

Programme Grants for Applied Research

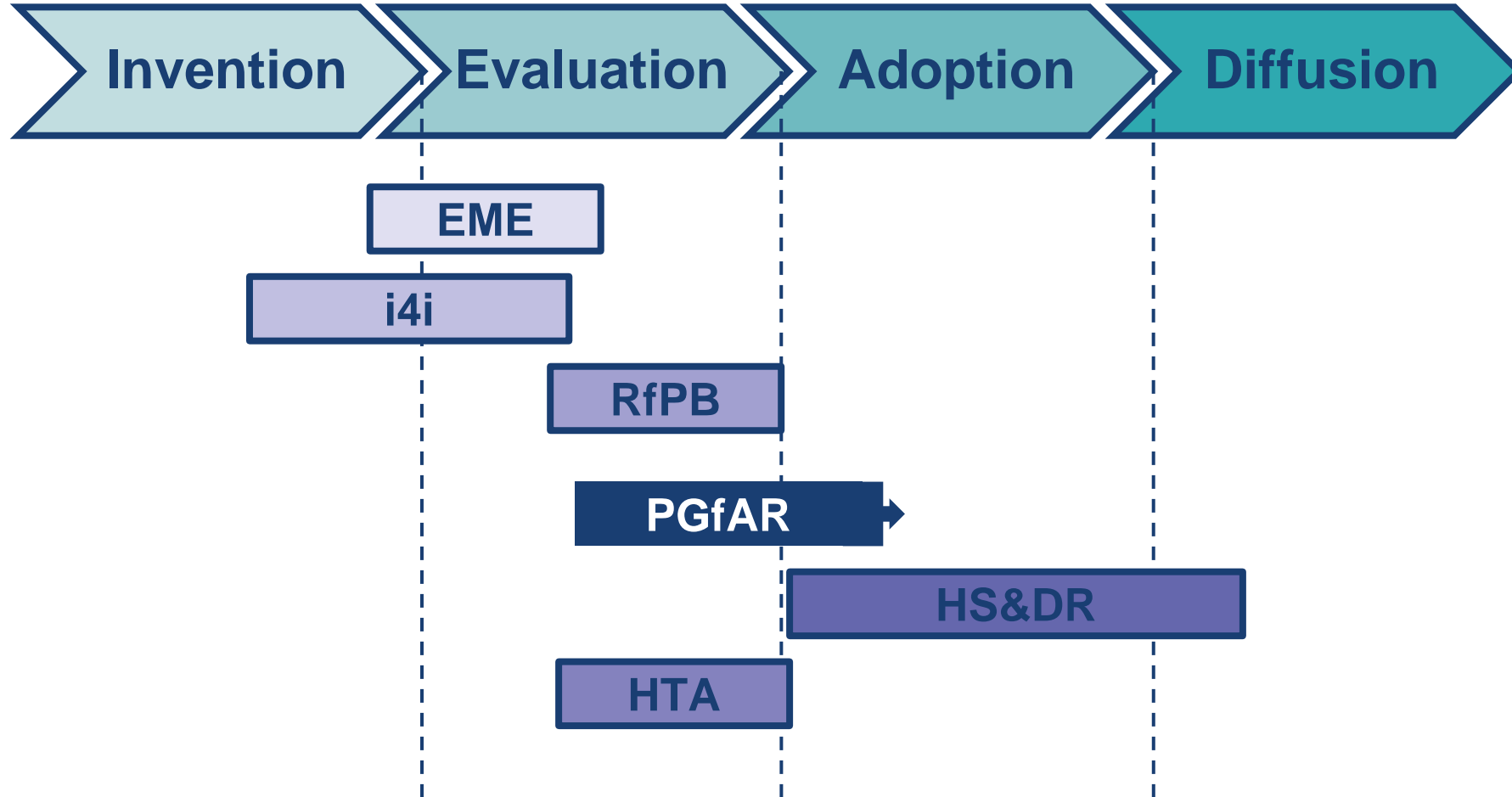
Sarah Thompson and Lisa Klaourakis



Content

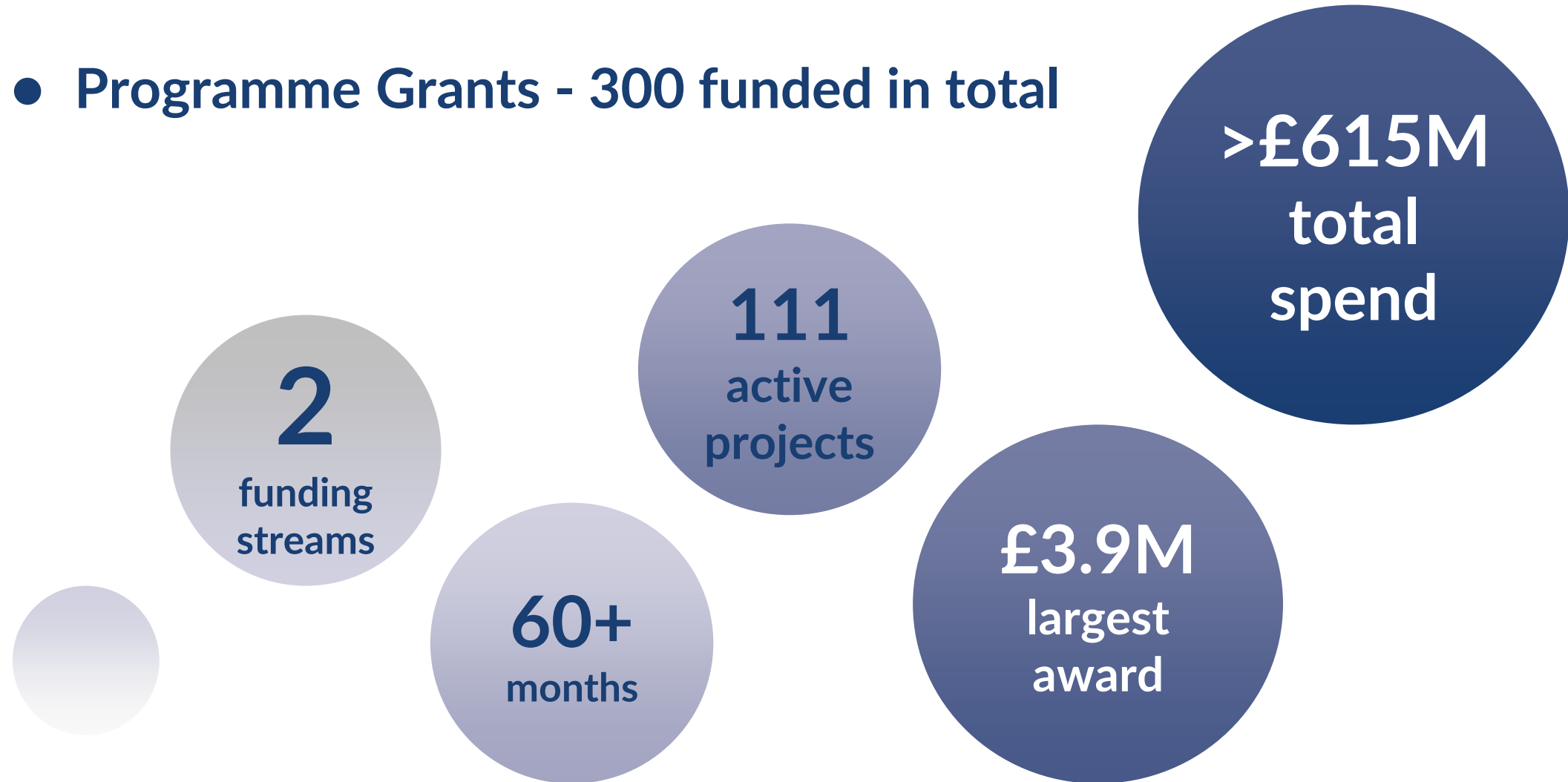
- Overview
- Selection Criteria
- Career Capacity Building Scheme
- Commissioning Process
- Monitoring
- Programme Development Grants (PDGs)

NIHR – Funding programmes



PGfAR - Overview

- Programme Grants - 300 funded in total



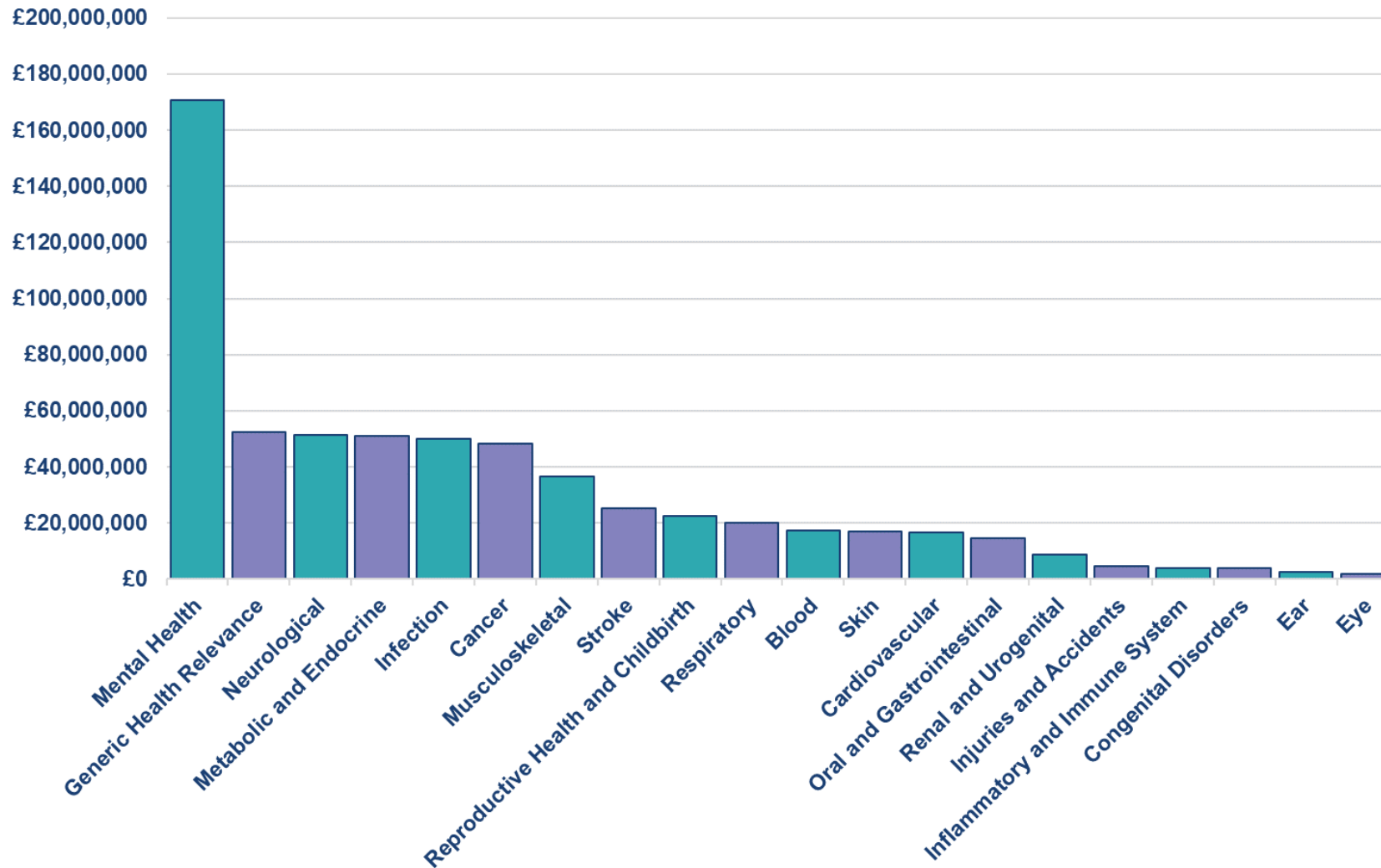
PGfAR - Overview

- Support **programmes of research** rather than individual studies
- **No funding or time limit** for individual awards, although funding in excess of £2.5million and/or more than 6 years is unusual
- Funding is made to an **NHS organisation or other providers of NHS services in England** working in collaboration with appropriate academic partners
- **Two-stage** assessment process
- **Three competitions per year** (launching **February, June and October**) and participation in NIHR themed calls
- **Pre-submission forms** can be submitted when planning a Programme Grant application and will be reviewed by one of our Committee Chairs

PGfAR Supports

- **Practical application for the benefits of patients, service users and/or carers**
- **Applied health and social care research** (health services research; public health research; behavioural research; economic evaluations; and modelling)
- **Balanced teams** of leading researchers, from the NHS and academia working together, who can demonstrate an impressive track-record of achievement in applied health research
- **Diverse methodological** approaches to demonstrate patient, service user or carer benefits at an individual or population level, and/or include work packages aimed at addressing important methodological issues **particularly welcome**
- **Multidisciplinary approaches** including clinical, health economics, statistics, qualitative, to ensure that research objectives can be met

PGfAR - What research areas we have funded



PGfAR Selection Criteria

- **Relevance** to priorities and needs of the NHS, public health, social care, patients, service users, carers, or the wider public and population
- **Likelihood of significant benefits** to patients, service users and/or carers and NHS
- **Quality** of the proposed research
- **Track record** of applicants and appropriate mix of skills
- **Value** for money
- **Patient and public involvement and engagement (PPIE)**
- **Equality, diversity and inclusion** (also referred to as Research Inclusion) adequately addressed

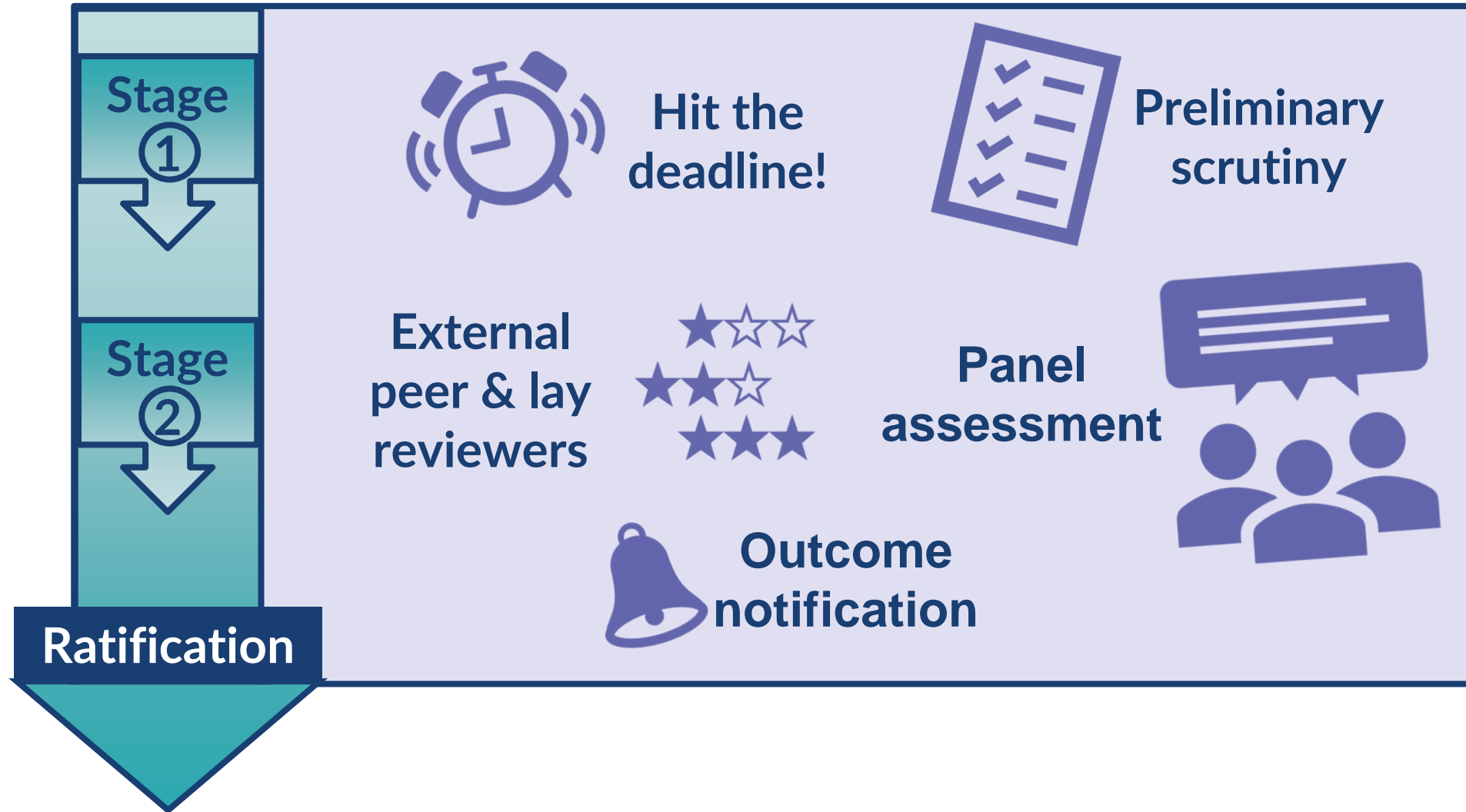
Career Capacity Building Scheme

- New scheme launched February 2023 (Competition 41 onwards)
- Research programmes can now formally include **funding for research capacity development**
- Across **all stages of the academic career pathway** (i.e., from internships to Masters to PhD to post-doctoral)
- Applications that include capacity development for **methodological disciplines** are particularly welcome
- **Membership of the NIHR Academy** for those supported by the scheme (access to the personal development and career support activities and funding opportunities)
- Intention to apply for the scheme should be flagged in the Stage 1 application, and details will be required in the Stage 2 application

Career Capacity Building - Application Requirements

- **Appropriate** capacity building in the specific field
- **NIHR academy members** are expected to be competitively recruited, have a training plan and a defined end point
- Positions can be **fully funded** through the PGfAR programme without the need for secondary stipends and can be started at any time of the year
- No more than **10% of the overall programme grant budget** should be spent on capacity building
- A “Named Point of Contact for Training and Development (NPC)” will be the first point of contact for all NIHR Academy related communication and queries
- **Specifically for graduate fellowships**, tuition fees/college fees, salaries, and costs associated with the annual allowance of 10 days of training and development will be covered

PGfAR Commissioning Process



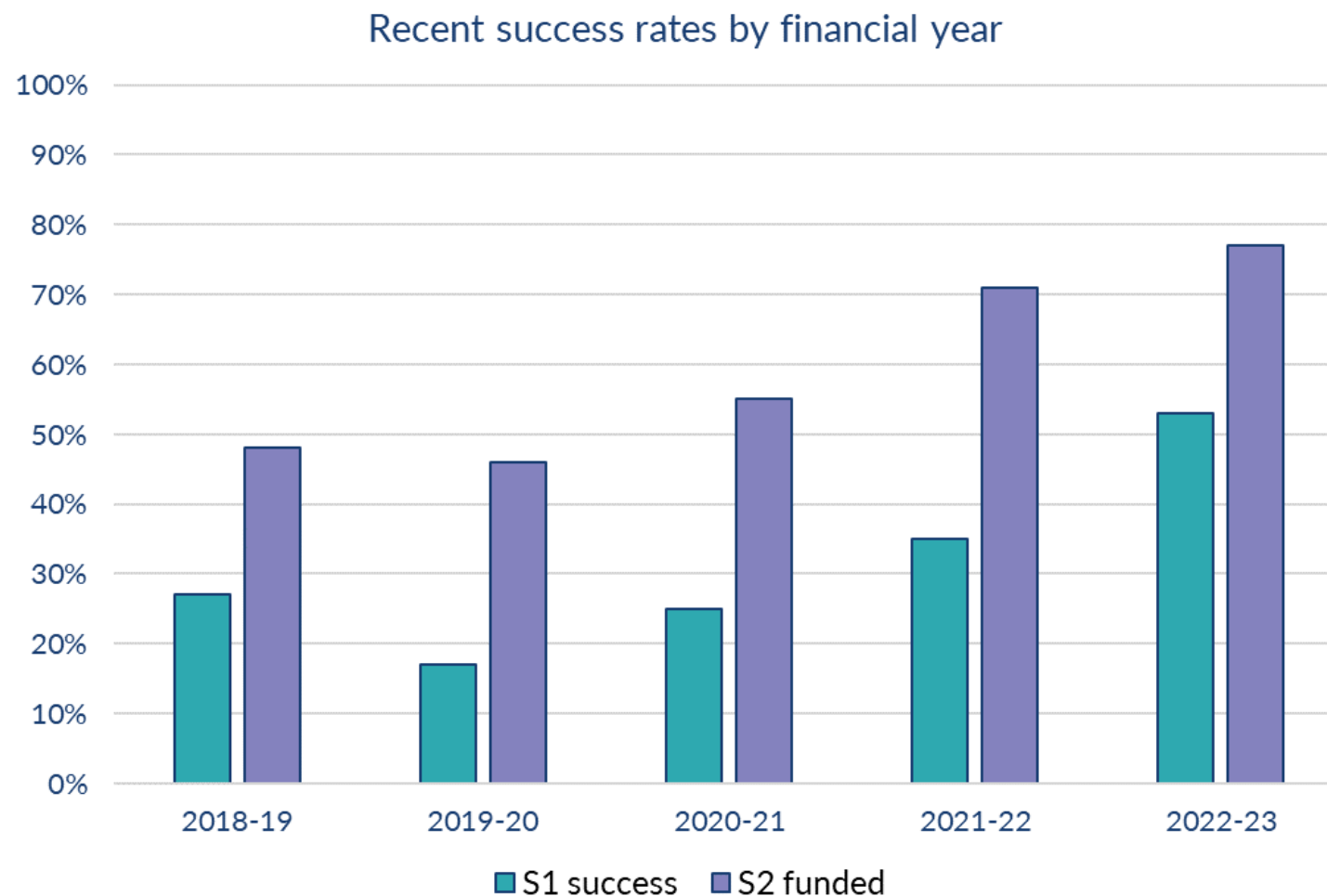
PGfAR Stage 1 Committee and Process

- Typically 10 members comprising:
 - Programme Director, Stage 2 Committee Chairs and general health services researchers from Stage 2 committee
 - **Core reviewing:** 2 Lead Assessors (LAs) and PPIE committee member review each application. Looking for:
 - Team – can they deliver?
 - Rationale of the programme. Is this an important question for NHS, DHSC, patients?
 - Has the research been designed with reference to an appropriate review of the existing literature?
 - Relevance and scientific quality of the research outlined
 - Is this value for money / a good way to spend public money?
 - The quality of the plain English summary
 - **Proposals are shortlisted for Stage 2**
-

PGfAR Stage 2 Committee and Process

- Applications sent for peer review
 - External peer review reports (~4) and committee methodological review is done alongside external review at this time too (stats, health economist, behavioural/qualitative & PPI)
 - Applicants will have the chance to rebut at this stage
- Assessed at committee, comprises:
 - **16 members including the Stage 1 reviewers**
 - Chair/co-Chair and Programme Director
 - 2 PPIE representatives
 - 5 general health services researchers including clinicians
 - 2 Qualitative/health psychologist (combined review - introduced this process from Call 28); 2 Health Economists and 2 Statisticians
- DHSC approval before notification of outcomes

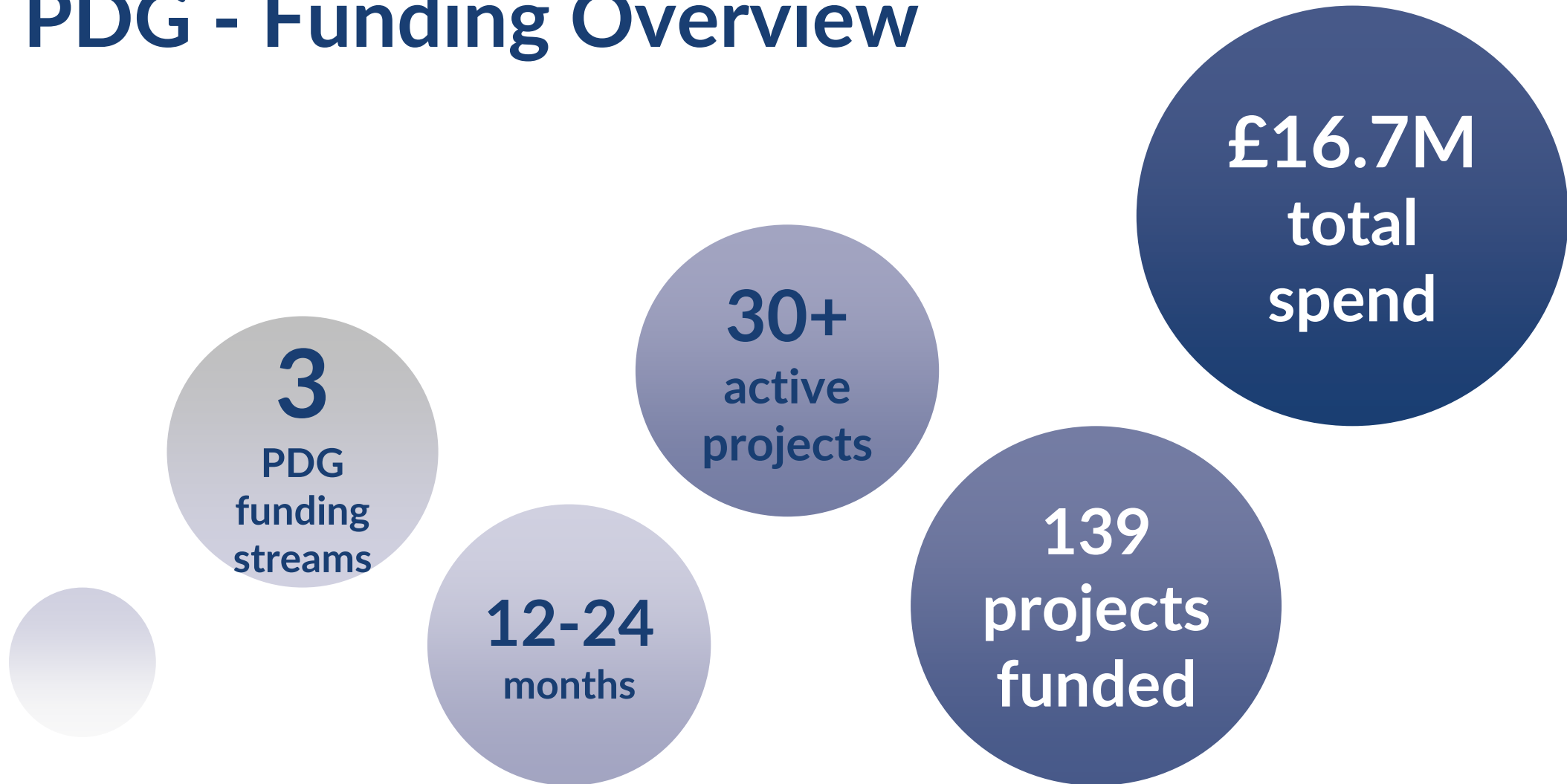
PGfAR - Success rates



PGfAR Monitoring

- **Programme Steering Committee (PSC)** - to convene at least once per year
- **Annual progress reports** provide formal update
- **Checkpoint report** to assess progress against agreed deliverables - must be met to allow programme to proceed
- **Quarterly recruitment updates** - programmes with trials expected to provide updates
- **Final report** to be published in NIHR Journals Library

PDG - Funding Overview



PGfAR - PDGs

- Stream A purpose (pre-PG): undertake preparatory work to strengthen a future PG application/developing your programme of work
- Stream B purpose (during PG): (Newest expansion of PDG scheme) Additional work that adds value to the main PG and is led by an early/mid-career researcher
- Stream B purpose (post-PG): Further data analysis, dissemination & implementation activities
- Maximum of 1 of each type per PG

PGfAR - PDGs

All streams:

- Typically 12-24 months
- £150,000 max
- One stage assessment process, reviewed by members of our S2 committee
- Three competitions in a year (launching March, July and November) including themed calls and highlight notices
- Final report required

PDG Call 34 received 48 applications (incl partnerships) - our most popular round!

~~PDG Call 36 received 27 applications - our most popular stand alone~~

Developing Innovative, Inclusive and Diverse Public Partnerships call 2023

- Run as a highlight notice to PDG 34 in 2022 (16 projects funded)
- Running this year as a dedicated call (not a highlight)
- Opens in August and closes in October 2023, with outcomes expected in late Spring 2024
- Differs to standard PDGs:
 - Doesn't need to lead to a PG/stand alone from the quotas for stream A/Bs per PG
 - 6-18 months in length
 - focus on true partnerships with communities and new voices being heard

Further information links

Programme Grants:

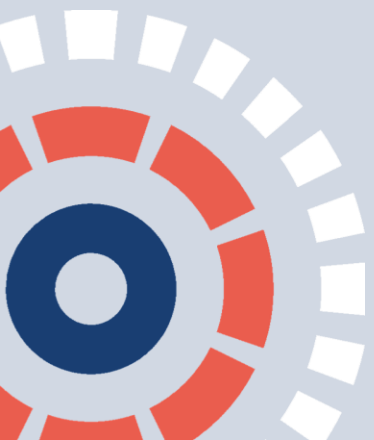
- [Information page including scope](#)
- [Competition dates](#)
- [Highlight notice on NHS compound pressures](#)
- [Career Capacity Building](#)

Programme Development Grants:

- [Information page including scope](#)
- [Competition dates](#)
- Partnerships call 2023 - webinar in July

Thank you for listening!

Any questions?
pgfar@nihr.ac.uk



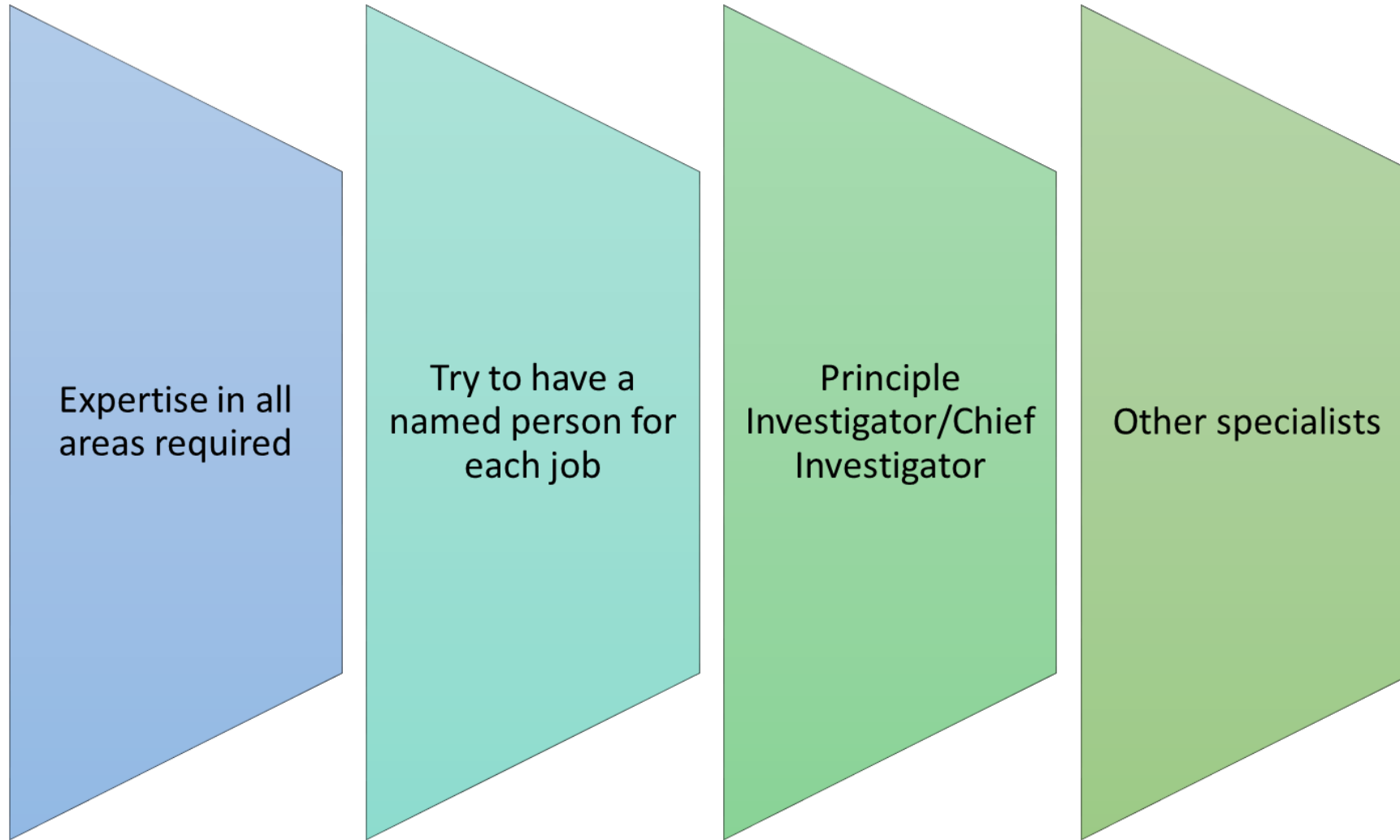


Skills in the team

Dr Ferhana Hashem
Reader in Health Services Research
NIHR RDSSE Kent Site Lead



Skills will you need on your team



Have a named person
for each role

Creating a team

When putting together a team for a funding proposal, it's important to consider the following:

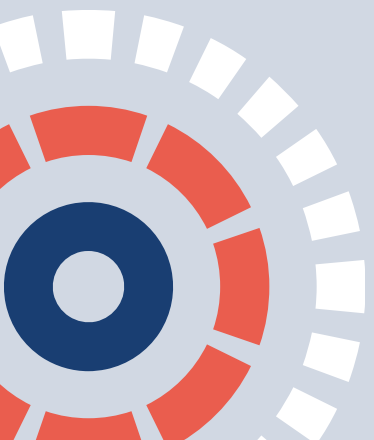
- Define clearly the responsibilities of each team member and ensure that other members of the team are aware of their role
- Ensure that appropriate time commitment is discussed with the team and is costed (in FTE) on an application
- Support lay members on an application – who will be available if your lay members have accessibility requirements?
- Who's missing?

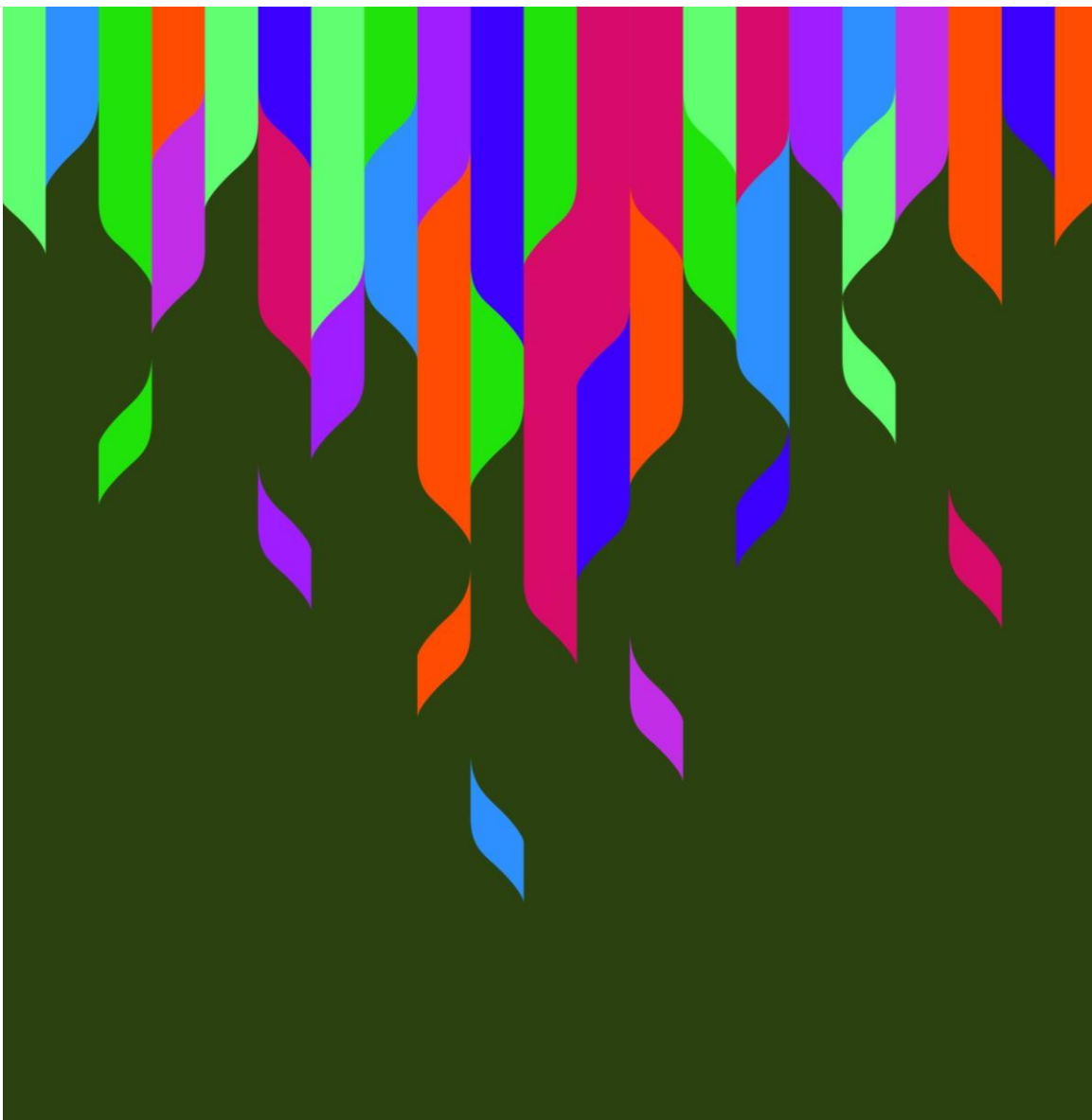
Principal Investigator / Chief Investigator

- The study lead takes overall responsibility for the running and delivery of the project
- It is usually someone who is a leader in the field and/or who has a good research track record
- Make sure (if needed) you have a MENTOR



Other specialists
required





Statistician
Health economist
Methodologist
Service user
representatives
Qualitative expert

Wider team members



Public Involvement



Essential part of any NIHR application



Lay reps sit on funding panels & are external reviewers



Highlight throughout involvement of service users in:

- Design of the research: you need to consult service users about your study before you finalise the design & submit a funding application. Treat them as experts whose input you are seeking.
- Research process itself
- Dissemination of outcomes/impact



Plain English Summary – the first thing any reviewer/panel member will read.
An ideal place to involve service users



Research Management

- Steering Group // Data Monitoring & Ethics Committee:
 - Chair & members external to the research group.
 - Might involve other stakeholders e.g. service users, charity rep, Trust rep, Commissioners etc.
 - Deals with:
 - Oversight of project
 - Data monitoring
 - Ethical issues

Other team
members

Trial
manager

CTU
involvement

Summary



Being part of a team of researchers requires working collaboratively in a multi-disciplinary way across specialties



The research team will include members with different methodological expertise, which may differ from your own research training



Your team may also include lay members as part of your research group and separately as part of your project steering committee



Large studies will require a study support mechanism in the form of research management, and if needed the involvement of a clinical trials manager and CTU