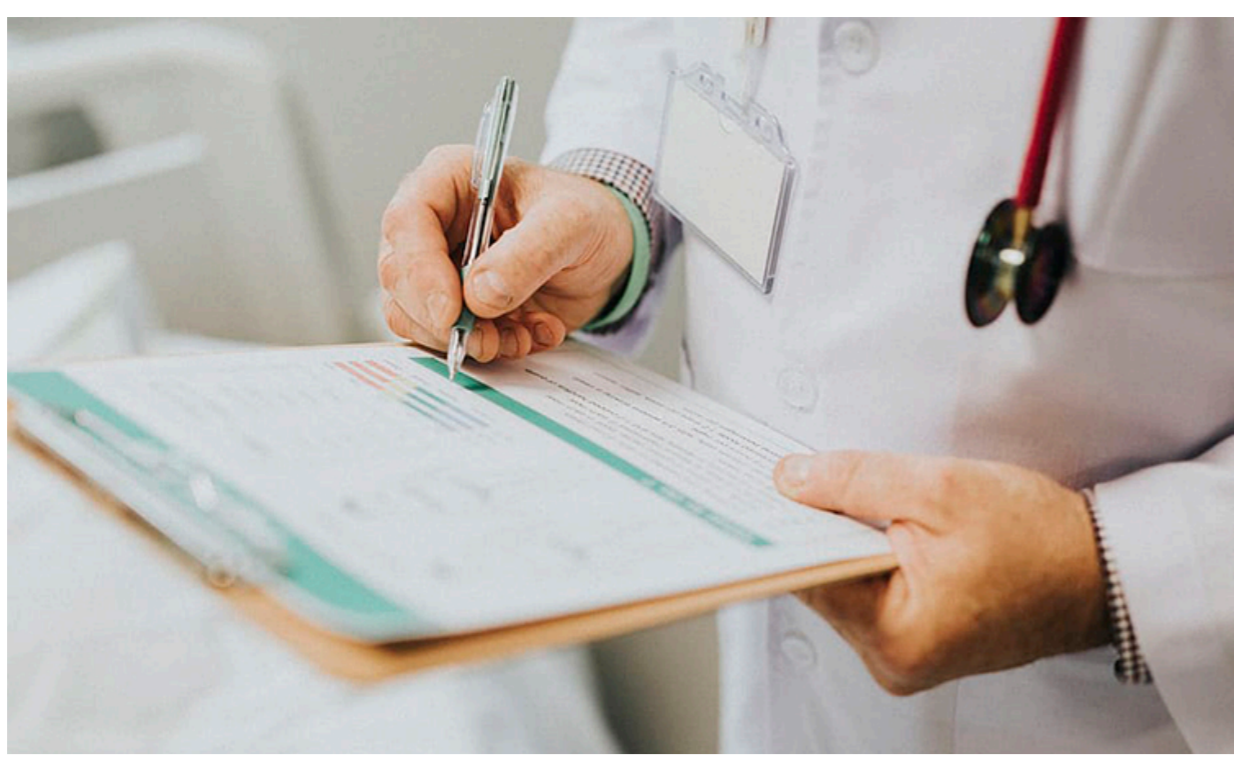


Bookmark Email Download



## So you're new to...the National Institute for Health Research

The first leg of a two-part primer on the research arm of the NHS

Comment on this article

Have you ever thought about applying for funding from the National Institute for Health Research but ended up talking yourself out of it? For health or social care researchers, the array of programmes on offer can seem at once inspiring—there are so many opportunities—and daunting, as it can be hard to know where your research fits best.

My aim in this article is to demystify the NIHR for those of you who fit into that category. I'll give a quick overview of the organisation, mapping out the NIHR's 10 funding programmes. I'll also discuss the importance of demonstrating public involvement in NIHR applications and where to get support when developing a funding application.

Next week, so that potential first-time applicants can better understand how the NIHR works, I'll take a closer look at the Research for Patient Benefit programme, a frequent first port of call for researchers in health and social care applying for funding.

Before we start exploring the nuts and bolts of NIHR programmes, it's important to understand how the NIHR both drives and supports research. Its calls tend to fall under three headings:

- **Commissioned research** that addresses specific topic areas identified as priorities for their importance to the NHS and patients. Operates on a programme-by-programme basis.
- **Researcher-led projects** on topics proposed by researchers within the remit of a particular programme; the equivalent of the research councils' 'responsive mode'.
- **Themed funding opportunities** arise as annual calls and are advertised across all of the NIHR's programmes. Calls will be for research on areas identified as a health challenge or government priority.

### The 10 research programmes

Typically, as a researcher new to a funder, you would visit the website to find out what's available. But while there's useful information scattered about, navigating the NIHR's online offering can be like finding your way in a rabbit warren. A concise presentation of the 10 programmes is very much in order and that is what I shall aim to give here. Health and social care researchers of all stripes should find their niche. I've added the abbreviations because these are not always obvious—and to get to grips with the NIHR, you will need to get to grips with the abbreviations. I've also given an indication of the funding values typical for each programme.

**Efficacy and Mechanism Evaluation (EME)** primarily supports clinical trials and other robustly designed studies that test the efficacy of interventions. The interventions should have the potential to improve patient care or benefit the public. This programme is jointly funded by the Medical Research Council. No funding limit.

**Evidence Synthesis (ES)** identifies, evaluates, combines and summarises information from a range of sources to provide decision-makers with the best possible information about the effects of tests, treatments and other interventions used in health and social care. Researcher-led applications can be for up to £5,000; commissioned calls have a funding limit of £400,000.

**Health Technology Assessment (HTA)** supports research with the potential to be immediately useful to patients, clinical practice, and policy or decision-makers. HTA is a late-stage translational scheme and it specialises in research to give clarity on interventions previously shown to be effective but where there is doubt over the clinical and cost-effectiveness in a real-life NHS setting. No upper funding limit.

**Health and Social Care Delivery Research (HSDR)** funds evaluative research with the potential to improve health and social care services. Research may be primary (qualitative and/or quantitative), secondary and/or be geared towards an evidence synthesis. No funding limit.

**Invention for Innovation (i4i)** is a translational research funding scheme aimed at de-risking early-to-late-stage medical devices, in vitro diagnostics and patient-focused digital health technologies for NHS use. NIHR guidance stresses that the technologies evaluated should have "strong potential for commercialisation and acceptance for use within the NHS", and that "projects are expected to have a clear end product in view at all times". No funding limit.

**Programme Development Grants (PDGs)** are available to help researchers build up to Programme Grant bids (see below). Broad-ranging development work is permitted, with less detail required about the future programme of research. £100,000 funding limit.

**Programme Grants for Applied Research (PGfAR)** fund programmes of applied research that generally comprise a number of interrelated projects, usually described in separate work packages but forming a coherent theme, where added value is gained from the combination of the various strands of research. Funding not usually above £2.5 million.

**The Policy Research Programme (PRP)** is a specialist programme to fund research to furnish evidence to government and arm's-length bodies. No funding limit.

**Public Health Research (PHR)** is arguably the most logically named programme and the focus is indeed on evaluation of practical interventions to improve public health and reduce health inequalities in non-NHS settings. No funding limit.

**Research for Patient Benefit (RfPB)** funds topics and research methodologies that increase the effectiveness of NHS services and provide value for money and benefits to patients. The annual competition specially for social care proposals is run under the **Research for Social Care (RfSC)** banner. Both schemes focus on "the day-to-day practice of health service and social care staff". £350,000 funding limit.

The number of calls to apply for funding varies for each scheme and may be subject to change.

- **EME, HSDR, HTA and PHR:** three researcher-led and three commissioned calls each year.
- **ES:** one researcher-led call a year.
- **i4i:** three researcher-led calls and one commissioned call each year.
- **PDGs and PGfAR:** three researcher-led calls each year.
- **PRP:** three commissioned calls each year.
- **RfPB:** three researcher-led calls a year.
- **RfSC:** one researcher-led call a year.

You may have detected some overlap between programmes. This is in fact intentional—the NIHR doesn't want any relevant health or social care research 'slipping through the cracks' of its programmes.

However, this also creates a situation where researchers may be unsure of which programme fits their research best. There is some guidance on the NIHR website ([this page](#), for example, distinguishes the i4i programme from the EME programme, while this one compares EME with HTA), and each programme has a dedicated email address for any questions. Do contact the programmes if you are ever in doubt. NIHR staff can offer advice on any relevant subject, from whether your study is in scope to getting the most up-to-date funding guidance.

### Funding bids

Applications to any one of the 10 funding programmes are submitted through one of two funding portals, both of which come with abbreviations. There's the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC) Management Information System (MIS), and there's also the NIHR Central Commissioning Facility (CCF) Research Management System (RMS). It's paramount to check which system your chosen funding programme uses.

There are also two things to consider about any NIHR application. First, public engagement is crucial to the NIHR and you should start by assuming that your project should contain it. The NIHR is of the view that while a team of researchers may have an innovative idea, it will always be critical to consider what the public—and patients, where relevant—have to say about it. Involving non-medical people can furnish different views and ideas on an intervention, or on the suitability of recruitment and study participation plans. It can also be a route to valuable feedback on a Plain English Summary (PES, a part of any NIHR application) and on impact and dissemination strategies.

The public or patients should also be involved in study steering groups. There are really multiple ways to involve the public—and if you want your bid to be taken seriously by the NIHR, you should ensure that you use them.

The second thing to consider when making a NIHR bid is that help is at hand via the NIHR Research Design Service (RDS). RDS branches operate from 10 regions in England and can offer a helpful steer towards identifying an appropriate funding programme, support with public involvement, and other speciality support and advice to help develop a funding application. Don't be shy!

*Ferhana Hashem is a reader in health services research and site lead in Kent for the NIHR's RDS South East. The opinions expressed here are those of the author and not of the RDS or the NIHR.*

Comments

### Add a comment

You are signed in as Ferhana Hashem, University of Kent

Type your message here

Send

20 Jan 22, 10:47

By Ferhana Hashem

### Related Articles

Bouncing back

NIHR launches four incubators to support research careers

Opportunity profile: NIHR moves fast on public health

My winning proposal: Inside track to the NIHR's big prize

f t in

Contact Support

## Supporting Scotland's vibrant research sector

The RSE's Research Awards programme is open for applications. Stimulating research in Scotland, nurturing promising talent, and enabling international collaboration.

Deadline: Thursday, 24 March



REGISTRATION NOW OPEN



OSLO CONFERENCE MAY 4-6 2022

#EARMAconference earma.org