

## Research Design Service South East

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## Celebrating another successful year

**The ten Research Design Services in England are celebrating another successful year helping researchers submit bids to health and social care funding programmes. In England, the number of bids supported by the RDS was up by 12% on the previous year.**

38% of the 2,790 bids supported by the RDS were successful across all the funding programmes to which RDS helped researchers submit.

In the South East, 94 bids were submitted with RDS SE support. Ten applications were made for NIHR research training awards. These offer an amazing package to clinicians wishing to become researchers. See the feature on page five for an insight into how nurses have been successful with this programme.

RDS SE supported 20 applications to the regionally administered Research for Patient Benefit (RfPB) programme. Nationally, the number of applications to RfPB have declined since the peak in 2010-2011. Overall success rates remain at around 22%.

Bids to a wide range of charities form a significant part of the RDS SE workload. We are tracking the progress of charity-funded researchers to see if they progress to NIHR and other national funding programmes.

NIHR reports that bids are most commonly rejected because of lack of detail in the methodology. Other reasons for failure are inappropriate design, lack of overall clarity, unsuitable outcome measures and finally; lack of expertise in the research team and insufficient quality of patient and public involvement.

But help is at hand. The RDS SE can help with methods design, finding potential academic, clinical and lay collaborators and involving patients and the public in the research design and refining the research question. We can also help with interpreting feedback from funding panels and encourage you to have another go if your bid is rejected.

Around half of RDS SE clients come from the region's universities and half from the NHS, with a handful of clients coming from charities and industry. Anyone who would like help submitting a bid for peer reviewed, health and social care funding is welcome to seek advice from the RDS SE. Meet the Adviser team on the RDS SE website.

See inside for more about researchers who submitted successful research funding applications.

# Supporting researchers towards funding success

## RDS support and patient involvement results in BETTER outcome

**Mr Haythem Ali, Consultant Surgeon at Maidstone and Tunbridge Wells NHS Trust and Professor Ian Swaine, from the Department of Life and Sports Sciences at the University of Greenwich, derived the full benefit of RDS support when they applied for NIHR funding for a feasibility study of a muscle-strengthening exercise programme for patients undergoing abdominal cancer surgery.**

They came to RDS SE in January 2012 and submitted to the NIHR Research for Patient Benefit (RfPB) Programme competition 21. Despite first time rejection, positive comments from the RfPB panel encouraged them to resubmit. They returned to RDS for advice on specific points

RDS Research Adviser Dr Ferhana Hashem said: 'We made several recommendations, including ensuring the team built in realistic and relevant patient and public involvement (PPI). They applied for and were given a small RDS SE PPI grant, which they used to link up with a cancer support group at the Trust. The patients could directly input into developing the research proposal. We were able to invite a lay representative from the group as co applicant on the bid'.

PPI specialist Amanda Bates honed that part of the bid and included suggestions for training and support for PPI representatives so they could play an active, meaningful role in the implementation and interpretation of the study.

Ferhana also brought qualitative methods expertise to the team. She said: 'What's great about this project is the team effort. It's a really exciting collaboration across the region and organisations. Dr David Stephenson, Physiotherapist, from East Kent Hospitals University Trust and Dr Kevin Corbett from Middlesex University are also core team members.



The final RDS input came from the RDS SE Pre-Submission Panel (PSP) which helps researchers decide whether their projects are ready to go to the funder. The researchers submitted to the June PSP to ensure time for tweaks before the September RfPB deadline. They received excellent feedback and resubmitted to RfPB competition 22. They were delighted when they were awarded £342,000 for the study, titled *Development of an isometric-resistance exercise programme (BETTER: Basic Exercise Training to Enhance Recovery) for patients undergoing elective abdominal surgery for cancer.*

Mr Ali, Consultant Surgeon (lead applicant), and Professor Swaine, said 'RDS SE gave lots of support building up PPI, advising on statistics, health economics and helping us get a first class team together. We knew we had a potentially fundable project, but the RDS helped us focus and refine the study. We originally planned a pilot study, but in our discussions we changed it to a two phase development study. Phase one consists of patient focus groups and an online Delphi survey to develop the exercise intervention.

We will also identify suitable functional outcome measures. Phase two will be a mini pilot and evaluation (effectiveness and cost effectiveness) study, based on two groups randomised to either intervention or usual treatment'.

It is usual, after cancer surgery, for there to be some loss of physical function and muscle wastage. Isometric exercise is effective in increasing muscle strength. The programme will be delivered in hospital, needing very little equipment and space, and patients can continue to perform the exercises after discharge at home.

The three year BETTER project aims to pave the way for a larger-scale multi-centre clinical trial which is the gold standard test of the value of the muscle-strengthening intervention for this type of patient.

## RDS prescribes public involvement in research design



*Not all allied health professionals are qualified to prescribe*

**Dr Nicola Carey is a Senior Lecturer in Health and Social Care at the University of Surrey and Specialist Prescriber in Practice Nursing, Nurse Independent and Supplementary Prescriber. Dr Carey came to the RDS SE for help after drafting a proposal for the Department of Health's Policy Research Programme (PRP).**

'The RDS SE gave me a wide variety of support and the project was funded' said Dr Carey. 'I was initially advised to look carefully at the research team. My project is an evaluation of physiotherapist and podiatrist independent prescribing, mixing of medicines, and prescribing of controlled drugs. The RDS SE made valuable suggestions about the membership of the team and study design'.

Following advice on involving members of the public in the research design, Dr Carey was put in touch with a researcher who had run a physiotherapy service user group. 'This was really helpful because it made it clearer how to usefully involve people. We included patient and public involvement meetings and a patient advisory group in the research design', reports Dr Carey.

RDS SE Health Economist Professor Heather Gage was called in to give advice on the potential economic impact of the study.

The project will provide support for revised prescribing regulation. It will compare services provided by physiotherapists and podiatrists who are qualified to independently prescribe, to services provided by those who are not qualified to prescribe. This will help determine whether there are any differences in the quality of care or cost of services.

## Researcher breathes easy with RDS SE support

**Dr Rowena Merritt is a Research Fellow at the University of Kent and as a specialist in social marketing, particularly valued recent RDS SE help with sample size calculations for a British Lung Foundation funded project.**

'My background is not in academia and I mainly work on qualitative studies, so I was clueless when it came to quantitative work. Without the support of the RDS SE statisticians talking me through how to randomise the groups and set up a trial, I would not have been able to apply for the funding. They explained it in a really clear way, so that even someone like myself – who hates maths and anything statistical, could clearly understand it', reports Rowena.

Rowena was funded to conduct a process and impact evaluation and demonstrate whether the charity's 'Breathe Easy' voluntary group network when integrated into local respiratory care pathways helps patients and carers achieve better health and well-being outcomes.

RDS SE Advisers supported Rowena by identifying the skills needed for her research team and providing examples of respiratory projects. Statistician Tracy Higgins helped Rowena with the statistics and trial set up. Research Adviser Ferhana Hashem also read and commented on each draft of the proposal.

Breathe Easy voluntary groups have helped facilitate greater knowledge acquisition (from peers and clinicians) which results in increasing levels of self-management and a stronger understanding of clinical and community based support.

# NIHR fellowships

**The NIHR is passionate about its people and about developing the next generation of researchers. The NIHR Trainees Coordinating Centre (NIHR TCC) makes training awards to researchers whose work focuses on people and patient-based applied health research.**

Director of the NIHR TCC, Dr Lisa Cotterill says: 'We pride ourselves on the support our Programme Managers give to applicants and trainees. We want to develop a cadre of individuals who can take the NIHR forward to develop research outputs that are going to benefit patients'.

NIHR offers a large range of awards available at different levels, to suit different work arrangements and career pathways including the:

- Fellowship Scheme where you apply directly through an application which is assessed in open competition
- Integrated Academic Training Scheme where individuals who are on an academic and clinical training pathway are supported
- Research Professorships
- Clinical Academic Training Programme for Nurses, Midwives and Allied Health Professionals in collaboration with Health Education England



*NIHR awards are designed to suit different career pathways*

- Clinical Trials and Knowledge Mobilisation Fellowships
- Infrastructure Doctoral Training Exchange Scheme allowing doctoral trainees to spend time in other parts of NIHR infrastructure.

The research must be relevant to the NHS, focused on the current and future needs of patients and the public and be expected to have an impact.

Here we explore two types of NIHR Fellowship and the support RDS SE provides to applicants.

## NIHR Fellowships for future research leaders

**NIHR Fellowships support outstanding individuals to become the health research leaders of the future by buying out their salary costs, meeting their training and development costs and by contributing to the costs of completing an identified research project.**

Individuals working in any sector or scientific discipline who propose to undertake people or patient-based clinical and applied health research at an institution based in England can apply.

Check out some success stories here and on the RDS SE website.

There are five levels of NIHR Fellowship:

- 1 Doctoral Research Fellowship – 3 years funding
- 2 Transitional Research Fellowship – 18-24 months funding
- 3 Post-doctoral Research Fellowship – 3 years full-time funding
- 4 Career Development Research Fellowship – 5 years funding
- 5 Senior Research Fellowship – 5 years funding

## Dr Kirstie Coxon shares her experiences of two NIHR fellowships...

**Dr Kirstie Coxon, now a Senior Lecturer at the Florence Nightingale Faculty of Nursing and Midwifery at King's College London (KCL), was first awarded an NIHR Doctoral Research Fellowship and then an NIHR Knowledge Mobilisation Fellowship (KMF). She has also recently returned to practice as a midwife. Kirstie was previously a researcher at the University of Kent. She still lives in Kent, but commutes to London.**

'Before I came to the University of Kent, I was a nurse and a midwife. With the NIHR doctoral fellowship, I was able to research in maternity care, but my midwifery registration had lapsed.

After finishing my doctorate, I felt distanced from what was really happening for women and midwives. I wanted my maternity research to be rooted in the realities of the NHS, so I completed a 'Return to Practice' course.

The NIHR doctoral fellowship enabled me to pursue a long held interest in what influences where women decide to give birth. Delivering babies again meant I developed better clinical and academic

links and put me in touch with women and partners' experiences of health care. King's College London had the expertise in maternity research, and of course, there are lots of babies to be delivered. I was fortunate to work in a clinical academic centre, where researchers and clinicians work side by side. My colleagues are active researchers, lecturers and clinical practitioners.

My PhD was adopted as an adjunct study by the Birthplace in England research programme. I attended the 'Birthplace' research meetings where I observed how hard the researchers worked to give consistent and measured messages about their findings. Despite this, some tabloid newspapers published sensationalised, unbalanced reports.

Much of the subsequent debate was between clinicians and professional bodies, but I wondered how the main findings, which are generally reassuring, would be communicated to women and their partners, and indeed to midwives. I applied for a KMF so that I could explore the challenges of communicating this research to a range of audiences.

The KMF allows researchers to learn about what knowledge mobilisation is, and to apply that knowledge to sharing good

quality research with a range of research 'consumers' – in this case, women, partners, midwives, antenatal teachers, the Royal College of Midwives and also clinical commissioners.

My main focus has been on developing visual graphics that help convey risks and benefits associated with different places of birth. This has brought me into contact with data analysts, computer programmers, artists, designers, photographers and local Maternity Services Liaison Committees. I have also worked on briefings for the Royal College of Midwives and for commissioners'.

Kirstie's top tips for NIHR KMF applications are:

- 1 Take at least six months to develop an application and set up collaborative relationships and networks.
- 2 Persuade the NIHR panel that you have identified a way of improving uptake of high quality, published research into practice, and that you will evaluate the effectiveness of your knowledge mobilisation in a robust and useful way.
- 3 Clearly outline which theory of change, or of the KM techniques is being applied, and why.
- 4 Speak to the RDS early – and often!

## NIHR Knowledge Mobilisation Research Fellowships

**NIHR Knowledge Mobilisation Research Fellowships (KMF) are designed to advance knowledge about research use, influence and impact.**

KMF are personal awards designed to buy out an individual's salary costs, provide a training and development programme and fund completion of an identified knowledge mobilisation research project.

Awards are for two years full time, or can be part time if the applicant wishes to carry on working part time.

KMF usually launch in spring and close in August. Only around five are awarded each year.

NIHR KMF Scheme Senior Programme Manager Dr Mal Palin urges applicants to contact TCC for advice and offers three top tips for applications to the programme:

- 1 Work with one of NIHR's 13 Collaborations for Leadership Applied Health Research Centres (CLAHRC) to strengthen the case for funding. Check the list and identify the CLAHRC that best fits your research theme.
- 2 Look at the TCC KMR Fellowship web pages to be sure you understand what knowledge mobilisation aims to do.
- 3 Read previously funded KMF abstracts to see what kind of bids get supported.

# NIHR fellowships

Doctoral Research Fellow Clare Austin, Children's Nurse, Frimley Park NHS Trust, Surrey talks about her experience...



## What did the RDS SE do?

The RDS helped me to develop and refine my proposal, highlighting areas that needed improvement and helped me form a protocol that focused on patient benefit. I had help with the application form, the project methodology, defining disability and feedback on ethics and public involvement, including costings. After shortlisting, I was supported with a mock interview and tips from a Research Adviser who had been through the process herself.

I had fantastic support from the university, however I was one of the first applicants applying for this award and the RDS knowledge was invaluable. There were a couple of key things, in particular the mock interviews and advice from the RDS SE which ensured I was well prepared.

Knowing how much support can be offered by the RDS, I think I should have asked for help sooner.

## Did the RDS help meet your expectations?

I expected assistance in refining my proposal, but I thought this would just be via email. I had help from four advisers in meetings and by email. I did not realise the support would be so personal to my proposal. I am passionate about my research and the care of children with disabilities. The RDS SE understood and reflected this passion for improving nursing care.

The RDS SE met all of my expectations and had I asked for further help, I am sure it would have been offered.

*Clare's Fellowship will investigate views about whether nurses meet disabled children's – and their parents' – needs, during emergency and inpatient admissions.*

**Clare was awarded an NIHR Doctoral Fellowship in November 2013. Before making this application, she had completed an NIHR Clinical Academic Training Programme Internship, during which she developed research knowledge, new skills and a research proposal.**



## Why apply for an NIHR fellowship?

NIHR fellowships offer an exciting and unique opportunity. I wanted to develop ways to improve practice, but I did not want to leave my clinical position. The fellowship allowed me to develop as researcher and as a clinician.

## What was the application timescale and process?

After the internship, I was on a really tight deadline. I could either apply within eight weeks or wait another year. Eight weeks sounds like loads of time, but it was really not. I referred myself using the RDS website, as advised by my internship supervisor.

# News in brief

## Is your research idea really novel?

Demonstrating that your research idea is novel is essential to the success of your bid, so it's worth checking before you apply for funding.

A video presentation by an RDS Information Specialist explains how to search four open access databases which record registered, ongoing and published research. It covers the best search strategies to use with each. It recommends finding a published Cochrane Review which identifies your research area as needing further investigation.

Find the video by searching You Tube with: 'checking research is novel'.

## What makes a good application?

Professor Chris Salisbury, University of Bristol, a reviewer for NIHR funding programmes, explains the essentials of good NIHR application.

Find the video by searching with: 'what makes a good NIHR application?'

## Training for researchers

The NHS Health Research Authority runs training days for its committee members and the research community. These include researcher training days and specialist aspects of research such as research with children, the use of human samples in research, research involving the disadvantaged and vulnerable, using personal data in research and ethical review of qualitative research.

The training days are free, but book up quickly. For the course programme go to the Health Research Authority website.

## Writing a Plain English Summary?

The NIHR 'make it clear' website gives tips and guidance on how to write a good quality summary. The resources section brings together advice from charities such as the Stroke Association and provides links to good examples of summaries.

Find the website by searching with 'make it clear campaign'.

## GPs consulted on future research topics

An exciting collaboration between the NIHR and the Royal College of General Practitioners has been announced. In the best interests of patient safety and care, the Royal College's membership of 49,000 is being asked to help inform and direct future NIHR research for primary care in the NHS.

As frontline providers of the majority of patient care in the NHS, GPs have special insight into the issues and challenges in primary care. Members have been asked to set out what important questions need to be answered by research and the areas where new research evidence is most needed.

Find out more by searching with: 'NIHR RCGP collaboration'.

Anyone can make a suggestion online for NIHR research by searching with 'identifying NIHR research'.

## Want to receive more news from NIHR and RDS?

**The RDS SE e-bulletin brings researchers up to date with news about regional and national events, training opportunities, funding calls and more.**

It goes out to researchers, clinicians, allied health professionals and members of the public at the end of every month, and it takes just a minute to subscribe: [www.rds-se.nihr.ac.uk/join-our-mailing-list](http://www.rds-se.nihr.ac.uk/join-our-mailing-list)

For full details of the the range of free RDS support available to researchers visit our website: [www.rds-se.nihr.ac.uk](http://www.rds-se.nihr.ac.uk)

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## Ask Dr Claire

Dr Claire is a Research Adviser 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,

Randomised controlled trials (RCTs) – are they the be all and end all of clinical research?

Yours sincerely,

Dominic

### Dear Dominic

RCTs are the gold-standard design for investigating the efficacy and effectiveness of interventions. Their strength lies in the random allocation of participants into groups that are treated with either the intervention under investigation or a comparator. This minimizes bias<sup>1</sup> – reducing the risk that an intervention's effectiveness will be either inflated or masked. As a Research Adviser, I recognise the strengths of RCTs. When properly randomised, appropriately controlled and double-blinded (wherever possible), RCTs provide the most robust evidence for the efficacy and effectiveness of interventions.

However, researchers often do not give enough thought to an appropriate comparator. It is not enough that a trials unit is doing the randomisation, that participants and researchers will be blinded, and that treatment as usual (TAU) or a waiting list will be the control. Often, like a waiting list, TAU turns out to be no treatment and this is not a robust design.

The placebo effect is well-established and is why an appropriate comparator is a necessity. In surgical trials, participants undergoing sham surgery have been shown to have improved outcomes<sup>2</sup>. In psychological therapies, using a waiting list control has been shown to inflate intervention effect sizes<sup>3</sup>. Ideally all RCTs would have a NICE-recommended, gold-standard treatment as their comparator. By comparing against an active control, the results of the RCTs have real meaning in a clinical context. What you need to show is that the new therapy is better (or at least as good and more cost-effective) than the current best therapy. This kind of result can lead to policy change.

Issues arise when there isn't a current gold-standard treatment. It can be tempting to use TAU or a waiting list as the comparator in these cases. However, this reintroduces bias. You risk inflating the effect size and unblinding participants. The answer is to conduct feasibility work. Give some thought about what would make a good, active comparator. Talk to patients and others. Work out some options. Do some pilot work.

By concentrating on RCTs alone, researchers may miss opportunities for engaging with mixed-methods research. Mixed-methods studies incorporate an RCT alongside qualitative work. Health technology assessment cannot be conducted without the results of RCTs, but qualitative research can help support an argument for the implementation of a particular health technology by addressing various views in a systematic way. By doing this, researchers have a better view of the impact of an intervention and it may lead to studies having a greater and more relevant impact on patient care.

### Dr Claire

1 P Sedgwick BMJ 2012;345:e5584

2 BMJ 2014;348:g3253

3 Furukawa TA, Noma H, Caldwell DM, Honyashiki M, Shinohara K, Imai H, Chen P, Hunot V, Churchill R. Waiting list may be a nocebo condition in psychotherapy trials: a contribution from network meta-analysis. Acta Psychiatr Scand. 2014

### Contact details

For more information and to book an appointment with an Adviser, visit the RDS SE website at [www.rds-se.nihr.ac.uk](http://www.rds-se.nihr.ac.uk) or contact the central administrator **Domino Moore** on **01273 643952** or email [rds.se@nihr.ac.uk](mailto:rds.se@nihr.ac.uk)