

NIHR Research Design Service South East

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Research Design Services Role extends to all funding programmes

Originally the ten NIHR Research Design Services had a remit to support applicants to the NIHR Research for Patient Benefit programme (RfPB). This locally managed research funding scheme has funded many projects contributing to high quality healthcare in the South East region. (See some examples on page 5)

But success of the service has prompted the NIHR to extend research design support to all of its funding programmes.

'The formal extension to all NIHR programmes is very gratifying,' says RDS SE Director, Professor Valerie Hall. 'Since the RDS SE started, we have advised on over 520 projects and each year, the number

grows. While the majority of our work is supporting applications to the Research for Patient Benefit funding programme, we are also seeing more people applying to the other NIHR programmes.

Professor Hall reports that, 'NIHR programmes cover most aspects of healthcare research and a variety of pathways to becoming a funded researcher. The RDS SE will support applicants to all NIHR programmes and Fellowship schemes'.

As well as the long established programmes like the Health Technology Assessment (HTA), the NIHR has brought in a new programme to cover public health research. It recently launched the NIHR Health Services and Delivery Research (NIHR HS&DR) programme (see page 2). Lesser

known programmes also include the NHS Physical Environment Research Programme.

With centres in Canterbury, Guildford and Brighton, the RDS SE covers the counties of Kent, Surrey and Sussex. It supports all involved in research in health and health-related social care.

Research advisors provide advice and practical support free of charge through clinics, face-to-face meetings, by telephone and by email.

If you would like help with a research project, contact the RDS SE via its website or by phone. There are also many opportunities for patients and members of the public to become involved in research (see page 7). For more information on NIHR funding go to: www.nihr.ac.uk

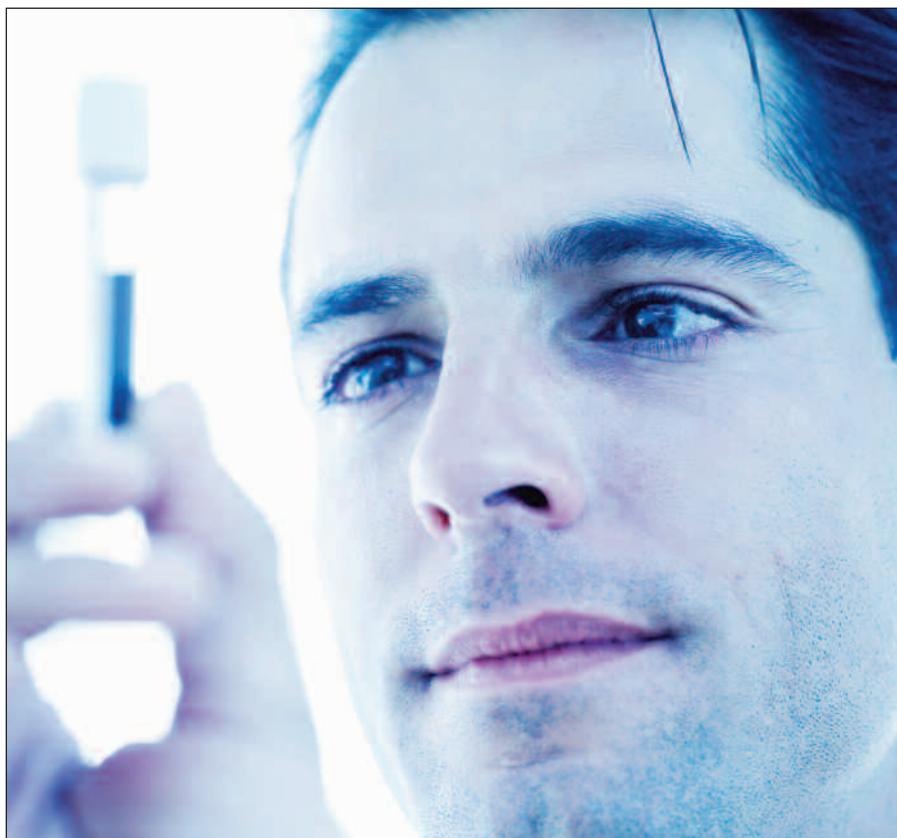
NIHR research funding programme news

NIHR i4i programme simplified

The i4i Invention for Innovation programme aims to help accelerate the take-up and use of proven new treatments and devices by the NHS.

Its application process has now been simplified. Previously researchers had to apply to either early or late-stage product development award streams. From this call onwards, all applications will be submitted through a single route. The NIHR i4i sub-panel will assign projects to early or late-stage product development streams as part of the review process.

For further information, visit the i4i website at: www.i4i.nihr.ac.uk



New NIHR Health Services & Delivery Research programme

In January 2012 the NIHR Health Services Research (HSR) and the Service Delivery and Organisation (SDO) programmes were merged to create a new NIHR Health Services and Delivery Research (NIHR HS&DR) programme.

The HS&DR programme funds high-quality research on themes relating to the delivery of health services. It will build on the strengths and contributions of the SDO and HSR programmes.

The programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health services, including costs and outcomes. It will support ambitious evaluative research to improve health services and commission work, and fill strategic gaps in the joint portfolio of the SDO and HSR programmes.

The new programme will have two workstreams:

- a researcher-led workstream focusing on research into the quality, appropriateness, effectiveness, equity and patient experience of health services;
- a commissioned workstream focusing on evaluating models of service delivery and interventions which have the potential to improve service effectiveness, efficiency and productivity.

Key dates

January 2012
HS&DR programme launched

January 2012
First HS&DR funding call (researcher-led) opens for applications

February 2012
First HS&DR funding call (commissioned) opens for applications

For more information visit the HS&DR website at: www.netscc.ac.uk/hsdr/

For information on all NIHR funding programmes go to: www.nihr.ac.uk/research/Pages/default.aspx

NIHR Research for Patient Benefit programme

The Research for Patient Benefit programme funds regionally derived applied research in health and social care to improve, expand and strengthen the way that healthcare is delivered for NHS patients, other service users and members of the public.

Applications are assessed and processed by regional committees. The committees cover each of the ten Government Office regions. Applications are accepted at any time and are considered three times a year, usually in January, May and September.

All researchers in England are eligible to apply. Joint applications from NHS researchers with academic partners are welcome, although funding will normally be awarded to the NHS partner.

For more information on NIHR funding go to: www.ccf.nihr.ac.uk



NIHR research and higher education



Good news for academics with funding from the NIHR; the next Research Excellence Framework 2014 (REF), which informs research funding allocations to universities, will recognise NIHR awards as being of the same high quality as Research Council funding. It will treat excellent clinical and applied research in the same way as excellent basic research.

Universities are currently gearing up for the Research Excellence Framework exercise and the new Assessment and Guidance on Submissions points the way to full

recognition for the clinical and applied research funded by the NIHR.

When universities make their submissions at the end of 2012, they will be required to identify research income awarded by the NIHR.

For the first time, the REF will assess the impact of research, including change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia. The NIHR said; 'This will be of huge importance in enabling the REF to recognise and value the applied research funded by NIHR'.

NIHR Research Design Service

The NIHR Research Design Service offers NHS researchers expert advice and support on research design, methodology, Patient and Public Involvement, and building a strong research team. They ensure that research proposals for submission to NIHR research programmes for applied health, social care and public health research are of high quality and patient focused.

There are currently 130 advisers in ten Research Design Services across the country, including methodologists, statisticians, and health economists, providing advice and support to investigators wanting to develop suitable applications.

During 2010/11, the ten Research Design Services advised on over 2,300 new research proposals that led to 300 outline submissions and more than 800 full research applications.

See the map of the ten Research Design Services at: www.ccf.nihr.ac.uk/Pages/RDSMap.aspx

NIHR Research for Patient Benefit programme

Some proposals we have supported

Helping children with physical disability to manage better at school

RDS SE academic lead for Kent, Annette King reports on an RfPB project designed to improve the confidence and skills of teachers and parents of children with physical disabilities who have postural care needs.

'I was delighted to work with researchers and families on this project to test a postural care training programme. The RDS SE helped to design the protocol and included families in the study design.'

The main aim of the project is to assess the effectiveness of a postural care education programme for parents and teachers of children with physical disabilities. Previous research has highlighted that a lack of postural care knowledge and low levels of

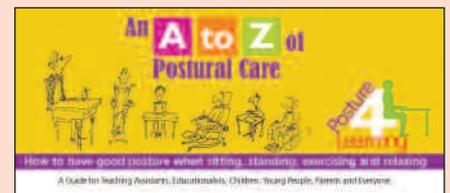
confidence in providing postural care can hinder therapeutic goals. Subsequently this can affect the child's posture, function and well-being.

This education programme will address these issues by recruiting parents, teachers and teaching assistants to a six week intervention. The intervention will include a 2 hour training session, designed to increase understanding and knowledge about postural care, and one-to-one support from physiotherapists and occupational therapists over the 6 weeks. The intervention will be rolled out across Kent, Surrey and Sussex over the next 18 months. Participants' knowledge of and confidence in providing postural care will be assessed before and after participation using a validated tool developed for the project. The evaluation will also involve focus groups to consider

the benefits of the intervention from the perspective of workshop participants and their children.

The project lead is Dr Eve Hutton (EKHUFT), co-investigators are Dr Kate Hamilton-West and Terry Pountney (Chailey Heritage).

For more information on the project please contact Sarah Hotham: S.Hotham@kent.ac.uk



An illustrated guide to postural care written by Dr Hutton is available at <http://tinyurl.com/7zxukyo>

Modelling Sexual Healthcare for Substance Misusing Women

Natalie Lambert is a senior research fellow and a research advisor for the RDS SE. Natalie reports on an RfPB project for which she was the chief investigator, but still sought RDS SE advice.

'Although I am an RDS SE research advisor, I still valued support from the service. I involved the PPI team and also welcomed the opportunity to have the draft application proof-read and commented upon.'

The RFPB funded project was conducted with Dr. Anthony Glasper of Sussex Partnership NHS Foundation Trust and Dr Harish Patel of Hastings & Rother PCT. The study used survey and interview methods to identify sexual healthcare needs and preferences and to understand what enabled, or deterred, women with substance misuse problems from accessing sexual health services.

It found that some difficulties with accessing services were general to all health care, while some were specific to sexual health care. Anticipated stigma around drug use and the practicalities of attendance concerned many participants. Having social support to attend appointments was very useful, but often lacking, as was the opportunity to think through one's sexual health needs and plan out what care might be of use.

91 women took part in the study and, combining the study findings with input from a range of stakeholders, a model of sexual health care delivery was developed. The findings have informed sexual health and drug treatment services in Brighton and the model has been written into the commissioning plan for Hastings & Rother PCT.



Service users didn't want to be photographed so we commissioned an artist illustration to represent a group of women with drug use problems.

Findings have been disseminated in presentations to the World Congress on Sexual Health, the Society for the Study of Addictions, and to sexual health and drug service conferences and providers in the local area. Three academic papers are also being prepared.

The impact of a bariatric rehabilitation service on weight loss and psychological adjustment

RDS SE academic lead for Surrey, Dr Bernadette Egan reports on a successful RfPB project.

'This was a successful application because the project is in a very topical area, with the potential for significant patient benefit. The project was initiated and developed in direct response to needs identified by patients and it has a very clear design with well defined outcome measures. By offering a more comprehensive bariatric service the success and subsequent health and well being of obese patients should be improved'.

Obesity is a major health problem affecting more and more people's lives. Weight loss surgery is one of the most successful treatments for obesity, but not all patients lose weight, some regain weight and some have the surgery reversed. Interviews with patients and discussions with patient support groups found that many would like to have more psychological support. Some patients felt unprepared for the operation and described how although the surgery fixed their body, it neglected their mind.

Professor Jane Ogden of the University of Surrey is evaluating a health psychology led bariatric rehabilitation service (BRS) in collaboration with the Western Sussex NHS Trust.

The bariatric rehabilitation service offers information, support and mentoring pre and post surgery to address issues such as dietary control, self esteem, coping and emotional eating. It is predicted that the service would primarily improve weight loss following surgery but would also aid changes in other aspects of the patient's well being.

Research for Patient Benefit in the South East

Success in rounds 9-12

May 2009 to May 2010

Project Title	Funding Amount	Contracting Organisation	Principal Investigator	Round
What is the neurodevelopmental outcome of preterm infants at 2 years of age, who received placento-fetal transfusion at delivery?	49,849	Brighton & Sussex University Hospitals NHS Trust	Pd Dr Heike Rabe	9
To develop a functional classification system of eating and drinking abilities for children and young people with cerebral palsy	163,116	Sussex Community NHS Trust	Dr Diane Sellers	9
Enabling people with the oral allergy syndrome to eat fresh fruit	246,949	Brighton & Sussex University Hospitals NHS Trust	Professor Anthony Frew	10
A pilot trial to assess the effect of a structured Communication approach on Quality Of Life in secure mental health settings (Comquol)	246,977	Kent and Medway NHS and Social Care Partnership Trust	Dr Douglas MacInnes	10
Is a short course of azithromycin effective in the treatment of mild to moderate pelvic inflammatory disease?	249,966	Brighton and Sussex University Hospitals NHS Trust	Dr Gillian Dean	10
The impact of a bariatric rehabilitation service on weight loss and psychological adjustment	248,980	Surrey and Sussex Healthcare NHS Trust	Professor Jane Ogden	11
An exploration of self-care in chronic low-back disorder from the perspectives of practitioners and patients: a Q methodological study?	179,828	East Sussex Hospitals NHS Trust	Miss Carol McCrum	11
The effects of night positioning on sleep, postural deformity and pain in children and young people with cerebral palsy – an exploratory study	246,031	Sussex Community NHS Trust	Dr Terry Pountney	11
A study into the effectiveness of a postural care education program for parents and teachers who are responsible for the postural care needs of disabled children at home and school	241, 930	East Kent Hospitals University NHS Foundation Trust	Dr Eve Hutton	12

For the full list of award holders go to: www.rds-se.nihr.ac.uk/funding/RfPB-holders.htm

New RDS SE pre-submission panel

A new way of supporting researchers with proposal development has been started by the RDS SE. The pre-submission panel meets three times a year and offers the opportunity for researchers to have their proposal critiqued by a panel of research advisors.

Academic lead for Kent Annette King explains, 'The panel of methodologists, statisticians, health economists and the RDS SE Patient and Public Involvement Review Panel helps researchers gain an objective view of their proposal. Researchers have found the feedback helpful and encouraging. Some have delayed submission as a result. That can be a very

brave decision, particularly in the last few weeks before the deadline, when all you want to do is finish and be done with it.'

The panel mimics a funding committee because the proposal is presented by a research advisor and then discussed by the group of experts. The panel's view is fed back to the researcher in time for amendments to be made.

The panel meets in December, April and September. 'So far the results have been very encouraging,' says Annette, 'It is a great opportunity to get feedback on the proposal and "tweak" it. The panel have not been part of the development process and provide a new and fresh perspective. They quickly identify what works, gaps in the case for support and what needs

further development. The PPI review panel comments are very clear about how convincing the involvement patient and the public is.'

RDS SE research advisors also value drawing on the collective experience of their colleagues. 'It can be quite daunting for an advisor to listen to the feedback from colleagues on a project they might have been involved with for quite a long time!'

Projects are put before the panel when they are ready or almost ready for submission, but while there is still time for amendments to be made. If you would like to find out more about the panel, contact the RDS SE.

Economic evaluation

Increasingly research funders require an economic component within projects to capture the cost implications for the NHS and the value-for-money of new interventions.

Here is an example: A trial of day hospital rehabilitation for people with Parkinson's disease found that specialist multidisciplinary rehabilitation, coordinated by a nurse specialist, gave immediate gains for patients in mobility, independence and quality of life. However, four months after the trial ended, these benefits had largely disappeared. The cost of treatment facilities and transporting patients with advanced disease to the day hospital meant this was an expensive option.

A second trial is providing an equivalent rehabilitation package to patients in their own homes. It will investigate whether the fading of benefit when specialist input is withdrawn can be avoided in a cost-effective way by providing continuing support from trained care assistants. It will also collect feedback from users and providers about the acceptability of the programme.

By evaluating the costs and the benefits of the two different rehabilitation programmes, the findings will provide guidance for people commissioning services for people with Parkinson's disease.

Chief investigator, Dr Heather Gage from the University of Surrey said, 'I think the funders liked this study because it will provide evidence about which approach to rehabilitation gives the best outcomes for patients and family carers. By estimating the cost of the alternative approaches, NHS commissioners will be able to identify which gives the best value-for-money.'

Dr Gage heads up the Research Design Service South East health economics team. Members of the team have helped about thirty applicants to include an economics dimension to their grant submissions during the past year. These projects have covered preventative, diagnostic, curative and palliative treatments in varied clinical areas and settings.

Sometimes it is enough to acknowledge the resource implications of a treatment or service through a simple cost analysis. Other studies require evaluative approaches that compare the costs and effectiveness of two alternative treatments

or methods of service delivery. Health economists can also conduct modelling studies which look forward to estimate future benefits, for example, how reducing salt consumption might lower blood pressure, reduce strokes and cut hospital admissions, and how these outcomes might affect NHS costs.

Dr Gage is enthusiastic about helping researchers to deliver robust research proposals, and if required, can offer ongoing support for a successful project. 'Clearly, not all research proposals require an economic analysis, but it is always worth talking to us early in the research design process to see what might be appropriate. We are pleased to help. Health economists are integral parts of the multi-disciplinary research team, and work closely with clinicians, methodologists, statisticians, qualitative researchers and lay representatives to ensure the economic data collection and analysis is tailored to the particular aims of each project, and relevant to commissioners.'

Dr Gage can be contacted at:
H.Gage@surrey.ac.uk
T: 01483 686948

Involving patients and the public in a randomised controlled trial in surgery

Interview with Patient and Public Involvement team lead, Duncan Barron

Duncan, why do you need to involve patients in designing a research project?

Patients can make valuable contributions to the design of a research project. They can:

- Consider the ethical implications of the research and help researchers to understand patient concerns and suggest ways to address these
- Provide an idea of what it is like to take part in research
- Identify possible participant recruitment strategies
- Inform the design of communication materials to better suit participants, for example by helping to make patient information sheets and consent forms more understandable
- Review questionnaires and other data collection methods
- Be named as a co-applicant for funding and ethics approval

But how do you go about finding patients to help in this way?

You can invite patients to attend an informal session to discuss your ideas. It is particularly useful to involve users who are local to where the study will take place as they may have relevant information which you can use to identify and recruit potential study participants.

Or you can find out if there is an existing patient group or research advisory panel related to the research topic

For rare conditions you may need to approach national or international organisations for representatives who can comment on your proposal.

Does this really work in practice?

Yes it really can. I recently helped with a surgical project about pre-warming patients before Endovascular Aneurysm Repair (EVAR) surgery. We invited nine past patients and their partners to come into the hospital at Brighton and I facilitated a discussion between them and the anaesthetist. We talked them through what the research project would do. We demonstrated a new 'hot dog' blanket which the project will trial.

I think the greatest value was created by the patients talking about some of the consequences they had experienced following the surgery. The consultant anaesthetist will develop his outcome measures having listened to the patients describe post operative pain and swelling. This was information which was new to the anaesthetist who said that the user group discussion had been "excellent" and "incredibly useful" to the development of his funding application. The user group also provided useful feedback on his clinical service.

He also reassessed his explanation of the normal procedure following questions from the patients. Clinicians do not realise how close they are to their work and how easy it is to forget that others don't know much about what they do in practice.

So what next?

With this project? Well the RDS SE Patient and Public Peer Review panel will review the proposal again and ensure that the plain English summary is as clear as it can be. They will also comment on the extent of patient and public involvement in the project and maybe suggest further opportunities to improve the research by a greater degree of involvement.

What next in general? We plan to carry on helping researchers to find ways to involve patients and the public in their research and improve the quality of applications.



Duncan Barron, RDS SE PPI team lead can be contacted at: d.barron@brighton.ac.uk

How to get help with public involvement

If you would like help and advice with involving the public in your research proposal contact:

Kent: Amanda Bates
T: 01227 824406
E: A.J.Bates@kent.ac.uk

Surrey: Kay Stephenson
T: 01483 688504
E: K.Stephenson@surrey.ac.uk

Sussex: Joanna Wunsch
T: 01273 644064
E: J.Wunsch@brighton.ac.uk



Ask Dr Claire

Dr Claire is a research advisor for the Research Design Service. She answers questions about designing and submitting research proposals. If you would like to ask Claire a question write to her at the address below.

Dear Claire,

Our recent application for a Research for Patient Benefit grant was unsuccessful. The reviewers liked the proposed project but didn't understand the planned new treatment package. I am really not sure they read it properly. One reviewer didn't think we would achieve our recruitment target, yet we clearly stated that this was going to be possible.

Is it really worth putting all this effort into writing a bid if they don't get read properly?

Yours sincerely,

Lesley

Dear Lesley,

Clearly, you must be very disappointed! A great deal of time and energy goes into writing applications and it can be quite soul destroying when they are unsuccessful. But the reviewers seemed to like the proposal and provided some positive feedback. How about reworking the proposal and resubmitting it?

All RfPB applications are read by at least two external reviewers and the majority get reviewed by three or four people. Then two RfPB committee members present the project at the meeting having first given the proposal a thorough scrutiny. So each proposal is read by up to six people prior to the meeting.

At the committee meeting, your proposal will only be considered by the whole committee for about 15 minutes.

So, you must make your proposal as clear as possible. Although you may think you have made your proposal entirely clear, there may be some vital bits of information that you have left out. Indeed, the lack of clarity in applications is one of the most common criticisms of funding committees across the country.

Don't forget that the committee will not necessarily have expertise in your specific research area. You need to explain why you are approaching the study in the way that you are.

As well as to stating that you will be able to recruit your participants in the timeframe, explain exactly why and how this is possible. Anticipate the aspects of your study that are likely to create

concerns and then explain how you plan to tackle it. Never use vagueness to hide weaknesses in a study but be up front and show the reviewers that you have addressed the potential problems.

I recommend that you ask someone who has never read the proposal before to read it and highlight anything that they don't understand. Ask your Research Design Service to help you as they may also be able to suggest ways in which the study design can be improved.

The NIHR local research network may be able to give useful advice about recruitment strategies too.

The RDS SE also operates a pre submission panel held about six weeks before RfPB funding deadlines. Projects are reviewed by skilled methodologists and a patient and public review panel. Feedback from the panel can help pick up on areas that are likely to raise objections from the funding committee.

Dr Claire

Do come and see us.

Websites:

<http://www.nihr-ccf.org.uk/site/programmes/rfpb/faq/default.cfm>
http://www.nihr-ccf.org.uk/site/docdatabase/rfpb/rfpb_docs/RfPB_Directors_message_6.pdf

Contact details

For more information and to book an appointment with an advisor, visit the RDS SE website at www.rds-se.nihr.ac.uk or contact the central administrator **Domino Moore** on **01273 643952** or email d.moore@brighton.ac.uk