



NIHR CLAHRC NWC: Guidance for Commissioning or Adopting Applied Research and Implementation Activity

1 Introduction

1.1 CLAHRC NWC Mission Statement:

The mission of the NIHR CLAHRC NWC is to work collaboratively with Partner organisations and other stakeholders including members of the public to co-produce and conduct high quality, leadership enhancing, applied research designed to decrease health inequalities and improve the health of the population of the North West Coast.

Aim:

The NIHR CLAHRC NWC will create an environment to facilitate a step change towards a culture of co-production of research, engagement and capacity development across our partner organisations. This will contribute to reductions in health inequalities through improvements in public health and chronic disease management.

Principles:

Through the use of our Equity Lens, we will ensure all our activities remain focused on work that has the potential to reduce health inequalities. We will ensure that all research and implementation activities consider their differential impacts across social groups.

We are a Collaboration.

We will support co-production through effective engagement of our Partners and stakeholders across all of our activities.

Our engagement strategy is inclusive.

We will support and encourage active partner and stakeholder involvement across all of our activities, aiming to build sustainable applied research and implementation capacity, to embed research, and support organisational excellence.

We will engage and involve the public, including patients, service users and carers, and members of communities of interest and place, across all of our work.

We are committed to achieving excellence.



Through peer review and co-production we will ensure all our research and implementation activity will be of excellent quality and relevant to our stakeholders. We will foster a culture of evaluation and reflection across all of our programmes.

Our Steering Board and Host NHS Trust will: hold us to account for the quality and efficiency of our work and the processes to monitor them; co-determine our priorities and activities in line with our vision and bid document, including updates following periodic review.

Our governance structures will ensure that resources are allocated transparently and in accordance with our strategy.

To ensure a legacy CLAHRC NWC will develop capacity for applied research and implementation across the partnerships through co-production, training, bursaries, mentorship and other support.

Strategies and Themes:

Our key areas of interest and expertise within the academic centres are highlighted by the focus of our Themes, and all centre on Health Inequalities. However through CLAHRC NWC we will work with our stakeholders to develop and deliver their projects that lie within our overall framework.

Our overarching themes are:

- Evidence synthesis supported by the North West Coast Evidence Synthesis Collaboration
- Knowledge exchange and co-production supported by an Engagement Strategy and a Capacity Development Strategy.

In addition we have four Programme Themes:

- Delivering Personalised Health and Care
- Improving Mental Health
- Improving Public Health
- Managing Complex Needs

We will start from the best available evidence to inform our activities, supported by the NWC Evidence Synthesis Collaboration.

We will seek to collaborate with other CLAHRCs nationally, and the NWC Academic Health Sciences Network (AHSN) regionally, on shared projects broadening our activities, while retaining our focus on reducing health inequalities.

We will signpost other activity across the CLAHRCs and/or recommend other funding streams in collaboration with the NIHR Research Design Service for the NW.



We will closely align with NWC AHSN as our implementation partner, leading an initial implementation and evaluation prior to the NWC AHSN guiding its rollout.

We will build upon existing NHS/academic partnerships that have a proven track record of using research, strengthened further by the new AHSN and commissioning structures.

We will build on our multidisciplinary approach, stakeholder integration and engagements with industry to accelerate the translation of research findings into service improvements and to generate wealth.



1.2 Overview of the Process

We recognise that ideas for research can and will originate from the full range of people that might encounter CLAHRC NWC. Our aim is to support the development of ideas for applied health research and implementation projects, wherever they originate, that are consistent with the vision of CLAHRC NWC and where there is strong support from our Partners.

The process of developing and agreeing applied research and/or implementation projects or activity has three stages: 1) Initial enquiry and development of an Outline proposal for formal feedback from members of the Management Team and Steering Board; 2) Development of a Full Proposal for external peer review; 3) Following scrutiny, formal agreement by the Steering Board for the CLAHRC NWC to support the project or activity.

A key aim of CLAHRC NWC is to create a culture of co-production of research with our partner organisations. As such we particularly welcome applications that originate with our NHS/local authority Partners and from the public, although we recognise that initially a higher proportion of proposals may be initiated by academics in partnership with practitioners/commissioners and patients/public.

An overview of the process is given in Figure 1.

2 The Outline stage

2.1 Submitting an Outline

The purpose of the Outline stage is to ensure that early on, proposed activities are consistent with the vision and would contribute to the aims of the CLAHRC NWC.

If we feel that an idea for research falls outside the vision and aims of CLAHRC NWC, we will 'signpost' teams appropriately, for example to NIHR RDS North West (for assistance with developing applications to the NIHR funding schemes) or to other relevant funding bodies.

Proposals can be initiated by anyone, including academics, health or social care staff, managers, patients, carers and the public. However, the need for the research should be identified in collaboration with the relevant stakeholders (to include academics, health or social care staff, managers, patients, carers and the public). Ideas for research and implementation projects should be directed through one of three routes to ensure that there is support:

- Ideas from the public and users of services, via members of the Public Reference Panel
- Ideas from our NHS & LA Partner organisations, via members of the NHS&LA Reference Panel



- Ideas from our University Partners, via members of the Management Team.

Depending on where the initial idea fits with the priorities of our Themes, we will allocate a 'case manager' (normally the relevant Theme's Researcher Manager) to support and guide the development of a research question and proposal that fits with the vision and aims of CLAHRC NWC. Prospective teams should work with the Themes to determine the implementation or research topic to be addressed.

The case manager will help to bring together an appropriate research team by mobilising any necessary support from our:

- Stakeholder Engagement Team (led by Prof Popay),
- Core Team of Methodologists (quantitative and qualitative methods and health economics, led by Prof Gabbay),
- Expertise within the NWC Evidence Synthesis Collaboration (led by Prof Dickson),
- Capacity Development Team (led by Prof Watkins).

The case manager will also be responsible for tracking what happens to the proposal and any subsequent follow-on work.

Outline proposals, with the agreement of the relevant Theme Leader, will be submitted to the CLAHRC NWC Management Team (via Dr Cloke) to determine fit with the remit (NIHR objectives) and vision of CLAHRC NWC.

Outlines will be reviewed by members of the Management Team and Steering Board; there are no specific deadlines for Outline proposals. If the proposal aligns with the vision, aim and objectives of the CLARHC NWC and there is sufficient support from Partner organisations (matched funding or other resources), we will invite the team to submit a full application. We will provide constructive feedback to the lead applicant, regardless of the outcome.

2.2 Criteria for Outlines

Outlines will be reviewed against the following criteria using the form in Appendix A.

1. Does the Outline demonstrate active involvement of CLAHRC NWC Partners (NHS or Local Authority) in the identification of the work outlined in the bid?
Does the Outline identify a Principal Investigator and a CoPI (not from a HEI Partner) to lead the project or activity to balance academic and stakeholder leadership?



2. Do the applicants demonstrate that appropriate members of the public have been involved in developing the ideas described in this Outline?
Are 'lay expert' groups or individuals prepared to play a full part in the development and conduct of the work proposed in the Outline identified?
3. Does the Outline clearly identify the implementation or applied research topic to be addressed, including a brief summary of the current evidence-base and gaps in evidence synthesis? What evidence on the topic is already available?
4. Does the Outline identify how the proposed work will contribute to CLAHRC NWC's overall aim of reducing health inequalities?
5. Is the likely team required to help develop and conduct the study identified?
Are the patients/carers, commissioners and professional staff in that team identified?
6. Does the Outline identify the Partners that have been involved in developing the original idea? Are there plans to recruit and engage with other Partner organisations? Are other organisations prepared to commit to involvement?
7. Does the Outline identify the financial resource (matched funding e.g. people, cash, equipment) that Partner organisations are willing to commit?
8. Does the Outline identify the opportunities, including the type and the number, for capacity building?

3 Full Proposals

3.1 Developing a Full Proposal

If the Outline aligns with the criteria, the applicants will be invited to prepare and submit a Full Proposal. In developing Full Proposals, the PI and Co-PI should continue to work with the case manager, the relevant Theme Leaders and the Core methodological support team to design the study, build the team and estimate the costs.

All proposals, in keeping with the aims and vision of CLAHRC NWC must:



- Summarise the team's approach to addressing health inequalities (as guidance, please see the <http://www.clahrc-nwc.nihr.ac.uk/our-work/HealthInequalitiesAssessmentToolkit.php>)
- Identify members of the public or lay expert groups who are willing to commit to playing a full part in the conduct of the project or activity
- Identify the opportunities for capacity development, what support is available and what additional support is required
- Identify the funding Partners (organisations) that have agreed to commit financial resource (matched funding e.g. people, cash, equipment) to the project or activity; this should include named individuals and/or the amount of cash to be provided.
- Include a detailed work plan, complete with the anticipated outputs, and a full justification of the resources requested (including which organisations they come from).
- Identify five potential reviewers to assess the Proposal.
- All teams must include, where relevant, representatives of patients, carers, the public, industry, commissioners and professionals alongside academics.

Full Proposals should follow the template for applications in Appendix B and be submitted to the Programme Manager according to the stated deadline.

3.2 Criteria for Agreeing Full Proposals

Full proposals will undergo external peer review and will be scrutinised by a Sub-Committee of the Steering Board. This will be organised by the Programme Manager.

External peer review will address the following criteria (see Appendix C):

- The need for the research
- The quality of the planned activities
- Cost effectiveness of the research
- Impact of the research
- Health Inequalities focus
- Involvement of Partners and the public.
- Capacity Building

The Sub-Committee will consider the comments and ratings of the External Peer Reviewers and in addition will scrutinise proposals according to:

- Intellectual Property considerations
- Complementarity with work in this and other CLAHRCs

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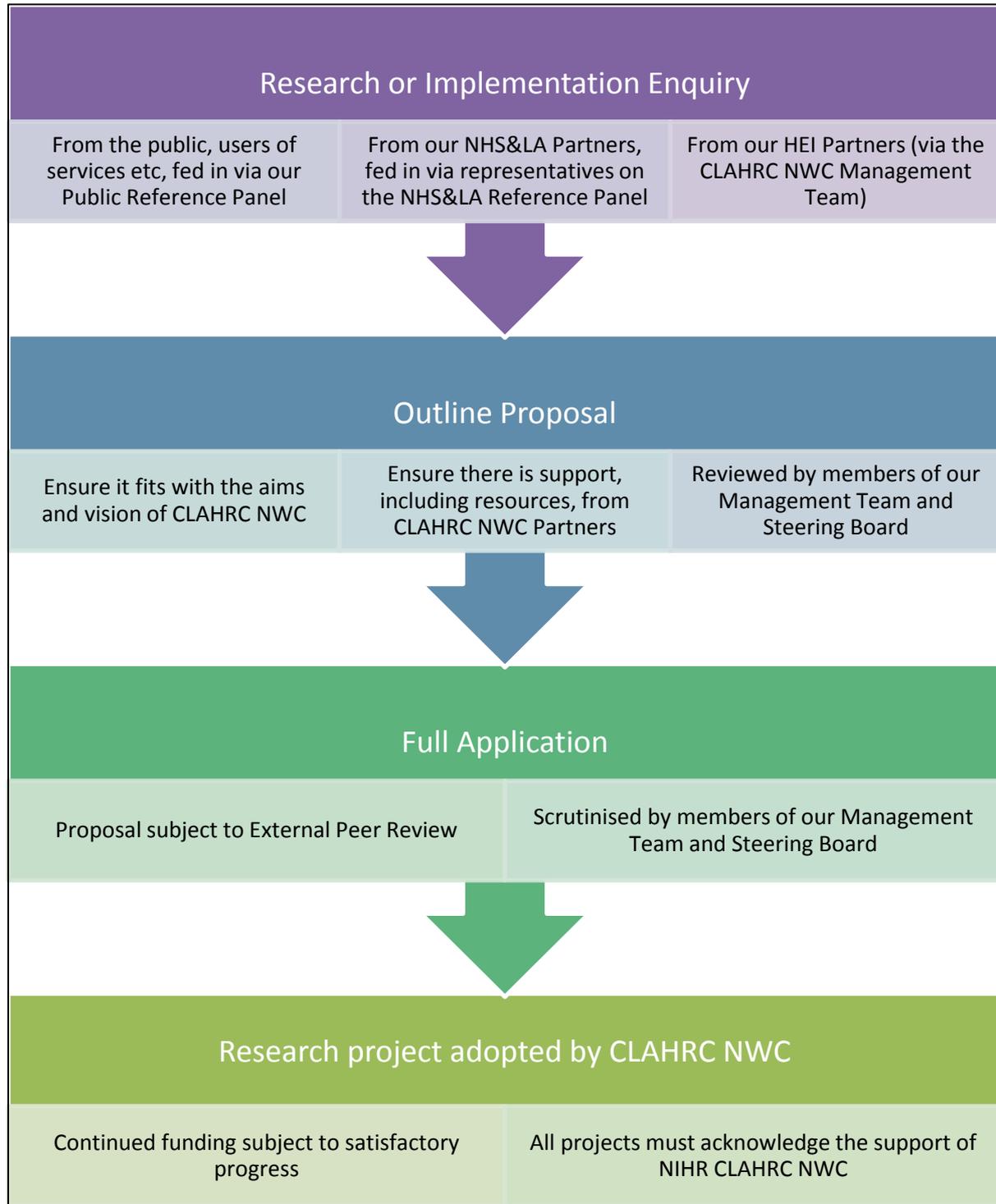


NHS
*National Institute for
Health Research*

The Sub-Committee will be responsible for making recommendations to the CLAHRC NWC Steering Board for project/activity adoption or commissioning.



Figure 1: Process for Commissioning or Adopting Applied Research and Implementation Activity





Appendix A: Criteria for Outlines

Project Title	
Project Reference	
CLAHRC NWC Theme	
Project Lead	
Name of Reviewer	

The purpose of the Outline stage is to ensure early on that proposed activities are consistent with the vision and would contribute to the aims of the CLAHRC NWC.

You are asked to review this Outline against the guide questions below (1-8) which are derived from the criteria for Outlines specified in section 2.2 of our Adopting and Commissioning Guidance.

Since applicants will be provided with a combined account of the feedback on their Outline, please provide constructive comments in the form below. If your comments do not fit with the guide questions, please add to the “any further comments” section at the end.

<p>1. Does the Outline demonstrate active involvement of CLAHRC NWC Partners (NHS or Local Authority) in the identification of the work outlined in the bid?</p> <p>Does the Outline identify a Principal Investigator and a CoPI (not from a HEI Partner) to lead the project or activity to balance academic and stakeholder leadership?</p> <p>Addressed/Not Addressed Comments:</p> <p>100 words maximum</p>
<p>2. Do the applicants demonstrate that appropriate members of the public have been involved in developing the ideas described in this Outline?</p> <p>Are ‘lay expert’ groups or individuals prepared to play a full part in the development and conduct of the work proposed in the Outline identified?</p> <p>Addressed/Not Addressed Comments:</p> <p>100 words maximum</p>
<p>3. Does the Outline clearly identify the implementation or applied research topic to be addressed, including a brief summary of the current evidence-base and gaps in evidence</p>



<p>synthesis? What evidence on the topic is already available?</p> <p>Addressed/Not Addressed Comments:</p> <p>100 words maximum</p>
<p>4. Does the Outline identify how the proposed work will contribute to CLAHRC NWC's overall aim of reducing health inequalities?</p> <p>Addressed/Not Addressed Comments:</p> <p>100 words maximum</p>
<p>5. Is the likely team required to help develop and conduct the study identified? Are the patients/carers, commissioners, and professional staff in that team identified?</p> <p>Addressed/Not Addressed Comments:</p> <p>100 words maximum</p>
<p>6. Does the Outline identify the Partners that have been involved in developing the original idea? Are there plans to recruit and engage with other Partner organisations? Are other organisations prepared to commit to involvement?</p> <p>Addressed/Not Addressed Comments:</p> <p>100 words maximum</p>
<p>7. Does the Outline identify the financial resource (matched funding e.g. people, cash, equipment) that Partner organisations are willing to commit?</p> <p>Addressed/Not Addressed Comments:</p> <p>100 words maximum</p>
<p>8. Does the Outline identify the opportunities, including the type and the number, for capacity building?</p> <p>Addressed/Not Addressed Comments:</p>

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100 words maximum

Any further comments

100 words maximum



Appendix B: Template for applications version 3, 20th March 2015

NIHR CLAHRC North West Coast

Application Form

Applications for CLAHRC NWC funding should be submitted in electronic format (Word or pdf) with font size no smaller than 10 point. Information is required under the following headings.

Project Title
Project Reference
CLAHRC NWC Theme Choose an item.
Principal Investigator. <i>Please state the Employing Organisation. Please complete a CV template in Appendix 1</i>
Co Principal Investigator(s). <i>Please state the relevant employing organisation, or alternatively their voluntary status. Each person to complete a CV template in Appendix 1</i>
List all other applicants and their relevant affiliations (e.g. employing organisation; voluntary group; individual) <i>Teams must include members of the public (including service users and carers), service commissioners and professionals, plus industry representatives where relevant.</i> <i>Please complete the relevant CV template in Appendix 1 for each of the applicants</i>
Lay Summary 500 words
Aims and objectives of the project 100 words
Relevance and Importance to CLAHRC NWC objectives 100 words
Summarise the approach to addressing health inequalities (as guidance, please see http://www.clahrc-nwc.nihr.ac.uk/our-work/HealthInequalitiesAssessmentToolkit.php) 100 words



<p>Detailed Work Plan <i>To include background, work plan, consideration of ethical issues, proposed analysis and interpretation if appropriate, GANTT chart including details/dates of plans for future grant submissions where relevant.</i></p>
2000 words
<p>Dissemination plan</p>
100 words
<p>Potential for research capacity development. <i>Identify the opportunities for capacity development, what support is available and what additional support is required, including funding, time scale and target audience where appropriate.</i></p>
100 words
<p>Resources Requested and Justification <i>Please review the guidance on eligible costs and matched funding in Appendix 2</i> <i>Please include in the Excel spreadsheet provided (Appendix 3) the necessary costs for the activities described in the proposal and how you propose the costs will be met i.e. whether they are to be funded through this grant or as part of match-funding (see Appendix 2)</i> <i>All costs must be justified in the space below</i></p>
500 words max
<p>Please confirm the value of excess treatment costs (if any) and the NHS Trust that has agreed to cover these</p>
<p>Identify the Partner organisations that have agreed to provide matched funding (e.g. people, cash, equipment) to the project or activity; this should include named individuals and/or the amount of cash to be provided</p>
<p>Peer review <i>Please suggest five potential reviewers (contact details to include email address and telephone number) with the relevant expertise to assess the proposal.</i> <i>To minimise any conflict of roles, potential reviewers should not:</i></p> <ul style="list-style-type: none"> • <i>be a current, major collaborator in this or a related project/paper,</i> • <i>work in the same academic unit or department as an applicant,</i> • <i>have supervised (i.e. PhD, Masters) an applicant within the last three years,</i> • <i>have or have had a personal relationship with an applicant, for example (but not limited to) a family member.</i>



*If in any doubt, please state any potential conflicts of suggested reviewers.
Please note that your suggested peer reviewers will be used as only one source of
peer review and may not necessarily be approached to undertake this review.*

Suggested reviewer 1

Suggested reviewer 2

Suggested reviewer 3

Suggested reviewer 4

Suggested reviewer 5



Appendix 1: CV Formats

Research format (maximum 2 pages person)

Name	Title	First Name	Last Name
Role in the project			
Academic and Professional Qualification (s)			
Present and Previous Positions Held			
Relevant Publications (Maximum 5)			
Examples of research outputs, innovation or development that have improved NHS service provision			
Relevant Current and Recent Research Grants			

Copy and paste additional CVs as required



Non-research format

Name	Title	First Name	Last Name
Proposed role in the project			
<p>Please tell us about your knowledge, skills and experience that are relevant to this application.</p> <p>This could include information about:</p> <ul style="list-style-type: none"> • Previous or present work (paid or unpaid) with any relevant organisations • Links with any relevant groups, committees, networks or organisations • Experience of particular health conditions, treatments, use of services - or as a member of a particular community • Knowledge and experience of research including previous research undertaken • Knowledge and experience of patient and public involvement and engagement activities • Skills from any other roles that are transferable • Relevant qualifications, training and learning <p>You are not required to provide a separate CV.</p>			

Copy and paste as required



Appendix 2: Guidance on Summary of Costs and Requests for Funding

Background

The CLAHRC funding provided by NIHR is, according to our contract, to be used to support the recurrent costs of applied health research focused on the needs of patients and on activities to support the translation of research evidence into practice in the NHS for the benefit of patients. The £9 million awarded to CLAHRC NWC must be matched by funding secured from other sources, to at least the same level as the total NIHR funding

Research Costs

In general, costs associated with research are eligible to be covered by the CLAHRC funding. The CLAHRC NWC policy on payments and expenses for members of the public details the agreed rates that are to be used when estimating the costs of the research.

Important differences to note are that eligible costs include:

- NHS support costs of relevant patient – or people-focused research e.g. pharmacy, pathology, radiology that are integral within the proposed programme;
- legitimate and reasonable indirect costs of NHS accommodation used for the CLAHRC research, and an appropriate proportion of HR, payroll and finance costs;

Costs that cannot be covered by the CLAHRC funding include (but are not limited to):

- NHS treatment costs of research;
- costs relating to activities undertaken outside the CLAHRC, including infrastructure and support costs of related research supported by other funding bodies
- cost of capital equipment costing more than £5,000;
- University Indirect and Estates Costs
- Costs of patient care services (i.e. treatment costs as defined in HSG (97)32 dated 29 May 1997).
- Implementation activities or to fund the introduction of new services.

Excess treatment costs

The NIHR specifically excludes funding of ‘excess treatment costs’ from the CLAHRC grant. Nor do they ‘count’ as contributions to matched funding.

Applicants must identify and confirm the excess treatment costs associated with their proposal and confirm which NHS organisation will cover those costs. Guidance on identifying excess treatment costs can be found in the Department of Health’s Acord document (HSG(97)32).

Matched Funding



Our contract with NIHR defines matched funding as that secured from a Partner which is dedicated to supporting the agreed work programme of the CLAHRC. Partner organisations are named in our Partnership Agreement. In some circumstances it may be possible to include matched funding from organisations that are not formal Partners. This must be discussed and agreed with the Programme Manager in advance.

Matched funding can be used to cover both research and implementation activities. Since CLAHRC funding can only be used to cover research activity, we would expect the costs of implementation activities to be covered through matched funding or other sources of funding.

Examples of matched funding

- Cash. Several Partners have so far committed cash to support projects and programmes of work within CLAHRC NWC
- ‘People time’ to be deployed on CLAHRC activities. This might include meetings and activity undertaken to develop protocols, external grant submissions, or CLAHRC research activity (e.g. clinic time)
- NHS desk space/ meeting space. The NHS may also count desk space as matched funding. Universities may not count Estates or Indirect Costs as matched funding.
- Fee waivers for training provided by the University Partners
- Partners providing a discount on consumables, equipment or services within research and evaluation activity. Invoices must state the cash equivalent of the discount
- Implementation activities.



Appendix 3: Resources Requested

The table will be provided in an excel spreadsheet, the following is an illustration of the breakdown required

Please itemise the research and implementation costs of the activity or project. Note that Implementation costs will not be covered by the NIHR CLAHRC funding and must be included in the table as either Matched Funding or other funding													
	Name (if known)	Description	Organisation or Employer (i.e. where the cost will be incurred)	Total Cost	Total cost to be met by NIHR CLAHRC Grant	Total cost to be met by Matched Funding (Partners only)	Total cost to be met by other	Breakdown of Annual Costs					Justification or Comments
								2014/15	2015/16	2016/17	2017/18	2018/19 (9 months)	
								£	£	£	£	£	
Salaries													
Non-pay research costs													
e.g. Payment and expenses for members of the public													



NHS Support and Indirect Costs													
<i>Pay Costs</i>													
<i>Diagnostic Services</i>													
<i>Imaging</i>													
<i>Pathology</i>													
<i>Other Support Costs</i>													
	Total Support Costs												
<i>Other Costs</i>													
		Accommodation											
		HR/Payroll											
		Finance											
		Other (please itemise)											
	Total NHS Indirect Costs												
GRAND TOTAL													



Appendix C: External Peer Review Form

CLAHRC NWC External Peer Review Form

<i>Project Title</i>	
<i>CLAHRC NWC Theme(s)</i>	
<i>Project Lead</i> <i>PI and Co-PI</i>	
<i>Name of Reviewer</i>	

The proposal's relevance to CLAHRC NWC strategy and the research brief has been determined through an initial scrutiny.

As a peer reviewer, we would like you to comment on: the quality of the planned research; its relevance to the wider agenda of health inequalities; the appropriateness of the resources required; the nature and extent of collaborations; the likely impact of the research; the likelihood of increased research capacity.

We are also keen to know if you have any suggestions for how the planned research might be improved.

The comments you provide in 1-9 may be included in feedback to the applicants, but your name and affiliation will not.



1. The need for the study

Does the proposal clearly identify the implementation or applied research topic to be addressed, including a brief summary of the current evidence-base and gaps in evidence synthesis? What evidence on the topic is already available?

Comments

2. The quality of the planned activities

- Clarity of hypotheses or aims and objectives
- Strengths and weaknesses of the design
- Is the proposed research likely to generate valid, reliable and generalisable conclusions/findings?
- Is the research feasible within the timescale and resources specified?
- Does the research team have all necessary expertise to deliver the proposed study?
- Are ethical issues addressed satisfactorily?

Comments



3. Cost effectiveness of the research

- Are the costs of the research justified and appropriate?
- Does the research represent good value for money?
- Does the proposal identify the financial resources (e.g. people, cash, equipment) that Partner organisations are willing to commit?

Comments

4. Impact

- Will this research influence how health services and/or or public health policy and practice are delivered in the North West Coast region or otherwise have an influence on the health of local people?
- Will this research lead to significant and tangible improvements in services or in other ways?
- Will this research reduce the costs of healthcare services in the North West Coast for example by reducing demand or improving efficiency?
- Will the results of this research lead to bids to national, competitive grant schemes (e.g. NIHR, Research Councils, major charities)?
- Are the plans for disseminating the results of the research appropriate?

Comments



5. Health Inequalities

A key aim of CLAHRC NWC is reducing health inequalities

- Will this research contribute to reducing health inequalities in the North West Coast region?

Comments

6. Project Partner Involvement.

We seek to increase collaborative research and joint research activities between academic researchers, health and social care organisations, local authorities and the public.

Given the nature of the research:

- Do the applicants demonstrate that potential end-users of the research, including service commissioners, providers, public health practitioners and other relevant professionals and the public are engaged in the design, conduct and dissemination of the research findings?
- Does the proposal demonstrate active involvement of NHS or Local authority Partners and/or relevant public representatives in the identification of the work outlined in the bid?
- Is there leadership from outside academia (for example a Co-PI that is not an



academic)?

- Are the public representatives, commissioners and professional staff in that team identified?

Comments

7. Capacity Building

We seek to increase the research capacity of Partners and collaborators. Does the proposal identify the opportunities, including the type and the number, for capacity building?

Comments

8. Summary

- a) What are the key strengths of the proposal?
- b) What are key weaknesses of the proposal?

Strengths

Weaknesses



9. Summary score

Please say which of the following statements (1, 2 or 3) best applies.

The proposed research:

1. Is of high value and quality and requires no substantive changes.
2. Will add to understanding and is worthy of support, subject to minor amendment.
3. Is flawed in its scientific or technical approach or is repetitious of other work and so requires major amendment.

Comments

If minor changes are necessary, please indicate how the research could be improved.

If major amendments are required, please highlight the flaws in the research proposal.

Finally, we'd be grateful if you could declare any potential conflicts of interest, for example if you:

- *are a current, major collaborator in this or a related project/paper,*
- *are in the same academic unit or department as any of the applicants,*
- *have supervised (i.e. PhD, Masters) an applicant within the last three years,*
- *have or have had a personal relationship with an applicant, for example (but not limited to) as a family member.*



Potential conflicts of interest

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Signed	
Name and affiliation	
Area of expertise relevant to this review	