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So you're new to…the NIHR (part 2)

Drilling down into the National Institute for Health Research's most frequent first port of call

Comment on this article

In the first instalment of my two-part primer on the National Institute for Health Research, I outlined the NIHR's structure, detailed its 10 research programmes and offered a couple of pointers for potential applicants.

This time round, in the concluding part, I will concentrate on the twin funding programmes called Research for Patient Benefit (RfPB) and Research for Social Care (RfSC), as they are the most frequent first ports of call for health and social care researchers making a bid to the NIHR. These programmes welcome applications from early career researchers as well as more established scientists.

The programmes fund health, public health and—for RfSC, as its name implies—social care research with a clear pathway towards benefiting patients and users of the NHS or social care services. They do not specify particular research topics, so researchers can propose any topics that fall within the scope. It is worth noting that RfSC is concerned only with supporting research in adult social care: children's social care research is funded separately.

Apart from differences in what the two programmes fund, the other key difference is the number of calls per year: RfPB has three, whereas RfSC has one.

What does RfPB fund?

RfPB has been around for over 14 years and has funded more than 1,000 projects. In 2022, deadlines for stage one (outline) applications are scheduled in March, July and November. For those invited to submit to stage two (full applications), the deadlines are in July, November and March, respectively.

As a co-applicant on three funded studies, I can vouch for the breadth and range of applications this scheme supports. Most applications will fit into one of these categories:

- Research into the provision and use of NHS services
- Effectiveness and cost-effectiveness evaluations of interventions
- Research that examines the resource use of alternative means for healthcare delivery
- Feasibility research to support applications for major awards to other funders
- Development and refining of interventions, scales or outcome measures
- Research to explore the potential for improving patient health and wellbeing through needs assessments, methods development and exploratory studies
- Evidence synthesis and systematic review

Those who read the first part of my primer may remember that one of the NIHR's programmes is specifically for evidence syntheses (the imaginatively named Evidence Synthesis programme). So which evidence syntheses are suitable for which scheme? I would say that any proposal for an evidence synthesis submitted to RfPB would be part of the preparatory work for a larger study. The research team would need to write in their application how the proposal would lead to that larger study. In terms that will only make sense if you read the next paragraph, an RfPB evidence synthesis application would likely be a tier three submission, done in support of an eventual tier one bid.

What is all this tier talk? Well, RfPB has three tiers of funding to reflect the likelihood of achieving patient benefit. Studies where patient impact may not be immediate but where that trajectory is clearly explained would fit into the tier three funding envelope. Studies that aim to do the preparatory work towards a clinical trial, such as a feasibility or pilot study, and which usually require less funding than a full trial, would fall into the tier two funding limit. Where patient benefit is more immediate, and here we are talking about clinical trials, a larger funding envelope under tier one is available. In summary:

- Tier one: up to £350,000 for research that might have fairly immediate patient benefit (such as a randomised controlled clinical trial)
- Tier two: up to £250,000 for research in preparation for full trials, including feasibility studies and pilots, depending on the extent of uncertainties
- Tier three: up to £150,000 for more upstream research, such as observational, proof-of-concept or qualitative studies, that will generate results that may be useful for more downstream investigations or might carry a higher risk of failing to achieve patient benefit

Two important points to note here. First, the tier system does not apply to the RfSC programme. Second, there are no fixed ceilings for funding requested, and the funding maximums given are indicative.

How does RfPB work?

RfPB is a programme that has much going for it. In particular, it is adapted to localised needs in the way research is funded at a regional level (despite it being a national programme) via its eight regional advisory committees in England, each with a local committee chair, committee members and public members. You should identify your local advisory committee.

RfPB moved from a one-stage to a two-stage application process around 2015, and bids that get through to stage two have around a 50 per cent chance of being funded. However, overall success rates hover around the 20 per cent mark. To give you a snapshot of numbers applying and funded, in the 2019-20 rounds, 370 applications were submitted and 70 were funded.

What does RfSC fund?

Along similar lines to RfPB, RfSC funds research to inform the way adult social care is delivered. The types of applications the programme is interested in include:

- Social care needs and relevant outcomes (which could be quality of life related to health or social care, as appropriate to the study or population)
- Research to develop a more robust evidence base for current ways of working
- Research to develop and evaluate ways of delivering social care
- Secondary data analysis, record linkage and reviews
- Research methods development
- Research into care users', carers' and social care professionals' circumstances and needs

How does RfSC work?

RfSC has a national annual call. A single committee, which includes public and practitioner members, reviews applications. Its success rates are yet to be published by the NIHR, but as with the RfPB programme, it is highly competitive. In addition to scientific excellence, public involvement, a proactive equality, diversity and inclusion strategy and an impact plan are critical for success. As I mentioned in the first part, the NIHR's Research Design Service, with its 10 regional offices in England, can help with advising on including these in your application. Do seek its help if you are considering applying to the NIHR.

The NIHR can certainly appear from the outside to be forbiddingly complex, but it is an essential funder for all those in health and social care research who are not focused solely on fundamental research questions. The applied tilt of its funding programmes ensures that the scope of what it funds is at the helm of health and social care research in areas well beyond the world of academia. I very much hope that, for readers who had previously been perplexed by the NIHR's functioning, the next time your organisation circulates information on its calls, you will think twice before you hit the delete button.

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.

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