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## Five common signs of an unhealthy bid

Prevention is better than cure for these frequent missteps in healthcare funding applications

I am a site lead in Kent for the National Institute of Health Research's Research Design Service South East. Translated into acronymic that means I'm SL for the NIHR RDSSE. Translated into English it means I assist health and social care researchers who are looking to improve or sharpen their bids to the NIHR, or get advice on previously unsuccessful ones.

This in turn means I've become familiar with the most common mistakes that researchers tend to make when putting together a bid. These are mostly preventable, so I present this list of the five main ones like a dentist telling you to floss, or your GP saying you should get some exercise... I'm being annoying but it's for your own good (or at least the good of the bid that you've worked so hard on).

### 1. Unfocused aims, objectives and research questions

The trinity of aims, objectives and research questions may seem an obvious place to start, but a misalignment with any one of these three may mean a grant application may never pass muster with a funding committee.

Frequent missteps include the specific aims being unfocused and goals unclear, and the objectives being overly ambitious with far too much work proposed within the project timeframe.

Research questions can be equally as confusing if they too are ill-defined and broad and leave panel assessors with little understanding of what the study aims to answer. Certainly, selecting a research question can be time-consuming in health research, but it is essential. Clinical studies usually have an overall primary research question with attendant secondary research and demonstrating how the latter are connected to the former is key to conveying what your study seeks to address.

Feedback from colleagues, both within and from outside your area of expertise, on research questions can lead to genuine insights on how reviewers might interpret the research question. And if your chosen study design will answer that question. But generating research questions 'in silo'—that is just within your research team—is neither favourable nor recommended. Researchers cannot prioritise the issues are important to patients without their input, or that of public representatives. For NIHR applications at least, such input is a key ingredient in any successful proposal.

## 2. The wrong team

Funding applications that lack involvement from the relevant disciplinary or specialty experts and collaborators will have a hard time convincing the funding panel that they should be funded. Early career healthcare researchers have the capability to develop a new technique or intervention—nobody doubts this—but it is paramount that they demonstrate that they are working in an environment that can support their study to completion and that they will refer to experts for supervision and feedback.

On a personal basis, a willingness to connect with leading research teams on the topic or speciality area shows a desire for collaboration and openness to expert critique and opinion.

Leading collaborators are most commonly involved as joint lead co-applicants—if that is allowed for the particular funding scheme—consultants, or even as members of the study's steering committee. Their commitment to the study must be demonstrable and their time and resources suitably costed. But watch out—funding committees are also intensely aware of distinguished academics being included on a bid with next to no evidence of their involvement, only having been invited to fulfil the need for a 'big name' to lend credence to the proposal.

## 3. Poor justification of patient benefit

A novel surgery technique, newly developed outcome measure or innovative multi-modal recovery regimen may all sound great at the top of a proposal but without clearly defined patient benefit, they will still struggle to cut the mustard.

Grant applicants advocating the use of such new procedures simply cannot assume the funding committee will be bowled over by the promise of a snazzy new treatment. Healthcare researchers must explain not only the improvements in clinical outcomes, but consider the wider benefits to patients and, in the case of NIHR applications, the NHS. This all requires solid rationale.

The health economic implications of the intervention should be considered here. This may include the potential cost savings to the NHS, a reduced length of stay in hospital and increases in Quality of Life (QoL) scores. Studies should take care to also capture qualitative data from patients undergoing the intervention and from healthcare staff involved.

Always remember that patient benefit can often appear self-evident to applicants, but to an external reviewer considerably less so. Showing that the study idea was developed and designed with strong public and patient involvement can go a long way to closing this gap. Ensuring that public and patients continue to be involved over the life course of the project also sends a clear message that patient benefit is embedded throughout.

#### 4. No explanation of the larger research trajectory

When applying for smaller pots of money such as seed funding, despite the limitations of some application forms, it is worth setting out what the next steps for your research would be should your project to be successful. It is also important to outline how you would measure success or failure with your study—or in clinical trial terms your ‘stop-go criteria’—to help decide whether that next step is warranted.

#### 5. Budget not justified appropriately

Finally, a budget needs to be detailed to be worthy of the name. When I say ‘detail’ I mean itemisation of staff time, equipment, consumables, travel and dissemination, separated into indirect and direct costs. For this, it is essential to involve research and development finance teams at the early stages of an application.

That is especially true with NIHR applications, where budgeting can be a major undertaking. More often than not, it requires inclusion of costs from different partner organisations—NHS organisations, academic institutions, commercial partners, and so on—and funding rationales for each organisation can differ. It is worth ensuring that each organisation’s finance teams are in communication to pull together costs and build in extra time to revisit the budget before submission. In addition, NIHR costs are attributed into three broad categories—Research Costs, NHS Treatment Costs and NHS Support Costs—and consulting the relevant guidance: <https://www.gov.uk/government/publications/guidance-on-attributing-the-costs-of-health-and-social-care-research>

Finally, the ‘justification of costs’ section on a grant form is mistakenly completed with a breakdown of costs, rather than a rationale outlining the reasons for requesting the funds. This section requires information on staff time—who and how much as full-time equivalents—and what the non-staff budget will be spent on, plus an explanation on what the estates and indirect costs are. After all the hard work that goes into any grant application, it would be a massive shame to drop the ball on this last section. Remember this warning!

Ferhana Hashem is reader in health services research and site lead in Kent for the NIHR’s Research Design Service South East. The opinions expressed here are those of the author and not of the RDSSE or the NIHR.

