursday 4th June 2009, you will have ~8 weeks to complete your application before the application submission window closes at **4:00pm on Tuesday 4th August 2009** (see competition timetable).

There is then a period of one week in which the Declarations and signatures form must be completed and returned by post to the NIHR CCF (further details in section 6). The deadline for submission of the declarations and signatures form is 4:00pm on Tuesday 11th August 2009.

COMPETITION TIMETABLE: Important dates for RISC competition 3

Competition launch	4 th June 2009
Application deadline	4:00pm 4 th August 2009
Declarations and signatures form deadline	4:00pm 11 th August 2009

4. CRITERIA FOR FUNDING

A maximum grant of £200,000 will be awarded and projects can be up to 18 months in length.

Applications will be judged on the quality of the research proposed and on its significance and potential benefit to the NHS. Feasibility of practical application, as well as likely health benefit and value for money should be outlined. **The methodology and design must be appropriate and robust.**

All proposals must:

- Set out a clearly stated hypothesis and approach, **with particular attention to the research design and methodology**;
- Describe the potential impact of the project;
- Demonstrate an understanding of the risks and confirm that the proposed work has not been undertaken elsewhere;
- Contain a clear statement of objectives and a demonstration that the design of the project is appropriate to meet those objectives;
- Indicate that the research team is fully aware of relevant literature and any ongoing studies on the topic;
- 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;
- 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 including costs for supporting patient and public involvement, demonstrating that the objectives are achievable within the resources and timescales proposed and justifying the time inputs of members of the research team.

As a condition of funding, all researchers will be required to submit an 'end-of-grant' report that will be collated into a publicly available report (one of the main benefits of the RISC awards will be the negative results – that is those potentially paradigm-changing ideas that proved to be unsuccessful).

Resubmission of unsuccessful applications from previous RISC competitions: Although we do not prohibit the submission of proposals which were submitted unsuccessfully in previous application rounds, applicants should recognise that the original proposals were judged to be uncompetitive

in that round, or significantly flawed, and are therefore likely to need substantive modification to have a realistic chance of being funded in future competitions. Previously unsuccessful applicants should therefore pay particularly close attention to the generic feedback provided on previous rounds of applications (and to any specific feedback provided on their individual proposal), before making a realistic assessment of their ability to develop a competitive application for the current RISC competition.

5. THE ROLE OF THE NIHR RESEARCH DESIGN SERVICES (RDS)

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 through the new NIHR Research Design Services (RDS).

NIHR RDSs are funded by the NIHR to provide consultative advice on research methodology and protocol development. A complete list of RDSs and contact information can be found on the NIHR CCF website: <http://www.nihr-ccf.org.uk/site/programmes/rds/default.cfm>.

6. GUIDANCE ON COMPLETING THE APPLICATION FORM

This guidance document should be read in conjunction with the RISC competition 3 application form and is designed to help you to provide all the information that is required. Where text limits are indicated in the application form, please do not exceed these, as this will result in your application not being accepted. Please note the maximum text limits include spaces and other non-printing characters. Continuation of text is not permitted, and applicants should note that any extra pages will be removed upon receipt and therefore not assessed. The application form should be completed using a font size no smaller than 10 (Arial).

All RISC competition 3 applications are to be submitted electronically through the National Institute for Health Research Central Commissioning Facility (NIHR CCF). In order for your application to be accepted you must submit all the required information. All mandatory sections of the application form are marked with an asterisk. **Please ensure that you complete all mandatory sections appropriately.** Failure to complete all mandatory sections of the application form will result in rejection of the application.

Obtaining your application form:

In order to complete an application to the RISC programme, please register with the NIHR CCF website. The registration page can be found at: <http://www.nihr-ccf.org.uk/site/registration/>

Once registered, you can login to the extranet at <https://www.nihr-ccf.org.uk/extranet> and click on “RISC” in the menu on the left hand side of the screen. You will be directed on how to download and submit your application forms from here. **Please see Appendix B for more details.**

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 in the footer of the application form when it is downloaded. Please contact the NIHR CCF if your application does not have a reference number.

1. Application (Mandatory)

Project Title (Mandatory)

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

Project duration (Mandatory)

Please indicate the expected length of the proposed project in months. Project grants can be up to 18 months in length.

Total funding requested (Mandatory)

Project grants should have a **total maximum cost of £200,000 including overheads**, but excluding any Service Support and Excess Treatment Costs. Please use the associated finance form to provide a full description of costs (see section 13 for further information).

2. Lead applicant's details (Mandatory)

Please submit name, post held, department, project role and the contracting NHS organisation.

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).

Contracting NHS Organisation (Mandatory)

Please indicate which NHS organisation would act as the contracting organisation if successful. **Funding contracts will only be placed with NHS organisations, but the NHS host organisation may then pass funding on to its research partner(s).**

3. Contact details

Please submit appropriate contact details so that you can be informed of your progress through the application process. **Please complete all mandatory fields in this section.**

Strategic Health Authority Area (Mandatory)

Please indicate, using the drop down menu, the Strategic Health Authority Area that oversees the proposed contracting NHS organisation. This is for monitoring purposes.

4. Co-applicants' details

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.

5. Proposal (Mandatory)

Please use the headings on the form to describe your proposal.

Background (Mandatory)

Please explain the size and nature of the problem to be addressed; and where appropriate provide a brief literature review or reference to previous work. Please outline the skills and experience of the applicants that make them well placed to carry out the work.

Aims(Mandatory)

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 explain how the proposed project will address the research question.

Research plan and methodology (Mandatory)

The RISC programme will expect a clear outline of the overall research design, 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.

Please provide detailed information on the study design, including, where applicable, justification of sample size and power calculation and sample selection and exclusion criteria.

Implications for the NHS (Mandatory)

Please explain how the findings of the paradigm changing research may impact on the NHS and provide value for money.

Relevance of the proposed research to the RISC programme (Mandatory)

RISC is a response-mode programme. Topic areas are not specified in advance and applications from a wide range of disciplinary areas are welcome. It is particularly important, however, that you **set out your reasoning as to why your project merits funding under the RISC programme and why this application could not receive support from other programmes**. You may find it helpful to refer to the aims and scope sections of the guidance (section 1) and the criteria for funding (section 4).

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 Department of Health, or through the NIHR, should take account of age, disability, gender, sexual orientation, race, culture and religion in its design, undertaking and reporting then this aspect of your application should be addressed in your application form.

6. Proposed level and nature of public involvement (Mandatory)

It is anticipated that for many, although not all projects, there will be a component of public involvement. For further information about active public involvement, please see appendix A, which has been written in close co-operation with INVOLVE.

Additional information on patient / public involvement

Please include a more detailed description of the plan for public involvement in your research project.

7. Lay / Plain English summary (Mandatory)

The Department of Health supports the inclusion of the public in all stages of the research process, including commissioning. 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. Therefore, **please outline the background, aims of the research and the desired impact on the NHS in lay terms**. Please aim to provide a summary of between 500 - 2500 characters.

8. Intellectual property

Please indicate if there will be any intellectual property produced during the course of this project and if so, please indicate how this intellectual property will be managed.

9. Ethical approval (Mandatory)

Research must adhere to the Research Governance Framework (RGF). For details of the RGF please visit the Department of Health website: <http://www.dh.gov.uk/en/Researchanddevelopment/A-Z/Researchgovernance/index.htm>.

If your application is successful, grant payments will not be made until NIHR CCF has issued a start certificate and this will not be issued until you have provided evidence of ethical approval.

10. Declaration concerning other applications (Mandatory)

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

11. References

Please provide references which have been cited in your application. These should be listed in the Vancouver format.

12. Monitoring information (Mandatory)

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

How to Assign Health Categories

The strategic aim of coding is to capture the main health focus of the research taking place during the lifetime of the award and not the background or future potential downstream applications of the research (often referred to in the first or last sentence of the abstract). Diseases or conditions that may be listed within the background information or are listed as 'being relevant' to the study under investigation should not be included in the coding.

Use the minimum number of codes to reflect the main focus of the research. A maximum of five categories can be applied if a number of different areas of health or disease are included in the study. These should be equally apportioned unless clearly stated otherwise in the abstract e.g. two categories should be apportioned 50% each, three categories 33.3% each etc.

The Generic Health Relevance category should be used in cases where the research is directly applicable to more than five categories. If the main focus of the research is directed at several specified diseases and also has implications for many other conditions, the appropriate specific categories should be used as well as applying the generic category.

Health Categories should not be assigned to reflect mechanisms of pathogenesis or the site of a disease. **Choose the Health Category associated with the purpose of the investigation or the overarching main disease.** Many diseases and conditions share characteristics of more than

one area of health (e.g. asthma is a respiratory disease and is also an autoimmune disease) and research may focus on a particular organ affected by a disease (e.g. pulmonary hypertension). However to ensure accurate and consistent coding it is important to follow the specific inclusion criteria listed in the Health Categories.

e.g. asthma is coded as 100% **Respiratory** and should not be coded to **Inflammatory and Immune**.

e.g. pulmonary hypertension is classified 100% **Cardiovascular** and not **Respiratory**.

How to Assign Research Activity Codes

The aim of coding using the Research Activity Codes is to capture the main objective of the research taking place during the lifetime of the award and not the background or future potential downstream applications of the research (often referred to in the first or last sentence of the abstract).

Always assign one of the 48 codes e.g. 1.1 Normal - never one of the 8 top-level code groups e.g. 1 Underpinning - and use the minimum number of codes to reflect the main focus of the research.

Use a maximum of 2 codes unless coding a large programme of research, in which case up to 4 codes can be used. If a programme has many diverse aims, use a resources and infrastructure code to cover these.

The most accurate and reproducible approach to assigning Research Activity Codes is to:

- first establish the main aim or aims of the research;
- match each of these aims with the relevant main overarching code group and then;
- select the appropriate code within the chosen main code group that best reflects the aim of the research taking place.

13. Application finances (Mandatory)

Please provide a breakdown of costs associated with undertaking the project described on the spreadsheet provided. Funding contracts will only be placed with NHS organisations, but the NHS host organisation may then pass funding on to its research partner(s). **Therefore the lead institution finance form should be from the contracting NHS organisation.**

NHS organisations: Up to 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 £200,000. **The overhead should be entered in the indirect costs section and only covers additional costs incurred as a result of the project.**

Higher Education Institutions (HEIs)²: 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, up to 80% of FECs will be paid, provided that TRAC methodology has been used.

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 (items over £3000 should be listed individually) plus maintenance and related costs that are not included as part of estates. These can be rented 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 out from the research group.
- 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, 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

² Our expectation is that RISC applications will come from an NHS organisation, which the NHS Organisations will be the lead for each project and that 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 £200k (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 cost of any RISC 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.

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

Itemisation of costs and methods of calculation may be requested to support the application at a later date.

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. Do not include estimated up-lift(s) for inflation (inflation will be calculated annually and adjustments made to the payments schedule). The Department of Health will meet costs of nationally or locally agreed pay increases (but not re-grading). Inflationary increases during the course of the project should not be estimated on the form; but do include allowance for incremental increases.

RISC Guidance on NHS Support Costs and Treatment Costs (inc. Excess Treatment Costs)

The finance form in the RISC application form 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.

The Funding Committee 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 RISC 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 1 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

14. Declarations and signatures

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 contracting (host) NHS institution** to confirm that the financial details of the application are correct and that the contracting institution will agree to administer the award, if made. Funding contracts will only be placed with NHS organisations, but the NHS host organisation may then pass funding on to its research partner(s). This form should be printed, signed by the relevant authority and returned by post to the NIHR CCF at the following address.

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

Applications will not be accepted unless accompanied by the declarations and signatures form. The declarations and signatures form must be submitted within one week of the application deadline, by 4:00pm on Tuesday 11th August 2009, as indicated in the competition timetable above.

15. Supporting information:

- **The application finance form (Mandatory)**
- **Annex 1 (Mandatory):** Should consist of one-page Curriculum Vitae from each applicant, presented in one document, starting with lead applicant's CV.
- **Annex 2 (Mandatory):** 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' references specifically related to this application (1 page).
- **Annex 3 (Mandatory):** Gantt chart or other diagram indicating a schedule for the completion of work packages within the project plan.
- **Annex 4 (Optional):** Supporting documentation including diagrams, pictures and list of letters of support (do not include letters as a part of annex). File size should not exceed 5Mb and be less than 10 pages.

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. So, for example, annex 1 for application RC-PG-0308-10001 should be named annex1_RC-PG-0308-10001. For annexes 1, 2 and 3 you will only be permitted to upload one file; for annex 4, multiple file uploads are allowed – these should take the naming convention annex4_Part01_RC-PG-0308-10001.doc, annex4_Part02_RC-PG-0308-10001.xls, etc. Files with the following extension will be accepted - .xls .doc .ppt .pdf. Use footers in annexes; include application number and page numbers in footer (page numbers in the format page x of y).

7. THE R&D CONTRACT

Once your application has been considered, the NIHR CCF will provide feedback to research applicants as directed by the Funding Committee. Successful research projects are expected to commence within six months of notification of funding (subject to ethical approval). 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 host NHS institution. The contract will be managed by the NIHR 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 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. To view a copy of the standard R&D contract please visit: http://www.nihr-ccf.org.uk/site/docdatabase/standard_docs/NHS%20Trust%20Contract.pdf

8. SUBMISSION DEADLINE

The deadline for receipt of applications is **4:00pm on Tuesday 4th August 2009**. No applications can be accepted after this deadline.

The NIHR CCF website can be busy on the closing day for applications. **We strongly advise that you submit your application more than 24 hours before the application deadline.** Once the 4:00pm deadline is passed, the system is shut down automatically and Programme Managers at NIHR CCF are unable to re-open it. If you do not submit in time, we will be unable to consider your application for funding. If you are experiencing any technical difficulties uploading, please let us know immediately, and in good time before 4:00pm on the closing date.

A hard copy of the application is not required.

9. FURTHER INFORMATION

Any enquiries should be directed to Dr Julian Hughes at the NIHR CCF: julian.hughes@nihr-ccf.org.uk or 020 8943 8450. Answers to frequently asked questions will be published, and updated regularly, on the RISC section of the NIHR CCF extranet.

General information on the RISC Programme is available at: <http://www.nihr-ccf.org.uk/site/programmes/risc/default.cfm>

INVOLVE

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

INVOLVE is a national advisory group funded by the National Institute for Health Research, which aims to promote and support active public involvement in NHS, public health and social care research.

INVOLVE was established to promote public involvement in research, in order to improve the way that research is prioritised, commissioned, undertaken, communicated and used. INVOLVE believe that the active involvement of the public in the research process leads to research that is more relevant to people and is more likely to be used. Research which reflects the needs and views of the public is more likely to produce results that can be used to improve practice in health and social care. INVOLVE uses the term members of the public (or public) to cover:

INVOLVE uses the term members of the public (or public) to cover:

- patients and potential patients;
- people who use health and social care services
- informal (unpaid) carers
- parents/guardians
- disabled people
- members of the public who are potential recipients of health promotion programmes, public health programmes, and social service interventions
- groups asking for research because they believe they have been exposed to potentially harmful substances or products (e.g. pesticides or asbestos)
- organisations that represent people who use services

Other organisations have different definitions of this term.

Involvement in research refers to **active** involvement between people who use services, carers and researchers, rather than the use of people as participants in research (or as research 'subjects'). Many people describe involvement as doing research *with* or *by* people who use services rather than *to*, *about* or *for* them.

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.

Ref: Turner M and Beresford P (2005) User Controlled Research, Its meanings and potential, 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:

Public involvement in research grant applications: guidelines for researchers. INVOLVE (available from end of August 2006).

Hanley B *et al.* (2004) Involving the public in NHS, public health and social care research: Briefing notes for researchers (second edition) INVOLVE.

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USING THE NIHR CCF WEBSITE

1. *Downloading and uploading your application*

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

2. *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.

- Login to the NIHR CCF website at <http://www.nihr-ccf.org.uk/extranet/> with your username and password.
- Click on the "RISC" link in the left hand menu.
- Click on the "Apply" link in the left hand menu or
- Click on the "Apply" button at the bottom of the page.
- Enter your project title and click the "new project" button.
- Click on the "Download application forms" button.
- Click on the "Begin download" button.
- Click on the "Download" button.
- Click on the "Confirm download" button.
- Click the "Save" button and save the application form to your local drive.
- The finance form should be saved in the same way.

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 in Section 15. 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_RC-PG-0308-10001. You should re-name this file Finform_Part01_RC-PG-0308-10001 you should then save a copy and rename it Finform_Part02_RC-PG-0308-10001 and so on.

3. *Your reference number*

Your application will be allocated an individual **NIHR CCF 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 in the footer of the application form when it is downloaded. Please contact the NIHR CCF if your application does not have a reference number.

4. Uploading your application forms

To submit your RISC application and finance forms you must upload them onto the NIHR CCF website.

- After completing your application, please login to the website at <http://www.nihr-ccf.org.uk/extranet/>
- Click on the “RISC” link in the left hand menu.
- Click on the “Download and submit” link in the left hand menu.
- Click on the “Begin submit” button. You will be given the option to submit all the mandatory files and any optional files, 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 application form you submit must have the same file name as that downloaded from the website**, or the upload will be rejected.
- The finance form template must be named correctly and submitted for the Lead Applicant, for example, finform_leader_RC-PG-0308-10001.
- Further copies should be renamed and submitted for each partner applicant, for example, finform_part01_RC-PG-0308-10001. Please note, a partner finance form should be submitted for each partner.
- Additional annexes will be appended with your file name, for example the file RC-PG-0308-10001 should have annexes named as follows annex1_RC-PG-0308-10001, annex2_RC-PG-0308-10001 etc. Please note that the 10001 is the variable part of the file name and therefore your file number may not end 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 NIHR CCF.

Please note that during busy periods, close to a competition deadline, it will take slightly longer to upload your application. During this time our helpline will also be receiving a very high volume of calls. **We therefore advise that you submit your application more than 24 hours before the application deadline.**

5. Common problems 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.
- Please ensure that the file you are trying to upload is closed otherwise you will get an error message.
- 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 are having trouble uploading your finance form, then the issue may be with the internet browser you are using. **We recommend that you use Internet Explorer.**