



National Institute for Health Research

FULL PROPOSAL TO PROVIDE A NIHR RESEARCH DESIGN SERVICE

Full proposals should observe the maximum text limits as indicated throughout the form. Please note the maximum text limits include spaces and other non-printing characters. **Continuation of text is not permitted, however, and applicants should note that any extra pages will be removed upon receipt and therefore not assessed.** The form should be completed using a font size no smaller than 10 (Arial). **Keep the use of acronyms to a minimum.** Only use acronyms where a term is used frequently throughout the proposal. If you do choose to use an acronym, do not assume that the reader knows what it means, and be sure to define it when first used.

You are advised to use spaces, bullet points, subheadings, etc. to structure the longer sections of the application form (particularly the project, business and delivery plans) in such a way that they can be read easily by reviewers. **The use of long passages of dense, unstructured text should be avoided.**

All mandatory fields are identified by an asterisk (*). **Failure to complete the form's mandatory fields will result in your application being rejected on the grounds that it is incomplete.**

IMPORTANT: Before completing this form, please read the accompanying Guidance for Applicants.

THIS FORM MUST BE RETURNED TO application@nihr-ccf.org.uk BY **1 JUNE 2012 5:00PM**

THE DECLARATIONS AND SIGNATURES PAGE MUST BE RETURNED BY POST BY **8 JUNE 2012 5:00PM**

Your application should include as attachments:

1. NIHR RDS Application Form (this form). *The filename must be changed to your Reference Number.*
2. NIHR RDS Finance Form
3. Annex 1: NIHR RDS CVs for all applicants
4. Annex 2: List of references in Vancouver format
5. Annex 3: Gantt Chart indicating schedules for the completion of work packages indicated in the application, including key milestones and deliverables
6. Annex 4: Supporting documents including diagrams and pictures (cross-referenced within the application). *File size should not exceed 5 Mb.*

Please complete the Reference Number below according to your application pack email reference:

Reference Number: PR-RD-0312-10009

Any enquiries should be addressed to faculty@nihr-ccf.org.uk or 020 8843 8089

1. Application

Research Design Service region: South West

Funding duration : (months*) 60.0 **Total funding requested (£'s):** 5292345

Proposed start date*: 01/10/2013 (dd/mm/yyyy)

Lead NHS organisation or University which will administer funding*: Royal Devon and Exeter NHS Foundation Trust

2. Lead applicant's details

Title*: Dr

Surname*: Ewings

Forename*: Paul

Post held*: RDS-SW Director

Department*: NIHR Research Design Service - South West

Role in service provision programme and % FTE *: Director, overall leadership of service. Taunton site lead. Provide methodological and related advice and support; specialist role in statistics and trials. 80%.

3. Contact details

Institution*: Taunton & Somerset NHS Foundation Trust

Street*: Musgrove Park

Town/City*: Taunton

County*: Somerset

Post Code*: TA1 5DA

Telephone*: 01823 342796 **Extension:** 2796

Mobile: 07535 973244 **Fax*:** 01823 342780

e-mail address*: paul.ewings@tst.nhs.uk

4. Co-applicants' details

Co-applicant 1

Title: Mr

Surname: Barton

Forename: Andrew

Post held: Associate Professor / RDS Consultant

Department: Peninsula College of Medicine & Dentistry/RDS-SW

Organisation: Universities of Exeter & Plymouth

Telephone: 01752-439098

Extension:

e-mail address: andy.barton@nhs.net

Role in programme and % FTE commitment: Plymouth site lead. RDS-SW Consultant, providing methodological and related advice and support; specialist role in trials. 80%.

Co-applicant 2

Title: Prof
Surname: Donovan
Forename: Jenny
Post held: Head of School
Department: School of Social & Community Medicine
Organisation: University of Bristol
Telephone: 0117-9287214
Extension:
e-mail address: Jenny.Donovan@bristol.ac.uk
Role in service and % FTE commitment: Provision of specialist advice to RDS-SW consultants and facilitating access to other highly specialised expertise within the department. 2%.

Co-applicant 3

Title: Prof
Surname: Green
Forename: Colin
Post held: Associate Professor in Health Economics
Department: Peninsula Medical School
Organisation: University of Exeter
Telephone: 01392-722283
Extension:
e-mail address: colin.green@pms.ac.uk
Role in service and % FTE commitment: Provision of specialist health economic advice and facilitating access to other expertise within the department. 3%.

Co-applicant 4

Title: Mrs
Surname: Hapeshi
Forename: Julie
Post held: Associate Director R&D, Gloucestershire R&D Consortium / Deputy Director RDS-SW
Department: R&D Department
Organisation: Gloucester Hospitals NHS Foundation Trust
Telephone: 08454-225460
Extension:
e-mail address: julie.hapeshi@glos.nhs.uk
Role in service and % FTE commitment: Deputy Director, PPI lead and Gloucester site lead. RDS-SW Consultant, providing methodological and related advice and support; specialist role in PPI. 50%.

Co-applicant 5

Title: Dr
Surname: Ingram
Forename: Jenny
Post held: Senior Research Consultant / RDS Consultant

Department: RDS-SW / R&D
Organisation: RDS-SW / University Hospitals Bristol NHS Foundation Trust
Telephone: 0117-342-0237
Extension:
e-mail address: jenny.ingram@bristol.ac.uk
Role in service and % FTE commitment: Bristol site lead. RDS-SW Consultant, providing methodological and related advice and support; specialist role in qualitative methods and PPI. 50%.

Co-applicant 6

Title: Dr
Surname: Powell
Forename: Roy
Post held: RDS Consultant
Department: R&D
Organisation: Royal Devon & Exeter NHS Foundation Trust
Telephone: 01392-403048
Extension:
e-mail address: r.j.powell@ex.ac.uk
Role in service and % FTE commitment: Exeter site lead. RDS-SW Consultant, providing methodological and related advice and support; specialist role in statistics and PPI. 60%.

Co-applicant 7

Title: Dr
Surname: Pritchard
Forename: Colin
Post held: Research Consultant / RDS Consultant
Department: R&D
Organisation: Royal Cornwall Hospitals (Truro)
Telephone: 01872-256417
Extension:
e-mail address: colin.pritchard@rcht.cornwall.nhs.uk
Role in service and % FTE commitment: Truro site lead. RDS-SW Consultant, providing methodological and related advice and support; specialist role in economic evaluations and organisational analysis. 80%.

Co-applicant 8

Title: Mr
Surname: Strike
Forename: Paul
Post held: Medical Statistician / RDS Consultant
Department: R&D
Organisation: Salisbury Healthcare Trust
Telephone: 01722-429184
Extension:
e-mail address: paul.strike@salisbury.nhs.uk
Role in service and % FTE commitment: Salisbury site lead. RDS-SW Consultant, providing methodological and related

commitment: advice and support; specialist role in statistics. 50%.

Co-applicant 9

Title: Dr
Surname: Taylor
Forename: Gordon
Post held: Reader in Medical Statistics / RDS Consultant
Department: Department for Health
Organisation: University of Bath
Telephone: 01225-385415
Extension:
e-mail address: G.J.Taylor@bath.ac.uk
Role in service and % FTE commitment: Bath site lead. RDS-SW Consultant, providing methodological and related advice and support; specialist role in statistics. 50%.

Co-applicant 10

Title: Prof
Surname: Thomas
Forename: Peter
Post held: Professor of Statistics / RDS Consultant
Department: Clinical Research Unit
Organisation: Bournemouth University
Telephone: 01202-962215
Extension:
e-mail address: pthomas@bournemouth.ac.uk
Role in service and % FTE commitment: Bournemouth site lead. RDS-SW Consultant, providing methodological and related advice and support; specialist role in statistics. 50%.

Co-applicant 11

Title: Please select..
Surname:
Forename:
Post held:
Department:
Organisation:
Telephone:
Extension:
e-mail address:
Role in service and % FTE commitment:

5. Summary of Research Design Services proposed*

Provide a summary of the proposed service based on the ordered headings (6 to 11) as described below for the full application. Please explain how the RDS interfaces with key partners including NHS, local health and social care authorities and the academic sector and the overarching aims and objectives of the service **(Maximum 10,000 characters)**.

5.1 INTRODUCTION

[Note: all abbreviations used in this document are listed in annex 4]

We propose a Research Design Service (RDS-SW) which will provide accessible advice and support to researchers in the South-West preparing proposals for national, peer-reviewed funding competitions. Our application builds upon our success in providing the RDS in the South-West and benefits from the expertise of our established team; we have supported successful applications to a value of over £30million.

5.2 PROJECT, BUSINESS AND DELIVERY PLANS

The current regional RDSs work together to share ideas, consider new initiatives and develop a consistent service, thus ensuring the national RDS is greater than the sum of its parts. This collaboration is reflected in this proposal, which describes the work we intend to deliver as a national RDS, contributions to that work from the RDS-SW and the specific work we will conduct in the South-West.

Nationally we will:

- seek to ensure consistency in the nature and quality of RDS advice and support;
- support RDS Directors' meetings;
- continue our role in promoting the involvement of users, carers and the public in the design and conduct of research;
- raise the profile of the NIHR and the RDS;
- ensure that all staff maintain and develop the skills needed to deliver the RDS;
- work together as a national RDS, embedded within the NIHR infrastructure;
- continue to develop and refine performance metrics.

The RDS-SW will continue to contribute to this national work as it has in the past: we have provided the first RDS representative on the NIHR Strategy Board, delivered talks on the RDS at national conferences, produced the original RDS charter, led work nationally on RDS metrics, and provided the model for a national workshop related to the surgical funding call.

The RDS-SW will provide an accessible consultancy service available locally to investigators across the region. Face-to-face consultations with investigators are the most efficient way of complementing their knowledge and skills to develop high quality applications. The service will be available to investigators at any point in the development of their proposal but we will encourage early engagement. The primary focus will be on providing advice and support on research design, methodology and scope, but the nature and content of the consultancy service will also depend on the specific needs of the proposed project. For example, a particular project may need RDS advice on funding sources, team building, involving patients or practical issues such as the workload involved in study activities.

The initial contact with our service will usually be with the local site, but the full range of expertise across the RDS-SW will be readily available. Joint consultations involving two or more RDS staff with complementary methodological skills are particularly effective. We will continue to provide cross-site working, both in face-to-face consultancy and in reviewing and commenting on successive draft proposals.

Occasionally individual projects may require highly specialised methods where the expertise is not available within the core staff. We will continue our formal arrangement with senior academic staff in the School of Social and Community Medicine at the University of Bristol to provide expert advice on specific methodologies as required.

As well as the core consultancy service the RDS-SW will provide three complementary advice and support services:

- A Scientific Committee bringing together lay representatives and the methodological staff of the RDS-SW to

consider draft proposals and provide constructive feedback.

- An intensive version of the consultancy service in the form of an annual 6-day Residential Research Retreat.
- A grant application workshop giving investigators the opportunity to get feedback on their proposals and addressing the craft of making a persuasive case for their proposed research.

The RDS-SW will have a dispersed structure with strategically positioned RDS offices ensuring local access to services. A co-ordinating centre will house the RDS-SW director with corporate management and IT services. A deputy director will provide back-up and deputising roles. A management team, including the senior individual from each of the nine sites, will be responsible for the general management and development of the service, meeting six times a year.

This structure reflects the distribution of research active organisations across this large region. The numbers of staff and skill-mix at RDS-SW sites will reflect the pattern of demand and the need to provide coverage. The sites will continue to work as a co-ordinated network, sharing complementary skills and experience across the RDS-SW.

All RDS-SW staff will have PPI training but the consultancy service will be additionally supported by staff with particular expertise and experience in PPI. The PPI function will be led by the deputy director. Lay members of the Scientific Committee will provide reviews of draft proposals and continue to participate actively in discussions. We will continue to participate in the development of the national RDS PPI Forum and the SW PPI Forum. Our proposed budget includes an allocation to fund pre-protocol PPI.

Led by our Knowledge Manager, the RDS-SW will contribute to the national RDS communications strategy. Locally we will publicise the NIHR and RDS-SW, providing timely and relevant information and ensuring rapid access to services.

All staff will be encouraged to maintain and develop their skills to ensure they are up-to-date in all relevant areas. We will monitor the needs for particular types of expertise and address them accordingly, either through additional training or when making new appointments.

RDS-SW staff will promote the NIHR brand and work with other NIHR infrastructure locally to provide a co-ordinated service. We will further develop relationships to ensure efficient and effective integration within the wider NIHR family.

We will continue to work closely with local NHS organisations, universities, research networks, CTUs, programme grant holders, RECs and the Peninsula CLAHRC. We will also develop new links with emerging organisations, eg CCGs, AHSNs.

There will be a clear line of accountability from the RDS-SW management team through the Director to the contract-holder and DH/CCF. Our web-based database will be the source of information for producing annual and other reports as required by DH/CCF and regular reports for the RDS-SW management team. We will continue to engage with local stakeholders and users of the service to monitor, evaluate and improve our performance.

5.3 TEAM

As an established well functioning team, we work together closely in the current RDS-SW, sharing responsibilities, methodological and technical skills, and experience of planning and delivering research projects. The team comprises individuals with academic backgrounds, methodological skills and research experience across the range of expertise needed for applied health and social care research. Most have been co-applicants on successful applications to NIHR funding programmes and have reviewed extensively for NIHR schemes. All the applicants have been actively engaged in providing advice and support for researchers preparing funding proposals and have an impressive track-record of supporting successful applications.

5.4 PARTNERSHIP CONTRIBUTION

We have forged relationships with senior NIHR staff nationally and locally. We will continue to work with the other regional RDSs to ensure consistency of RDS services and integration of the RDS within the NIHR. RDS-SW staff contribute to the wider NIHR family, reviewing for NIHR funding programmes and serving on Trials Steering and Data Monitoring Committees for NIHR-funded trials.

Regionally we have links with all other parts of NIHR infrastructure, NHS organisations and universities.

RDS-SW staff are committee members on several clinical network boards, the Peninsula CLAHRC Executive Group and university collaborative groups, and work closely with the three UKCRC-registered CTUs.

Locally, we have established relationships with the R&D and finance departments of our NHS trusts, and contribute to local university and health service research initiatives. Staff are not employed full time by the RDS-SW; most have other roles and responsibilities in their local research communities including posts in universities and local NHS R&D infrastructure.

5.5 ENVIRONMENT

The lead organisation for this bid combines experience of managing a distributed resource with a track record of sound financial management. All the organisations currently hosting RDS-SW are keen to continue to do so, providing office space and access to their research and other facilities. We are supported by all the major research-active organisations in the area.

5.6 OUTPUTS, OUTCOMES AND IMPACT

The RDS-SW will report on the number of applications supported, success rate and users' views. Measuring the "added value" remains challenging and we will continue to work with DH/CCF to derive an appropriate set of metrics. We will continue to canvass the views of the researchers we support.

5.7 JUSTIFICATION OF RESOURCES

A large majority of the proposed budget is the cost of the established team of skilled staff providing the consultancy. Funding is requested for the staff at the co-ordinating centre and administrative support at the sites. The PPI workstream includes allowance for specialist advisors, expenses to users and carers involved in research teams and the time and expenses of the lay members of our Scientific Committee. Estimates for travel and consumable costs are based on current expenditure. We have budgeted for replacement IT equipment and software over the contract period. Indirect costs are included for the contract holder and other host organisations.

6. Research Design Service: project, business and delivery plans*

Give details of the Research Design Services to be offered, and how these will be set up and developed. Describe each of the proposed component projects, workstreams or work packages in turn, using sub-headings and spacing, as appropriate. **(Maximum 30,000 characters)**.

6.1 INTRODUCTION

[Note: all abbreviations used in this document are listed in annex 4]

The current ten regional RDSs have worked together since their inception to share good practice and exchange ideas. We have been encouraged by DH to deliver a consistent service across the country wherever possible, allowing for minor local variations to tailor the service to local circumstances. This consistency is further emphasised in the specification for the next contract. As part of our collaborative approach, we have worked together to plan a nationally-consistent service for the future, agreeing a number of objectives and activities that we plan to deliver jointly as a national RDS.

For each workstream below, we detail the work we have agreed to deliver together as a national RDS, followed by the more specific work we intend to undertake within our own regional RDS-SW.

6.2 ADVICE AND SUPPORT SERVICE

National context

The NIHR supports world-class research undertaken by multi-disciplinary teams typically involving clinicians, methodologists and users/carers. The RDS provides methodological (and more general) support and advice to help such teams develop high quality grant applications. As researchers in their own right, RDS staff are often costed into bids as co-applicants.

The regional RDSs will work together to:

- discuss and develop models for providing such support;
- pilot and evaluate new initiatives;
- share resources;
- ensure consistency as far as possible while recognising the need for local flexibility.

South West

The RDS-SW will provide an accessible service, available locally to investigators across the region. Consultancy will lie at the heart of this service offering methodological, technical and practical advice and support to investigators as they develop their research proposals.

Writing a research proposal is a project in its own right, requiring a range of activities which each demand the commitment of specific resources, knowledge and skills. The aim of the service is to complement the knowledge and skills of the investigators throughout the course of completing a grant application and to support the management of that process. Direct engagement through face-to-face consultancy has proved the most effective and efficient way of achieving that aim. The RDS-SW team has considerable experience of providing a consultancy service (3702 consultations on 686 projects in our first 42 months) which is much valued by investigators – see annex 4 for testimonials.

The consultancy will normally be a reactive service, responding to approaches from investigators for advice and support but, in some circumstances, we will also actively encourage clinicians to consider developing research proposals, for example when specific commissioned or themed calls are advertised.

The nature and content of the consultancy service will depend on the specific needs of the proposed project and the stage at which investigators approach the RDS-SW. The service will be available to investigators at any point in the development of their proposal, but we will encourage an early approach. Our team has extensive experience in working with investigators to define and refine research questions, gauging the funding potential of research projects and assessing investigators' needs for advice and support. It will be an important part of the RDS-SW consultancy role to advise investigators when there is no realistic prospect of developing a high quality grant application.

Depending on the nature of the project and the skills and experience of the investigators, a particular project may need RDS-SW advice on funding sources, building a team, methodology and research techniques, PPI and practical issues such as the workload and resources required to capture study data. Often this will involve an iterative process of successive collaborative redrafting of the research protocol and further consultations with RDS-SW staff. In the later stages of proposal development we will be well placed to signpost investigators to RM&G and finance services and to facilitate timely engagement. As part of the consultancy service administrative support may also be provided to ensure the efficient running of the process of completing and submitting the grant application.

Although the initial contact with RDS-SW services will usually be with the local site, the consultancy service will provide access to the full range of expertise and experience across the RDS-SW. We have found joint consultations involving two or more RDS-SW staff with complementary methodological skills to be a very powerful approach. Cross-site working, both in face-to-face consultancy and in reviewing and commenting on successive drafts of developing proposals, will continue to be a feature of the service. The RDS-SW will advise on all aspects of quantitative and qualitative research design and methods.

Occasionally, RDS-SW staff will need access to highly specialised methodological skills not available within the core staff. In addition to the many informal links with university colleagues, we will continue our formal arrangement with senior academic staff in the School of Social and Community Medicine at the University of Bristol, who will be available to provide expert advice to us on specific topics as may be required in the development of individual proposals. The individuals involved have internationally recognised skills in clinical trials, statistics, research synthesis and qualitative research. The current head of the School is a co-applicant on this bid.

All RDS-SW staff have training and experience in involving users and carers in developing and planning research proposals, but the consultancy service will be additionally supported by members of the RDS-SW with particular expertise and experience in this area. RDS-SW resources will be available to reimburse users and carers involved in research teams in line with INVOLVE guidance.

Whilst the work of the consultancy service will be building research proposals, it will occasionally provide limited support in other circumstances. Having supported an investigator to win a grant, RDS-SW consultants may be in a unique position to give problem solving advice during the running of the project. Where a grant application is conditionally funded with "fixable faults" we will help applicants to consider the issues raised and respond accordingly. When an application is unsuccessful, we will help researchers to understand the feedback and discuss the prospects for resolving the identified issues and resubmitting to the same or an alternative funder.

In addition to the core consultancy service the RDS-SW will continue to provide three complementary advice and support services:

1. A Scientific Committee, consisting of all RDS-SW methodological staff and four lay representatives, meeting nine times per year to provide an opportunity for investigators to submit draft proposals for consideration by a "mock funding committee". The committee will consider a proposal in much the same way that a real funding committee does, bringing "fresh eyes" to view it for the first time. There will be three lead assessors (two methodological, one lay) who will provide written feedback for the investigators along with a summary of the discussions at the committee. Feedback will be constructive with consideration of what needs to be done to develop the proposal into one with a high chance of success, but with honesty regarding the prospects for any particular funding deadline. We established this service early in our current contract period; it has proved to be very popular and has also proved extremely valuable for the professional development of RDS-SW staff.
2. An annual 6-day Residential Research Retreat which provides an opportunity for research teams to work intensively on their research proposals. This Retreat has been running successfully for several years and has become a well-recognised and respected way of achieving rapid project development. Apart from RDS-SW staff time, the Retreat is fully funded by researchers' employing organisations. The Retreat provides protected time for teams of three researchers to focus on their proposals away from the day-to-day pressures of their normal jobs, with methodologists on hand to provide advice in a concentrated version of the usual RDS-SW consultancy service. In less than a week it enables teams to achieve together what might otherwise take several months. Since the RDS-SW started running the event, 23 teams have attended in four separate Retreats. Of the 14 that have so far submitted, 8 have been successfully funded, all through NIHR schemes, to a value of over £3.8million. We will continue to provide this much valued service, developing it further as experience and feedback suggests.

3. A grant application workshop (about three per year), providing investigators with the opportunity to get feedback on their proposals and to understand how to make progress with them. The workshops address the art of “grantsmanship”, helping the participants to make a persuasive case for their proposed research, writing clearly and cogently for a range of different audiences. This SW workshop was recently used as the basis for designing the national surgical workshop related to the themed funding call.

6.3 STRUCTURE AND MANAGEMENT

National context

Structures are already in place at a national level for supporting and monitoring the work of the RDS. The existing regional RDS Directors meet regularly in two separate forums: twice per year with representatives from DH and CCF to discuss progress and future direction; and more frequently to discuss more detailed issues informally, sharing good practice and discussing new initiatives. This informal “exchanging ideas” group has two subgroups considering respectively PPI and communications issues. These structures have worked very well, in particular to spread good practice and increase consistency, and will continue to support the work of the RDS. New subgroups may be initiated as appropriate.

South West

The RDS-SW will have a dispersed structure with nine strategically positioned sites ensuring local access to RDS-SW services. A co-ordinating centre will house the RDS-SW director, with corporate management and IT services. The operational director will be supported by a deputy director fulfilling back-up and deputising roles. A management team, including the senior individual from each site and chaired by the RDS-SW director, will be responsible for the general management and development of the service, meeting six times a year. The work of the management team will be supported by subgroups tackling specific tasks, led by individual members and reporting to the management team (eg for our Residential Research Retreat).

The distributed structure is designed to provide locally accessible services for all investigators across the area. This is a large region – about 220 miles from one end to the other – with substantial travelling times between centres of research activity. The dispersed structure reflects the various sites of research activity across the region and is the most efficient way of providing face-to-face consultancy. Our experience is that this structure has additional benefits in terms of familiarity with the local research community, reducing the risk of missing locally generated research ideas and questions, and in terms of the knowledge and understanding of the local research infrastructure, enabling the RDS-SW to facilitate engagement with (for example) RM&G arrangements.

We will continue to monitor the demand for RDS-SW services across the region, changing the numbers of staff and skill-mix at sites to maximise the efficient use of RDS-SW resources.

Individual RDS-SW sites within the region will not exist in isolation. We have considerable experience of working as a co-ordinated network, sharing complementary skills and experience across the RDS-SW. From the investigator’s point of view, this means that the full range of methodological and technical expertise in the RDS-SW will always be accessible through their local site.

New agreements will be established between the contract-holder and those organisations hosting RDS-SW sites, which will be reimbursed on invoice for the fixed costs associated with specific staff as specified in the agreement. Variable funding for items such as travel will be retained by the RDS-SW centrally and provided through invoicing to ensure the RDS-SW is managed as a single service.

6.4 PUBLIC AND PATIENT INVOLVEMENT (PPI)

National context

PPI in research is central to the NIHR vision of supporting world-class research that makes a difference to patients and the NHS. PPI is important throughout the research process: the identification and clarification of meaningful research questions, planning projects that can answer those questions, the delivery of those projects and the dissemination and implementation of their results. The existing RDSs have played a key role in promoting and facilitating the involvement of users, carers and the public in research.

PPI has made considerable progress in recent years but the RDS will strive to improve further the quantity and quality of involvement. We will develop new initiatives and evaluate them to consider national roll-out, and collaborate with other parts of the NIHR to ensure efficiency, guided by INVOLVE. We will further develop the national RDS PPI Forum to facilitate the use of national standards for PPI.

South West

The structure and function of the existing RDS-SW has led to a disseminated model for the support of PPI, enabling us to provide a high level of project-related PPI advice to support the design of studies across the SW. All RDS-SW consultants are skilled in the many aspects of developing a research proposal and PPI advice is viewed as an integral aspect of project support. All existing RDS-SW consultants have been trained to deliver project-related PPI advice to researchers, and such training forms a core part of the induction of new staff.

The PPI function will be co-ordinated by the RDS-SW deputy director, supported by three other RDS-SW consultants with a special interest in PPI. This will provide coverage of senior PPI input across the region, so that all RDS-SW consultants can access additional expertise on a local basis as required for individual projects.

Advice to investigators about PPI will depend on the nature of the project, the level of involvement already in place and the extent to which future involvement has already been considered and planned. Accordingly, we will advise on the benefits of appropriate PPI and the practicalities for achieving meaningful involvement at both project design and conduct stages. We will facilitate access to suitable patient groups and to individual users/carers. We will always encourage PPI at an early stage of our involvement with investigators.

The contribution of lay members to the work of the Scientific Committee, providing lay reviews of draft proposals and actively participating in discussions, is highly valued – both in its own right and as a mutual learning experience for RDS-SW staff and lay members. They will be appropriately paid for their time attending the committee and producing reviews, and reimbursed for all expenses incurred. We will also continue to work closely with other organisations that provide support for PPI, not just research-related but also NHS service delivery and patient care. The development of the SW PPI Forum, a collective of PPI leads mainly linked to NIHR organisations and some service users, will continue to provide useful opportunities for working together. We will continue to establish relationships and work closely with user groups such as Heartswell, Headway, UH Bristol Foundation Trust Youth Council, Arthritis Care, Arrhythmia Alliance.

We are including an allocation in our budget to fund pre-protocol preparatory PPI, including attending research team meetings, providing comments on draft documents and drafting appropriate sections. This allows for appropriate reimbursement of service users' and carers' time and expenses including travel costs.

6.5 PROMOTING THE NIHR AND RDS

National context

The NIHR is a highly complex organisation and effective communication within and beyond the organisation is crucial. It seeks to maximise awareness of the NIHR "brand" and the significance of the organisation as one of the largest public funders of health research in the world. The NIHR also strives to ensure that its many constituent parts understand each other's roles to ensure they work together efficiently and effectively. The current national RDS plays an important part in these endeavours, helping to publicise the NIHR and working closely with all other parts of the NIHR to deliver a co-ordinated service.

Nationally the RDS will continue to raise awareness of research funding opportunities and specific events, and more generally to raise the profile of the NIHR. The RDS will continue to have a representative on the NIHR Strategy Board to ensure a co-ordinated approach. The existing RDSs are in regular contact with thousands of investigators and have considerable local knowledge of organisational and individual research interests and skills, and of NIHR infrastructure. The RDS can therefore act as a two-way conduit providing information from the centre to local organisations/teams/individuals and also providing feedback from the coalface to the central NIHR management.

The national RDS has a communications team to help develop and implement a communications strategy for the RDS itself. It considers new initiatives and works to ensure standardisation as far as possible; for example, the team is currently exploring the possibility of greater commonality across regional RDS

websites. Nationally we will continue to develop ways of promoting the RDS, eg consistent messages on websites, producing national newsletters and developing a digital engagement strategy.

South West

We will continue to contribute to the national RDS communications strategy, with the RDS-SW Knowledge Manager leading on and participating in individual initiatives. We will work locally to publicise the RDS-SW and maintain its profile, providing timely and relevant information and ensuring rapid access to services. We will:

- maintain our website providing investigators with information about the services we provide and how to access them. It will carry up-to-date information about NIHR funding opportunities, with relevant links for more detailed information. Our website has been an important communication tool, with an average of 437 visits per month;
- produce regular newsletters as a mechanism for raising awareness about the RDS-SW and the NIHR more generally. They will contain "success stories" and notify investigators of opportunities and events such as our Residential Research Retreat;
- deliver talks at conferences and other events. We will also make use of display materials and leaflets at such events;
- maximise opportunities to publicise the RDS-SW within local organisations, eg links to intranets, email bulletins, talks to relevant committees.

6.6 DEVELOP THE TEAM AND THE INDIVIDUALS

National context

In supporting world-class research, the NIHR needs methodologists who are up-to-date in their respective field of expertise and more generally in their knowledge of applied health research, "grantsmanship", funding streams and the NIHR infrastructure. At a national level the RDS will ensure that all staff maintain and develop the necessary skills to support NIHR aspirations. We will ensure that support staff – managers, PPI, communications, administrative staff – also continue to develop their professional skills.

For efficiency, we will organise some events at a national level to support continuing professional development of staff, for example:

- an annual day for RDS advisors will provide an opportunity to discuss issues related to the delivery of an effective RDS;
- training events will be organised specifically for RDS communications staff, eg related to communication strategies, writing for the web, creating effective marketing materials;
- we will support a national PPI forum where RDS PPI leads can exchange ideas, supported and advised by INVOLVE;
- working with other parts of the NIHR infrastructure we will explore the scope for developing specific networks (eg in medical statistics) and more general events to share expertise on more complex methodological and design issues;
- we will encourage staff to take the opportunity to attend RfPB and/or programme grant panel meetings as observers.

South West

We have developed a balanced team to deliver the core service, with a wide range of generalist and specialist methodological expertise and appropriate support services. We will monitor the needs for particular types of expertise and address them accordingly, making replacement appointments in particular methodological and geographical areas as appropriate. Opportunities to review the configuration arise naturally, eg through staff turnover or through staff being costed into successful grant applications and needing to reduce RDS-SW commitment; on each such occasion we will review whether our "supply" is

appropriately configured to meet the “demand”. The team of RDS-SW staff will thus be a dynamic entity, ensuring the provision of an adaptable set of complementary skills across the region.

Individual staff have their own needs and aspirations; we will help them maximise their potential by supporting their career development and personal progress. All staff will be encouraged to maintain and develop their skills to ensure they are up-to-date in all relevant areas. Individuals will be encouraged to undertake relevant training and to be active researchers (appropriately funded) as full collaborators in research projects, presenting at conferences, co-authoring research articles and undertaking peer review.

Each year we will hold an away day to bring staff together to discuss progress, consider issues for development and hear external speakers; such days have proved very useful in helping to develop our service. Our Scientific Committee provides excellent professional development for staff – an opportunity to participate in discussion about draft proposals, hearing and contributing views from a range of methodological and lay perspectives on a diverse set of proposals. When time allows, specific educational sessions will be included – typically a senior member of staff leading discussion on issues of interest: eg PPI, pilot trials, economic evaluation.

We have developed a specific induction package for new RDS-SW staff, describing the work of the NIHR and the RDS and providing a resource with details of important contacts, promotional materials etc. This will be periodically updated so that new staff can be effectively introduced to their new role.

6.7 INTEGRATION AND NETWORKING

National context

The NIHR has many distinct constituents at national and local levels, complementing each other’s activities and working together as a joined-up organisation to deliver the NIHR strategy. The NIHR Strategy Board is an important medium for pursuing such connectivity and the RDS will continue to be actively involved in supporting the Board’s work. We will work with all other constituent parts of the NIHR at national and local levels to ensure clarity of roles, advising investigators accordingly and feeding back their views at a national level.

While the Clinical Research Networks can comprehensively represent the NIHR across England at the “delivery” end of research, the RDS is uniquely placed to do so at the earlier stage of developing research proposals. We have links with all the other NIHR infrastructure and individual NHS and academic investigators with a wide variety of previous research experience. We also have links which enable us effectively to signpost to (and liaise with) other services such as NHS RECs, RM&G and finance departments. The RDS is an important vehicle to drive patient-focussed research, promoting appropriate PPI and ensuring investigators are fully advised of new initiatives such as the NIHR CPRD.

At a national level we will:

- build on existing links with NIHR co-ordinating centres, with individual “link people” acting as a conduit for information exchange;
- support the work of the NIHR Strategy Board with rotating membership;
- work with INVOLVE to increase the level of PPI in research;
- increase awareness of NIHR, including new initiatives, eg advising investigators on use of CPRD;
- work with the Clinical Research Networks, eg supporting initiatives such as the writing groups;
- support specific national events such as the workshop related to the themed surgical call;
- develop further links with the HRA (including NRES) and Research Support Services.

The ten regional RDSs will work together as a single national RDS, embedded within the NIHR infrastructure. We will continue to meet regularly to share ideas and consider new initiatives, ensuring that the whole is greater than the sum of the parts. We will develop new initiatives, piloting and evaluating them before wider adoption.

South West

The RDS-SW will play its part in the national work, for example the current Director was the first RDS representative on the NIHR Strategy Board. RDS-SW staff will promote the NIHR brand and its corporate identity, and work with all other NIHR infrastructure locally to provide a co-ordinated service. We will support NIHR initiatives at national and local level, taking the lead as appropriate. We will maintain and further develop relationships with a wide range of individuals and organisations to facilitate access to additional skills, build effective research teams, enable signposting and ensure efficient and effective integration within the wider NIHR family.

We already have very strong local links, with representation on a number of committees. We will continue to work closely with NHS organisations, medical and dental schools, other university departments, local research networks, CTUs, programme grant holders, RECs and the Peninsula CLAHRC. We will also develop new links with emerging organisations, eg CCGs, AHSNs.

6.8 QUALITY ASSURANCE AND EVALUATION

National context

The NIHR recognises the need to ensure it is providing value for money and delivering its vision and strategic priorities effectively and efficiently. It is developing mechanisms for monitoring and evaluating its activities, and has developed a “dashboard” providing relevant data on performance metrics; work continues on expanding the range of metrics across all its activities. The RDS will contribute through representation on the NIHR Strategy Board and specifically through development of metrics for the RDS itself.

Nationally the RDS has been working with DH/CCF to develop RDS metrics, most such work having been led by the RDS-SW; the work is ongoing with new initiatives being piloted. The RDS will continue to develop and refine metrics, integrating with the NIHR dashboard.

At the national level we will collate data from the regions to provide aggregated national RDS data and to consider regional variations to inform potential developments; we will develop a core common data set to facilitate this. Case studies will be developed that demonstrate the added value of RDS, which could potentially also contribute to demonstrating the value of NIHR more broadly.

South West

There will be a clear line of accountability from the RDS-SW management team through the director to the contract-holder, which reports to DH for delivery of the contract. The RDS-SW will produce annual reports and other ad hoc reports as required by DH/CCF. We will also engage with local stakeholders and users of the service to monitor and evaluate our performance. We will, for example, make presentations to various committees (CLRN Boards, Trust R&D Boards etc) to seek feedback on the service.

We will continue to conduct surveys of users of the RDS-SW, which have proved useful in suggesting further development of the service.

We will continue to use a web-based database to record details of individual investigators, consultancy activity, projects supported, submissions and outcomes. This has proved invaluable for both operational purposes and producing aggregated information. It will be the source of information for producing metrics and reports, and for internal management and monitoring purposes. The RDS-SW management team will receive regular reports on performance, including activity levels and budget. We will monitor activity at individual sites through sub-contracts and information available from the database.

We will continue to record our views of whether investigators have taken our advice in preparing their grant applications. We use a simple “traffic light” system recording whether we endorse the submission wholly (green), with reservations (amber) or not at all (ie we have recommended not submitting – red), or have not seen the final submission. This view is recorded following submission but before the outcome is known. Of the 187 submissions for which there is such a view recorded and the outcome is known, those that were wholly endorsed (“green”) were more than twice as likely to be funded than other submissions (relative risk 2.21, 95% confidence interval 1.35 to 3.62; $p < 0.001$). This suggests that applications made with the full support and endorsement of the RDS-SW are more likely to get funded than applications without such endorsement and/or limited RDS involvement.

7. Team*

Explain why the group of applicants is well qualified to lead these services. Describe the range of expertise the team as a whole will bring to bear, and summarise the team members' relevant experience. Explain the process of accessing expertise if not available within the team. If the salary costs of members of the team are not being sought *via* this application, explain how their contribution will be supported (**Maximum 4,000 characters**)

The applicants and collaborators named in the finance spreadsheets are all involved in the work of the present RDS-SW, most of them since its inception in 2008. Together we possess the necessary attributes to build on our successes and experiences to develop an even stronger service. We already function well as a team, with regular meetings to discuss developing proposals and management issues. We are committed to continue with open communication, shared responsibilities, and optimum use of resources and skills. All applicants have been actively engaged in consultancy and supporting collaborative project development. All applicants (and a majority of other named collaborators) have been co-applicants on successful NIHR grant applications. They have reviewed extensively for NIHR schemes such as HTA, HS&DR, EME, RfPB.

In our first three and a half years as an RDS we have advised on a total of 686 projects, supported 81 submissions at an outline stage and 234 at full (or single) stage. Of those submissions where the result is known, 35% of the outline applications have been shortlisted and 36% of the full submissions have been successfully funded to a value of over £30 million. As described in section 6, we have data from the use of a "traffic light" system suggesting that where investigators fully take on our advice (so that we "endorse" their submission), the success rate is considerably higher.

We have successfully supported researchers to win major grants from national funders, including 29 RfPB, 28 other NIHR, 14 charity and 7 Research Council grants. On RfPB application forms, applicants complete a section on their use of the RDS. For those competitions for which data are available, 54 of 60 applications made use of the RDS-SW. Of the 54, 85% reported that they were "very satisfied" and 15% that they were "satisfied" with the service; 80% felt that the quality of the application had improved "very much" and 19% "somewhat" as a result of RDS-SW input. See annexe 4 for examples of testimonials from satisfied clients.

All the RDS-SW consultants have general applied health research skills and are familiar with a broad range of methodological disciplines. Individually they also have specialist expertise so that the team as a whole has all the key skills required for a successful RDS: clinical trials; systematic reviews; medical statistics; health economics; PPI; qualitative research; epidemiology; research ethics; and research governance. The team also has specific specialist skills, for example in biological sciences; health psychology; demography; and systems in management. See Annexe 4 for individuals' details.

The team has also built strong relationships with senior academics in leading universities, providing access to highly specialised expertise. JD, the head of the department of Social and Community Medicine at the University of Bristol and a NIHR Senior Investigator, is a co-applicant; a number of the other professorial staff from the department are also costed in as collaborators. (We are aware of some impending changes at the department so we will keep the situation under review and discuss as necessary whether any changes need to be made regarding the personnel involved.) CG heads up the Health Economics Research Group at the Peninsula College of Medicine and Dentistry and is also a co-applicant; the RDS-SW funds a post within the unit and works closely with all the staff based there.

The applicants have a good knowledge of local researchers and their various research interests. We will continue to forge collaborations to ensure strong, competitive bids. In addition, we have strong links with R&D leads, directors and general managers within the NHS Trusts.

8. Partnership contribution*

Describe how organisational partnerships and working arrangements will support the Research Design Services. **(Maximum 5,000 characters).**

The current RDS-SW has established strong partnerships with key organisations at national, regional and local level. PE was the first RDS representative on the NIHR Strategy Board and has forged relationships with senior staff at DH, CCF and the heads of NIHR co-ordinating centres and funding programmes. Along with other regional RDSs, the RDS-SW has worked with other parts of the NIHR infrastructure, for example to organise such events as the NIHR statisticians forum and the workshop for the themed surgical funding call (which was based on a SW model). RDS-SW staff frequently review for a number of NIHR funding programmes, and are often involved in Trials Steering Committees and Data Monitoring Committees for NIHR-funded trials. We have been fortunate in having key individuals attend RDS-SW meetings on a number of occasions, eg from DH, INVOLVE and CCF.

Our strongest partnership at a national level is with the other regional RDSs. We meet frequently to discuss the services we provide, aiming for consistency as far as possible but allowing for local flexibility. We have two well-used email lists for Directors and Advisors respectively. We work together efficiently, sharing materials and ideas for the benefit of all. We collate data from our respective regions to produce a national data set summarising the work of the national RDS and to facilitate comparisons across the regions, to consider where further improvements might be made.

Regionally we have links with all other parts of NIHR infrastructure, all NHS organisations and all universities. RDS-SW staff are committee members on a number of comprehensive and topic-specific network boards and advisory groups, the Peninsula CLAHRC Executive Group and collaborative groups such as the PCMD Research Committee. We work closely with the three UKCRC-registered CTUs to provide a co-ordinated and complementary service, and with NHS Trusts' R&D departments, finance departments and patient liaison services.

In Bristol we have staff based in one NHS trust and two universities, and work with:

- the two UKCRC-registered CTUs and the ConDuCT Methodology Hub, having developed a common web-based referral form under the banner of Bristol Research Support Partners. Researchers complete the form when they require support and the RDS-SW co-ordinates the process to ensure timely provision of advice and referral to the most relevant unit;
- the University of Bristol's Specialist Methodological and Analytic Research and Training Unit (SMART), to facilitate research support for health professionals who are referred to RDS-SW and/or SMART;
- the Severnside Alliance for Translational Research (SARTRE), which has been working in the South West and South Wales since 2009 to combine and accelerate translational research in the region. RDS-SW staff meet regularly with SARTRE representatives to refer studies in both directions. This collaboration has been beneficial for both partners at a time when translational research is being strongly encouraged.

In the Peninsula (Cornwall and Devon) we have NHS and university staff based in Exeter, Plymouth and Truro, and work with:

- the PCMD, in particular the Institute of Health Services Research, with the RDS-SW Director sitting on PCMD and IHSR Research Committees. With the recent announcement of the PCMD splitting, the RDS-SW will work closely with both universities involved as the new Schools emerge;
- the Peninsula CTU, with RDS-SW representation on its Board and integrated working between the two services;
- the Peninsula CLAHRC, with RDS-SW representation on its Executive Group, in order to facilitate cross-referrals and co-ordinate activities. We also have links with associated groups such as PenPIG (a patient involvement group) and PenCHORD (an operational research group).

In Salisbury the RDS-SW staff are based within the Salisbury NHS Foundation Trust, and link with (and have supported successful grant applications with):

- The UK National Clinical FES Centre (Functional Electrical Stimulation), embracing clinical, research and

commercial arms and providing the largest clinical FES service in the world.

- The Wessex Regional Genetics Laboratory (WRGL), the research arm of which (comprising some 100 scientists) is based within the Trust.

In Bath the RDS-SW staff are based at the University of Bath and are actively involved in the newly developed Bath Department for Health Clinical Trials Unit and the Bath Primary Care Research Consortium for B&NES, Swindon and Wiltshire PCTs, based at the University.

In Bournemouth RDS-SW staff are located within the Bournemouth University Clinical Research Unit, alongside the Centre of Postgraduate Medical Research and Education, the GP Centre, an office of the local HIEC and, shortly, a NHS RM&G hub.

In Gloucester and Taunton we have staff based in NHS Trusts with close links to local universities, Clinical Research Networks and R&D structures.

9. Environment*

Describe how the institutional settings and clinical or academic environments in which services will be hosted, developed and offered will enhance the Research Design Services (**Maximum 2,000 characters**).

The lead organisation for this bid, the Royal Devon & Exeter NHS Foundation Trust, holds contracts for the current RDS-SW, a CLRN and two TCRNs. All these contracts involve sub-contracts with other organisations for managing a distributed resource. The Trust has a track record of sound financial management and a collaborative approach to supporting research.

The organisations currently hosting RDS-SW staff have been very supportive and are keen to continue to host staff providing a service to their own and other local organisations. They see research as a core activity with support functions readily available, eg finance departments with experience of costing proposals. Some RDS-SW staff will be hosted by NHS organisations, some by universities; those employed in one sector often have an honorary contract in the other. In addition to their host organisation's facilities, RDS-SW staff often have access to office space in one or more other organisations, eg local NHS trusts, to facilitate local meetings for the convenience of investigators.

As detailed above, we have excellent relationships with all relevant organisations in the South West. There are strong ties with other NIHR structures, including all the comprehensive and topic-specific networks, PenCLAHRC, three UKCRC-registered CTUs, as well as research governance and ethics structures, facilitating natural cross-referral of researchers between support systems. We have links with various university departments so that we can access a wider range of specialist expertise, and help to bridge the gap between the clinical expertise of NHS staff who are not yet experienced research applicants, and the research skills in academia.

As listed in annex 4, we are supported by all the major research-active organisations in the area, who value the RDS-SW; in return they continue to provide a supportive environment encouraging productive collaborations between their investigators and the RDS-SW.

10. Anticipated outputs, outcomes and wider impact of Research Design Services*

Describe the anticipated outputs, outcomes and impact of the proposed service on the research community. (**Maximum 2,000 characters**).

The RDS-SW will devote its resource to achieving the overall aim of helping to generate high quality grant applications for applied health research. Such applications should translate into successfully conducted projects that help to fill gaps in evidence, leading to better care and ultimately improved length and quality of life for patients and the population.

The difficulties of attributing such effects are evident, and demonstrating the "added value" of the RDS in this pathway is particularly challenging. We will continue to work with DH and CCF to derive an appropriate set of metrics that demonstrates the value of the RDS within the overall work of the NIHR.

Through the annual reports we will supply data on:

- Numbers of projects supported;
- Numbers of submissions supported (outline and full);
- Outcomes of those submissions;
- Amount of funding awarded;
- Distribution of investigators' satisfaction ratings from NIHR applications;
- Distribution of investigators' views on RDS-SW impact from NIHR applications;
- Case studies, giving greater insight on a limited number of projects of the input of the RDS-SW.

We will also continue with surveys of the users of the service to gauge the impact we have, and gain views about potential areas for improvement.

* indicates mandatory field

There are other areas where the RDS-SW has an impact but where it is particularly difficult to demonstrate attribution:

- Raising quality of applications;

- Preventing inappropriate applications;

- PPI (we are working at a national level to try to develop a system for measuring our impact on promoting the appropriate involvement of users and carers);

- Research capacity (we have no direct capacity-building role, but our work with clinical investigators clearly has an educational "side effect" and helps promote the development of those on a trajectory from relative inexperience to career researcher; we also help to increase the methodological capacity).

11. Justification for the resources requested*

Justify the resources requested, especially any staff and major items of expenditure, and any other associated costs. Do not use unspecified percentage overheads. **(Maximum 3,000 characters)**.

The overall budget sought is slightly more than the indicative £1 million per year, and is close to the amount currently received by our existing RDS-SW. We have built a strong and dedicated team and would be loath to lose any of the considerable expertise we now have available. A large majority (88%) of the resource sought is staff costs. As described earlier, staff are located across the region to ensure local accessibility. Each site is led by a senior individual, supported by a number of other staff as required by the relative demand in each locality. The nature of the service necessitates highly skilled individuals with methodological expertise, in-depth knowledge and understanding of the NHS and NIHR, and excellent communication skills to engage effectively with senior health professionals (see annex 4 for a list of our consultancy staff).

We are including support staff:

- at the co-ordinating centre: a business manager to manage contracts, finances, events etc (DM); a knowledge manager to manage the website, database, promotional materials etc (RH); and part-time administrative support (IP);

- at the larger sites, admin staff helping with co-ordination, project management, database entry etc (SA, DH, RJ, SR, LW, SW).

The integrated nature of our workstreams (section 6) makes it difficult to cost each of them separately; there is considerable overlap. We are able to provide an estimate of our budget to support PPI, but the directly attributable budget is necessarily an underestimate. All RDS-SW consultants are trained in PPI and are expected to advise on it, thus there is an element of their time that might be attributed to PPI. Excluding such advisory capacity, the resource for supporting PPI averages £67,409 per year and includes:

- 0.3 wte for our PPI lead (JH);

- 3 x 0.2 wte for other "specialist" PPI advisors (HA, RP, JI);

- funding for expenses to users and carers involved in research teams developing projects;

- funding for time and expenses of our lay reviewers and members of our Scientific Committee.

The geography of the region, coupled with the nature of the proposed service, necessitates considerable travel by RDS-SW staff. We have based our estimates on the experience of running the service to date, likewise expenditure on consumables.

The proposed staffing is already in place with accompanying IT and other equipment. We do not therefore envisage any specific set-up costs. We have budgeted for replacement computers through the 5-year lifetime of the contract, plus an allowance for replacement peripherals. We have also included funding for appropriate specialist software purchase and licensing.

Indirect costs include the costs to the overall host organisation for contract management (eg finance, sub-contracts, monitoring) and costs to other organisations hosting staff (secretarial support and support from departments of finance, IT, HR etc).

12. Declarations and signatures *

PLEASE PRINT THIS PAGE, HAVE IT AUTHORISED AND RETURN IT BY REGISTERED POST TO THE ADDRESS BELOW

In order for your application to be accepted you are required to gain approval from the relevant authorities within your institution. These approvals are required to ensure that the costs submitted are agreed by the host institution as an accurate estimate of the cost of providing the proposed Research Design Service. These approvals must be in the form of a “wet ink” signature. Failure to submit this agreement will result in your application being rejected.

The Declaration and signatures section must be completed and returned by **8 June 2012 5PM**

RDS Reference PR-RD-0312-10009
 RDS Region South West
 Lead Applicant Dr Paul Ewings
 Host Institution Royal Devon and Exeter NHS Foundation Trust

Institutional Stamp

I confirm that the information given on this form is complete and correct, that all co-applicants mentioned on this form have seen a copy of this application and that I shall be actively engaged in this programme and responsible for its overall management.

Signed Date
 (Lead Applicant)

I confirm that I have checked the financial details of application (PR-RD-0312-10009) and that this institution is prepared to carry out this service programme at the stated costs and to administer the award if made. The staff grades and salaries quoted are correct and in accordance with the normal practice of this institution.

Signed Date
 (Finance Officer)

I confirm that I have read this application and that, if funded, the work will be accommodated and administered in this institution and that the applicants for whom we are responsible may undertake this work.

Signed Date
 (Representative of the institution hosting the service e.g. R&D manager or Chief Executive)

PLEASE RETURN THIS SECTION OF THE FORM BY REGISTERED POST TO:

Research Design Service Competition
 NIHR Central Commissioning Facility
 Grange House
 15 Church Street
 Twickenham
 Middlesex
 TW1 3NL

* indicates mandatory field

Application: PR-RD-0312-10009

Annex 3: GANTT CHART

Note: the individual squares represent specific events such as a meeting or issue of a newsletter. Three squares within a particular cell, for example, indicate the activity will occur three times within the respective quarter, ie monthly.

	Oct 2013 – Sept 2014				Oct 2014 – Sept 2015				Oct 2015 – Sept 2016				Oct 2016 – Sept 2017				Oct 2017 – Sept 2018			
	Quarter				Quarter				Quarter				Quarter				Quarter			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
<i>National activities</i>																				
Meetings with DH/CCF		■		■		■		■		■		■		■		■		■		■
Exchanging ideas meetings	■ ■	■	■ ■	■	■ ■	■	■ ■	■	■ ■	■	■ ■	■	■ ■	■	■ ■	■	■ ■	■	■ ■	■
PPI RDS Involvement Forum meetings	■		■	■	■		■	■	■		■	■	■		■	■	■		■	■
Communications group meetings		■	■	■		■	■	■		■	■	■		■	■	■		■	■	■
Training for research and communications staff	■			■			■		■			■			■		■			■
<i>Activities in South West</i>																				
Consultancy service																				
Support submission of grant applications																				
Scientific Committee meetings (incl. lay members)	■ ■ ■	■ ■	■ ■	■ ■	■ ■ ■	■ ■	■ ■	■ ■	■ ■ ■	■ ■	■ ■	■ ■	■ ■ ■	■ ■	■ ■	■ ■	■ ■ ■	■ ■	■ ■	■ ■
Deliver Research Retreat			■				■				■				■				■	
Deliver grants workshop	■		■	■		■		■	■		■		■		■		■		■	
Management team meetings	■ ■	■	■ ■	■	■ ■	■	■ ■	■	■ ■	■	■ ■	■	■ ■	■	■ ■	■	■ ■	■	■ ■	■
South West PPI Forum meetings		■	■			■	■			■	■			■	■			■	■	
Lay member training/update sessions	■		■		■		■		■		■		■		■		■		■	
Produce annual report			■				■				■				■				■	
Presentations to local stakeholders	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
User survey	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Staff development day	■				■				■				■				■			
Staff survey				■				■				■				■				■
Produce newsletters	■	■		■	■	■		■	■	■		■	■	■		■	■	■		■

Application: PR-RD-0312-10009

Annex 4: Supporting documentation

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Section 1: Testimonials

Email of support to Paul Ewings, RDS-SW Director, Consultant and site lead for the Taunton RDS-SW office, from Dr Katja Adie, Consultant Physician in Care of the Elderly, Royal Cornwall Hospitals NHS Trust:

Dear Paul

I would like to thank the RDS for their support.

The RDS have been crucial in the development of the project proposal for the TWIST trial. You have provided ongoing expert support and sign posting where needed. Clinical research is important, but to me as a busy clinician it would not have been possible to develop and successfully apply for funding for a multicentre RCT without the support of the RDS.

Katja

Letter of support to Jenny Ingram, RDS-SW Consultant and site lead for the Bristol RDS-SW office, from Dr Matthew Barber, Lawrence Hill Health Centre, Bristol:

**Dr. D. S. Walsh
Dr. P.A.G. Bakker
Dr. M.J. Barber
Dr. C.J. Coles
Dr. P.M.W. Nearney**

**Lawrence Hill Health Centre
Hassell Drive
Bristol BS2 0AN**

**Tel (0117) 954 3060
Fax (0117) 955 7750**

Our Ref: MJB.KAN

24.5.12

jenny.ingram@bristol.ac.uk

Dear Dr Ingram

I am happy to support the Research Design Service in its bid to the NIHR for a second five year contract. The research grant that we got from the Research for Patient Benefit Grant from the NIHR was only possible with the assistance of the Research Design Service.

Dr Jenny Ingram and her colleagues were involved from the very beginning when we were first developing ideas for applying for a grant. Both Lawrence Hill Health Centre and the Bristol Drugs Project are organisations which have no previous history of running research grants and so the long term help that we have received from RDS was absolutely vital in the success of our application. They have also provided us with on-going help throughout the clinical data phase of the trial which has also been incredibly valuable for organisations such as ours which are research naïve. Due to the complexity of applying for research grants and writing research proposals I believe the Research Design Service is essential for organisations such as ours to enable them to get good research ideas off the ground.

I hope you are successful in your re-bid to the NIHR and that we can continue to collaborate on further research grants.

Yours sincerely,

Dr Matthew Barber

Dr M J Barber

Email of support to Paul Ewings from Nicky Britten, Professor of Applied Healthcare Research at the Peninsula College of Medicine & Dentistry:

Dear Paul,

I would like to put on record my appreciation for the help of the SW RDS in preparing the DIAT proposal for submission to the RfPB funding programme. I'm writing on behalf of the whole research team.

We all appreciated the amount of support you offered throughout the whole process; the guidance in thinking about what 'patient benefit' really consists of; the breadth and the quality of support including statistical expertise; the signposting to relevant stakeholders in the South West; your enthusiasm about a patient-led proposal; help with the documentation; the inclusion of the PPI members; and the willingness to work at unsociable times of day, responding to emails out of hours.

I know that the quality of the proposal was improved by the RDS input, and that you drew issues to our attention that we would have otherwise overlooked.

I feel very lucky to have such high quality support available locally.

With best wishes,
Nicky

Nicky Britten PhD
Professor of Applied Healthcare Research,
Institute of Health Service Research,
Peninsula College of Medicine & Dentistry
University of Exeter
Veysey Building
Salmon Pool Lane
Exeter EX2 4SG
Tel +44 (0)1392 724859
Email: nicky.britten@pms.ac.uk

Email of support to Andy Barton, RDS-SW Consultant and site lead for the Plymouth RDS-SW office, from Dr Richard Byng, General Practitioner and Clinical Senior Lecturer at the Peninsula College of Medicine and Dentistry at Plymouth:

Dear Andy and wider RDS team,

I would like to thank you all for the considerable support over the last 18 months dedicated to helping us with our Programme Grant application. We are in the final stages and hopeful of success. You have shown a fantastic combination of flexibility, academic rigour, emotional support, unstinting constructive criticism and willingness to listen. This included early informal discussions, advice about applying to the Research School, the intensive research school week in Bath, support over several months before the main submission, and advice on how to reply to reviews.

Thanks from everyone on the Engager2 team.

Best wishes,

Richard

Letter of support to Paul Ewings from Dr Shane Clarke, Consultant Rheumatologist, University Hospitals Bristol NHS Foundation Trust, and Honorary Senior Lecturer, University of Bristol:

University Hospitals Bristol 
NHS Foundation Trust

DEPARTMENT OF RHEUMATOLOGY	Professor Kirwan	Sec: Tel: 0117 342 3277 (voicemail available)
	Dr. R. Marshall	Sec: Tel: 0117 342 2902 (voicemail available)
The Courtyard, Old Building	Dr R Prasad	Sec: Tel: 0117 342 3277 (voicemail available)
Bristol Royal Infirmary	Dr S. Clarke	Sec: Tel: 0117 342 2910 (voicemail available)
Marlborough Street	Professor S. Hewlett	
Bristol		
BS2 8HW	Denise Pope, Education Co-ordinator	0117 342 4880
	Sue Tipler / Tracy French – Rheumatology Nurse Specialists	0117 342 4880 / 2508

Appointments: 0117 342 3429 / 2905 (voicemail available) DXA scan queries: 0117 342 2905 Fax: 0117 342 3841

PATIENTS AND VISITORS SHOULD USE DESIGNATED PEDESTRIAN PATHWAYS AND AVOID WALKING UNDER RAISED BARRIERS AT ALL TIMES WHEN ON HOSPITAL PROPERTY

15 May 2012

Dr Paul Ewings
Director, NIHR Research Design Service (South West)
Musgrove Park Hospital
Taunton Somerset TA1 5PA

Dear Paul,

Re: Stopping Fallers Fracturing

This is a somewhat belated letter to let you know that our team was successful in our RfPB bid and to say a big thank you to you and your team for all your help in helping us to put together the application.

Right from the start RDS were integral to our plans. Jenny and Rosemary gave their time freely and believed in the idea sufficiently to help me win protected development time.

The RDS summer school really helped our team address crucial planning and methodological issues and, more recently, the PPI work facilitated by Rachael made a tremendous difference to the finished application.

So, a big thanks to you, and please pass on our appreciation to all those involved, locally, and at the summer school.

I will have no hesitation in recommending other clinicians with an interesting research idea contact your team.

All best wishes for now, look forward to seeing you in not too distant future,

Yours,

Shane

Dr Shane Clarke
Consultant Rheumatologist
Honorary Senior Lecturer (University of Bristol)
Lead Clinician Osteoporosis Services

PS See below some cut and pastes which make for good reading – these are taken from the reviews of our application –

“This is one of the best proposals I have read. The objectives are clearly stated, the methodology well thought out. Time and effort has been given to take account of patients and practitioners situation so that the research minimises the impact on their time. Timescales are realistic and appropriate to the scope of the research. The outcomes should provide valuable insights to inform the more detailed fuller trial to follow.”

“The skills of the team are appropriate. The training and input received from the RDS Research School has had a positive impact judging by the quality of the research proposal.”

“PPI is excellent. Patients and National groups have been involved in the planning and design of the feasibility study and will continue to be involved throughout the study via the PAG.”

“I see this as a model of clarity. It is well thought through and carefully planned.”

Email of support to Paul Ewings from Nick Cross, Director of Wessex Regional Genetics Laboratory, and Professor of Human Genetics at the University of Southampton:

Dear Paul

I am writing in strong support of our local Research and Design Service in Salisbury, which provides essential advice for our research here. In particular, Paul Strike has given us excellent statistical support for many grant applications and well as advice and analysis for ongoing projects. This is an essential component of research support that requires expert knowledge and, usually, several detailed face to face discussions. Without this support I am sure that we would be less successful in obtaining funding. In addition, Louise Bell and Stef Scott provide invaluable advice that enable us to negotiate the governance complexities of undertaking research in the NHS.

I very much hope that the valuable role played by the Salisbury Research and Design Service will continue to be supported.

Kind regards

Nick

Nick Cross MA PhD FRCPath
Director, Wessex Regional Genetics Laboratory
Salisbury NHS Foundation Trust
Salisbury, SP2 8BJ, UK

and

Professor of Human Genetics
University of Southampton Faculty of Medicine

Tel: +(44) 1722 429080
Fax: +(44) 1722 331531
email: ncpc@soton.ac.uk

Email of support to Paul Ewings from Dr Alan Montgomery, Chair of the South West RfPB Funding Committee, and Director of the Bristol Randomised Trials Collaboration:

Dear Paul

I am writing to confirm my support for your application for a new RDS contract. I'd like to do this from two perspectives:

(1) as Director of BRTC, I'm very pleased with how things are working out in providing methodological support in Bristol. The common web-based point of entry for enquiries to RDS, two CTUs, and the MRC Hub means that we are able to easily direct applicants to the most appropriate source of support for their research.

(2) as Chair of the SW Research for Patient Benefit Regional Funding Committee, and member since the start of the RfPB funding programme, I wish to note the consistent improvement in quality of applications we've received that have RDS involvement.

I wish you well with your application.

Best wishes,
Alan

Dr Alan Montgomery
Reader in Health Services Research
Bristol Randomised Trials Collaboration
School of Social and Community Medicine
University of Bristol
Canynges Hall
39 Whatley Road
Bristol BS8 2PS
tel +44 117 92 87266
fax +44 117 92 87236
email alan.a.montgomery@bristol.ac.uk
<http://www.bristol.ac.uk/populationhealth/>

Letter of support to Paul Ewings from Professor Peter Scanlon, Consultant Ophthalmologist, Gloucestershire Hospitals NHS Foundation Trust:

Gloucestershire Hospitals



NHS Foundation Trust

Department of Ophthalmology
Cheltenham General Hospital
Sandford Road
Cheltenham Glos GL53 7AN
Tel: 01242 222524
E-mail: peter.scanlon@glos.nhs.uk

16th May 2012

Dr Paul Ewings
Research Design Service
South West Coordinating Centre
Taunton

Dear Dr Ewings,

Re: Support provided by the Research Design Service, South West (RDS SW)

In 2001, I received support from the Gloucester R&D Support Unit to undertake the research that I submitted in my first project grant report to the South-West Research & Development Directorate, which led to the introduction of a National Screening Programme for Diabetic Retinopathy between 2003 and 2009 in 91 programmes across England.

Since 2009, I have received support from the Research Design Service South West to be successful in the following applications:

1. December 2010 Diabetes Research Network (DRN) Writing Group (Joint applicant with SP Harding). Funder: DRN. Total awarded: £5,000. Duration: 2 years
2. November 2010. Research for Patient Benefit Programme. 'Understanding factors leading to low uptake of diabetic retinopathy screening in Primary Care' (Lead Applicant). Total awarded: £219,885. End date: September 2013.

Chair:
Prof. Clair Chilvers

Chief Executive:
Dr F Harsent PhD

3. 1st May 2012. Development of a cost-effectiveness model for optimisation of the screening interval in diabetic retinopathy screening (Lead Applicant). Funding body: Health Technology Assessment (HTA) Programme. Total awarded: £394,696. Duration: 24 months.

The support that I have received from the RDS SW has been outstanding and has come under the following headings:

1. Discussion about ideas;
2. Assistance with early drafts of the application;
3. Proof reading of different drafts;
4. Financial input into the costings;
5. Feedback from the Scientific Committee of the Research Design Service South West at a fairly advanced stage of the applications;
6. Trouble shooting issues such as advice when the funding bodies have come back with questions;
7. Support with Ethics Committee applications;
8. Support with R & D approvals on the IRAS system, National and local R&D forms.

I have also asked for advice relating to a European Commission (Framework 7) grant and four commercial grants for different projects.

I am extremely grateful for the continued support that I have received.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Peter Scanlon', written in a cursive style.

Professor Peter Scanlon
Consultant Ophthalmologist

Email of support to Andy Barton from Dr Jason Smith, ED ('Emergency Department') Consultant at Derriford Hospital, Plymouth:

Andy

With regard to the RDS I would like to express my thanks for the help you've afforded me, and the ED team, over the last few years.

My first contact with the RDS was at the residential week in 2009, when the RDS staff helped develop an idea that was on one page of A4 into a successful grant application (the PASTIES trial). The support and broad range of expertise in methodology meant that the study progressed within a week to the stage it would normally have taken at least a year.

I've just had the benefit of another week of input to a separate study, that had the same impact and hopefully will result in another successful grant application.

While not the main focus of the RDS work, the ongoing advice during the study set-up, and guidance for novice clinical researchers during the whole process has been invaluable. As a clinical academic, I don't have much time in my normal working week to allocate to research, so the administrative and methodological support at the grant application stage is vital if we are going to build a successful clinical academic unit.

Jason

Email of support to Paul Ewings from Professor Ian Swain at Salisbury NHS Foundation Trust, Professor of Clinical Engineering at Bournemouth University, and Clinical Director at Odstock Medical Limited:

From: Ian Swain [i.swain@salisburyfes.com]
Sent: 21 May 2012 17:22
To: Paul Ewings
Subject: RE: NIHR Research Design Service

Dear Dr Ewings

Over a number of years we have worked very closely with the South West Research Design Service (SW-RDS) and have found their contribution invaluable, in particular in the design of clinical trials and other statistical issues prior to submissions to funding bodies. Paul Strike has worked very closely with us over the whole of this time and has been a key person on the team, leading to the award of a NIHR Programme Grant as well as a number of other research grants that we have obtained from a variety of funding sources such as the MS Trust, Stroke Association, NEAT (NIHR) etc.

His contribution has been so essential to our work that his name appears on a number of our publications. We would very much hope that this cooperation can continue in the future.

Please do not hesitate to contact me if you require any more information or more specific examples of our close working relationship with Paul Strike and SW-RDS.

Best Wishes

Prof Ian Swain, BSc(Hons) PhD C.Eng FIET C.Sci FIPEM Director of Clinical Science and Engineering, Salisbury NHS Foundation Trust Professor of Clinical Engineering Bournemouth University Clinical Director Odstock Medical Limited

Laing Building
Salisbury District Hospital
Salisbury, Wilts, SP2 8BJ
Tel 0044 1722 429117
Fax 0044 1722 425263

Odstock Medical Limited is registered in England and Wales (Company No. 5532620) and is part of Salisbury NHS Foundation Trust, Odstock Road, Salisbury, England

Letter of support to Paul Ewings from Rod Taylor, Professor of Health Services Research, Peninsula College of Medicine & Dentistry, Universities of Exeter & Plymouth:



PENINSULA
MEDICAL SCHOOL
UNIVERSITIES OF EXETER & PLYMOUTH



Professor Rod Taylor
Professor in Health Services Research
Peninsula College of Medicine & Dentistry
Universities of Exeter & Plymouth
Room 117, Veysey Building
Salmon Pool Lane
EXETER, EX2 4SG

☎: 07968 152537

☎: 01392 726053

✉: rod.taylor@pcmd.ac.uk

28th August 2011

Dr Paul Ewings
Director
NIHR Research Design Service (South West)
Musgrove Park
Taunton
Somerset TA1 5DA

Dear Paul

As co-principal investigators, Hayes and I wanted to take this opportunity to write to you formally to express our thanks and appreciation. We found the recent SW RDS Scientific Committee and of our draft NIHR Programme Grant (HF-REACH) enormously helpful not only in terms of the individual reviews and your personal commentary of 'key issues' but also the very rapid turnaround of this feedback and your willingness to enter into some follow up email exchange and a phone call to discuss.

Whilst one can never probably be 100 percent confident to have covered 'all the bases' in any research application, the RDS review has certainly increased our chance of doing so! So our thanks once again and fingers crossed for the October submission. Should you have any time to review, we will certainly take up your offer of sharing with you a near final draft submission in late September.

Yours sincerely

Rod Taylor
Professor of Health Services Research

Hayes Dalal
Hon Clinical Senior Lecturer

PENINSULA

COLLEGE OF MEDICINE & DENTISTRY

The John Bull Building Tamar Science Park Research Way Plymouth PL6 8BU UK
Tel +44 (0)1752 437444 Fax +44 (0)1752 517842 Email pmsenq@pms.ac.uk www.pms.ac.uk

College and Medical School Dean Professor Sir John Tooke MA MSc BM BCh DM DSc (Oxford) FRCP FRCGP (Hon) FAcadMed (Hon) FMedSci



Letter of support to Paul Ewings from Dr Dylan Thompson, Senior Lecturer in the Department for Health, University of Bath:



Department for Health
University of Bath
Bath
BA2 7AY

Tel: 0044(0)1225 383177
Email: d.thompson@bath.ac.uk

To whom it may concern

I am writing to express my gratitude to the NIHR Research Design Service (South West) for the support that we have received, particularly during the formulation and design of a grant funded by the National Prevention Research Initiative (a collaboration between various research councils, NHS and research charities). We are particularly grateful for the quality of the reviewer comments that we received and the suggestions on how to improve the research. The first phase of this project was completely redesigned in light of the comments that we received from RDS.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Dylan Thompson'.

Dr Dylan Thompson

**Section 2: Pledges of support
from organisations within the South West**

We have pledges of support for our application from all the major research organisations in the South West as listed below. Individual confirmations of support can be provided on request.

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Bath and North East Somerset Primary Care Trust
- Bournemouth University
- Bristol Clinical Trials & Evaluation Unit
- Bristol Primary Care Trust
- Bristol Randomised Trials Collaboration
- Cornwall Partnership NHS Trust
- Devon Partnership Trust
- Devon Primary Care Trust
- Dorset County Hospitals NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Great Western Ambulance Service NHS Trust
- Great Western Hospitals NHS Foundation Trust
- NHS Cornwall and Isles of Scilly
- North Bristol NHS Trust
- Peninsula Clinical Trials Unit
- Peninsula College of Medicine and Dentistry
- Peninsula Comprehensive Local Research Network
- Plymouth Hospitals NHS Trust
- Poole Hospital NHS Foundation Trust
- Primary Care Research Network, South West
- Royal Cornwall Hospitals NHS Trust
- Royal Devon & Exeter NHS Foundation Trust

- Royal United Hospital Bath NHS Trust
- Salisbury NHS Foundation Trust
- South Devon Healthcare NHS Foundation Trust
- South West Medicines for Children Research Network
- South West Peninsula Diabetes Research Network
- South West Stroke Research Network
- Taunton and Somerset NHS Foundation Trust
- The NIHR CLAHRC for the South West Peninsula
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- University Hospitals Bristol NHS Foundation Trust
- University of Bristol
- Western Comprehensive Local Research Network
- Yeovil District Hospital NHS Foundation Trust

Section 3: Specialist areas of the consultancy team

Name	Specialist Expertise*	RDS wte
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APPLICANTS		
Andrew Barton	Project management, survey methods, clinical trials	0.8
Jenny Donovan	Social sciences applied to health and health services research (HSR), employing qualitative research methods in HSR, combining qualitative and quantitative methods, perceptions and experiences of health and health care, concepts of health and illness	0.02
Paul Ewings	Statistics, clinical trials, systematic reviews, public health, epidemiology	0.8
Colin Green	Economic evaluation of health technologies, modelling of cost-effectiveness analyses, assessment and valuation of health outcomes, and research in the area of social values	0.03
Julie Hapeshi	Patient and public involvement, research management and governance, RCT management	0.5
Jennifer Ingram	Qualitative methodology, research in primary care, patient and public involvement	0.5
Roy Powell	Statistics, clinical trials, systematic reviews, survey methods, research ethics, patient and public involvement	0.6
Colin Pritchard	Health economic evaluation, epidemiology, public health, organisational analysis	0.8
Paul Strike	Statistics, clinical trials, diagnostic test evaluation, laboratory sciences (all sub-specialties)	0.5
Gordon Taylor	Statistics, clinical trials, modelling, systematic reviews, meta-analysis, research ethics	0.5
Peter Thomas	Statistics, clinical trials, systematic reviews, complex interventions, epidemiology	0.5

COLLABORATORS		
Helen Allen	Patient and public involvement, health psychology	0.3
Peter Auguste	Health economics	0.95
Lisa Austin	Project co-ordination	0.5
Pete Blair	Statistics, clinical trials	0.4
Rohan Chauhan	Qualitative research	0.2
Karen Elvers	Systematic literature reviews	0.2
Fiona Fox	Qualitative methods, research with young people and appearance research	0.5

Christopher Foy	Statistics, clinical trials, epidemiology, public health, research ethics	0.5
Rachael Goberman-Hill	Qualitative research, ethnography	0.1
Rosemary Greenwood	Statistics, clinical trials, health economic evaluation analysis	0.6
Elsa Marques	Health economics	0.5
Jon Pollock	Epidemiology, statistics, clinical trials	0.4
Ruth Salway	Statistical methods in epidemiology, air pollution and health, health impact assessment	0.3
Zoe Sheppard	Demography, socio-economics	0.4
Hazel Taylor	Statistics, clinical trials, epidemiology	0.3
Sarah Thomas	Psychology, systematic reviews	0.4

* All the staff listed have generic skills in health services and clinical research, with considerable experience in advising investigators across a variety of research designs.

Section 4: Notes & abbreviations

4.1 Abbreviations used in main proposal

AHSN	Academic Health Science Network
B&NES	Bath & North East Somerset
CCF	Central Commissioning Facility
CCG	Clinical Commissioning Group
CLAHRC	Collaboration for Leadership in Applied Health Research and Care
CLRN	Comprehensive Local Research Network
ConDuCT	Collaboration and Innovation for Difficult or Complex Randomised Controlled Trials (an MRC methodology hub)
CPRD	Clinical Practice Research Datalink
CTU	Clinical Trials Unit
DH	Department of Health
EME	Efficacy and Mechanism Evaluation
HIEC	Health Innovation and Education Cluster
HRA	Health Research Authority
HS&DR	Health Services and Delivery Research
HTA	Health Technology Assessment
HR	Human Resources
IT	Information Technology
NRES	National Research Ethics Service
PCMD	Peninsula College of Medicine & Dentistry
PCT	Primary Care Trust
PenCHORD	Peninsula Collaboration for Health Operational Research and Development
PenPIG	Peninsula Public and Patient Involvement Group
PPI	Public and Patient Involvement
R&D	Research & Development
REC	Research Ethics Committee
RfPB	Research for Patient Benefit
RM&G	Research Management & Governance
TCRN	Topic-specific Research Network (eg Cancer Research Network)
UKCRC	United Kingdom Clinical Research Collaboration

4.2 Notes and list of abbreviations used in finance forms

Notes:

1. Each university has its own payscale and grading system, hence 'Brs Univ J', for example, indicates Grade J on the University of Bristol's own payscale.
2. Agenda for Change spine points indicate position on the total spine point (ie. points 1 – 54 covering 9 grades).

AfC	Agenda for Change
Bath Univ	University of Bath
Bourne Univ	Bournemouth University
Brs Univ	University of Bristol
Ex Univ	University of Exeter
Ply Univ	University of Plymouth
UWE	University of the West of England