

Annual Report 2010/11
NIHR Research Design Service for the East of England
(for period 1 April 2010 - 31 March 2011)

A Introduction and strategic update

This report contains an analysis of activities, outputs and expenditure of the NIHR Research Design Service for the East of England (RDS EE) for the period 1st April 2010 – 31st March 2011.

The aims of the RDS EE remain unchanged from those set out in the original proposal, namely to increase the quality of research applications to NIHR programmes through development of collaborative research teams and provision of research design support.

Comparison with national figures for the RDS show that in 2009-10, the RDS EE performed above average in terms of number of clients, number of submissions to NIHR programmes and number of applications recommended for NIHR/DH funding. We are working hard to maintain this position.

Our focus over the past year has been the promotion of more unified working among RDS staff across the region to enhance efficiency and effectiveness. RDS EE staff are located in six sites - Universities of Essex (the hub) , East Anglia, Bedfordshire, Hertfordshire and Cambridge and NHS Cambridgeshire. It is structured to be responsive and accessible to local need whilst ensuring that the highest quality research expertise is available to clients throughout the large and diverse region.

B Highlights

- During the reporting period the number of RDS-supported bids submitted has increased to 156. In terms of outcome 47/136 (35%) have been funded and 4/20 (20%) outline bids have been shortlisted.
- We have established more cohesive joint working across the region through development of a 'Partnership Agreement' across the RDS EE. All sites in the RDS EE are signatories to the agreement, which aims to promote more intensive cross-site collaboration through enhanced communication between staff and shared-working on projects. As a result, the RDS EE now has a clearer regional (rather than site-specific) identity and RDS staff work together more cohesively across the region to support clients. This ensures that all projects supported by RDS EE have access to the best possible advice.
- Our regional identity and impact has been further enhanced by the appointment in October 2010 of a dedicated Patient & Public Involvement (PPI) post to work across the RDS EE.
- We have successfully broadened our focus from the RfPB programme to supporting applicants to all NIHR programmes. This has been achieved through: Provision of training to RDS EE staff about the range of NIHR programmes; Replacing Research for Patient Benefit (RfPB) workshops with NIHR-focused first-line-advice workshops; Publicising all NIHR research programmes on the RDS EE bulletin.
- We have met the targets included in the Gantt chart for 2010-11 (see Appendix 2). In particular, we would draw attention to those items identified as needing improvement (those shaded 'amber' in the traffic light rating in the final column). All of these have been attended to. In summary this includes:

Marketing

- The RDS EE website has a centralised on-line registration form for clients on the home page and an increasingly higher proportion of clients access the service through this route. All clients on the RDS EE Customer Relationship Management

System (CRM) are sent a bi-monthly Bulletin that advertises RDS EE services, funding opportunities and any training events or conferences taking place in the Region.

- We have successfully run workshops on applying to RfPB programme for two years. In line with the expanded remit of RDSs, we are now instead offering first-line-advice workshops on applying to all NIHR funding streams. These have been over-subscribed, very well evaluated, and are a successful vehicle for identifying new RDS EE clients who are committed to applying for NIHR research funding. The net cost is low (£2288) as delegates pay a small charge.
- We had planned to co-ordinate a regional research event with partners but, following advice from NIHR Central Commissioning Facility (CCF), this was postponed. However, RDS EE staff regularly promote RDS services through participation at research events/workshops hosted by partner institutions (see Appendix 1 for details).

Management

- The RDS EE Management Board has face to face meetings three times a year to provide oversight of the RDS EE. Members include: RDS EE Directors and Activity Leads; Strategic Health Authority; Comprehensive Local Research Networks (CLRNs); Universities; NHS Trusts; Health Enterprise East. Membership has been extended this year to include representatives from the two Clinical Trials Units in the region and the Collaboration for Leadership in Applied Health Research and Care' (CLAHRC). Lay representation across the RDS EE is the focus of the next Management Board to which a number of lay representatives have been invited.
- We originally had a separate RDS EE Steering Group which 'doubled-up' with a pre-existing Regional Research & Innovation Alliance organised by the Strategic Health Authority. However, this group has been disbanded and as a result the function and representation of the Steering Committee has been incorporated into the Management Board.
- The RDS EE Management Board has added 'Regional Research Issues' as a standing item on the agenda as the Board currently has broader regional representation than any other research-focused committee.

Operation of the RDS EE

- RDS EE staff have met in a number of settings to discuss the operation of the RDS. This has included an Awayday in November 2010, which focused on the RDS EE partnership; possible tensions arising from the RDS EE as part of the NIHR family and the 6 institutions involved who employ RDS EE staff were also discussed. In addition, we hold three staff Development Days a year, which include a shared activity such as scientific review of proposals and knowledge-sharing sessions around requested topics. We also use the Development Days to hold meetings between Directors, Research Advisors and Administrators. The Awayday and Development Days have all been well attended by RDS EE staff and are the key vehicle for development of cross-site communication and a sense of RDS identity.
- Enhanced communication has promoted more joint working across the region. An increasing number of projects involve cross-site collaboration which helps to strengthen: a) The research team by tapping into wider networks to identify people with the required clinical or research expertise for any given project; b) The research design by obtaining advice about specific aspects of the methodology from those most qualified to provide it. For example, a current user-led bid based at Essex is liaising with a potential clinical partner based in Cambridge and seeking advice from a health economist based at the University of East Anglia.
- We have initiated Bid-Writing Surgeries, which provide clinicians and researchers who have a project that they are planning to submit to RfPB, with specific guidance

so they can further improve the quality of their applications. It offers the opportunity for researchers to discuss their research applications within a supportive forum, drawing on experiences of fellow applicants and experienced researchers. Typically, these sessions focus on 5 clients planning to submit to the next RfPB competition. They present their project to the whole group and rotate through five stations, obtaining advice from research advisors on specific aspects of their project such as PPI, costings, design. Two have been held in the Norfolk, one in Hertfordshire and another is planned in Cambridge. RDS staff from different sites take part to provide advice. A project featured in one of the first surgeries was recently recommended for RfPB funding.

- Following feedback from NIHR CCF on last year's annual report, we have discontinued masterclasses on topics such as Health Economics.
- The style and nature of outreach support includes: proactive visits to Trusts; contact with research-oriented groups such as Clinical Specialty Groups; contact with profession-specific research steering groups; regular clinic sessions at Trusts. The RDS EE also regularly participates in regional R&D events (see Appendix 1).
- RDS EE staff sit on the Management Boards of CLRN and the Primary Care Research Network in the region.
- The RDS EE has played the key role in developing regional PPI in research activity in partnership with other organisations in the region (see section C).
- A bi-monthly newsletter is sent to all RDS EE staff, helping to ensure that there is communication throughout the staffing body about activities in the RDS EE and to disseminate key messages from national meetings. It is intended for internal dissemination only.
- The Director regularly attends national meetings between RDS Directors and NIHR CCF and the 'Exchanging Ideas' meetings. The Central Co-ordinator attends the national meetings of the Communications group. This has provided many opportunities for collaboration between the ten RDSs and facilitates the pooling of experiences and resources.

C Patient and Public Involvement

A dedicated part-time (0.5) PPI in Research Advisor has been in post since October 2010.

Collaborative working is a key cornerstone of the RDS EE PPI strategy. The RDS EE has continued to strengthen collaborative working with other local, regional and national organisations involved in PPI in research. We work closely with INVOLVE, the existing regional 'PPI in research' groups Public and Patient Involvement in Research (PPIRes) in Norfolk & Suffolk and the Public in Research group (PIR) in Hertfordshire and the CLRN. In addition, in the last year, the RDS has established new links with the East Anglia Hubs of Dementias and Neurodegenerative Diseases Research Network (DeNDRoN) and the Mental Health Research Network and Cambridgeshire and Peterborough CLAHRC.

The RDS EE PPI Working group has formalised its terms of reference and continues to be the main group in the region that promotes PPI in research through networking, and sharing of information and resources. The working group has further expanded to include the Herts PIR group coordinator, the PPI representative from the CLAHRC and the R&D Information Manager of the Cambridge University Hospitals NHS Foundation Trust and two lay/patient representatives. The RDS EE PPI working group are co-ordinating a regional stakeholders meeting in June to discuss possibilities of creating a regional PPI working group.

The RDS EE continues to attend INVOLVE national meetings, workshops, the biennial conference and participated in consultative meetings for the development of the new

INVOLVE 'PPI in research: how to' resource guide. We also participate in the Essex-Herts CLRN External Reference Group and the RDS Involvement Forum.

The RDS EE in collaboration with PPIRes facilitated a series of five group sessions called 'Demystifying the World of Health Research' held between September and January aimed at equipping service users working with the RDS EE with the requisite understanding to provide lay feedback on RDS-supported proposals. In addition to the regular channels, PPI advice has also been dispensed to clients through the Bid Writing Surgeries described above. PPIRes and RDS EE have additionally held panel meetings where clients present their research to PPIRes members in order to receive feedback at the early bid development stage.

The PPI lead carried out PPI training for RDS EE staff and conducted a survey of how RDS EE staff ensure appropriate PPI in the bids they support. A report is being prepared based on findings from this survey to disseminate best practice relating to PPI.

The RDS continues to promote PPI and user led research across the region. One RDS supported user-led bid has been recommended for RfPB funding in the reporting period.

D Metrics (Tables 1 and 2)

Table 1 Number of new projects from 01 April 2010 to 31 March 2011	
April 2010	33
May 2010	30
June 2010	28
July 2010	30
August 2010	16
September 2010	27
October 2010	29
November 2010	25
December 2010	20
January 2011	36
February 2011	10
March 2011	28

Table 2a Destination of applications submitted between 1 April 2010 and 31 March 2011	No. of applications	
	Outline	Full / One-stage
RfPB		44
PDG		0
PgfAR	1	1
HTA	11	10
SDO	4	4
PHR	5	3
HSR		2
EME	3	5
i4i	1	4

NIHR training programmes		3
NIHR (other)		6
DH (including PRP)		3
Research councils	1	13
Charities		29
Other		3
Total	26	130

Table 2b Outcomes of submissions made up to 31 March 2011 (where known, and not previously reported)	Outline		Full / One-stage	
	Shortlisted	Rejected	Funded	Rejected
RfPB			13	36
PDG				
PgfAR		1	2	
HTA		6	2	6
SDO		4	2	3
PHR	2	3		4
HSR		1	1	1
EME			2	2
i4i			1	3
NIHR training programmes				
NIHR (other)			5	3
DH (including PRP)			2	1
Research councils	1		3	8
Charities	1		11	19
Other		1	3	3
Total	4	16	47	89

Table 1 shows that there are 312 new projects (approximately 26 per month). The number is less than reported last year as, following new guidelines, we are only reporting those enquiries that aim to apply for funding from a national peer-reviewed programme.

Table 1 does not include the 54 consultations from clients who are outwith the RDS remit although we believe we offer valuable guidance to the majority of such enquirers by, for example, redirecting them elsewhere or providing advice on non-national research submissions. Nor does it include the 33 people who have attended one of the two two-day RDS EE first-line-advice workshops on applying to NIHR programmes, which are part of our marketing strategy. The net cost of these workshops (total cost minus income from delegate fee) to the RDS EE was £2288.

The number of projects supported at each site broadly reflects resources, staffing levels and the local context. In some areas, there is an established history of clinical research and many NHS researchers are keen to seek funding whereas in other areas there are fewer clients that come forward, and those that do, may require a great deal of RDS support.

Table 2a provides details of RDS-supported grant applications that have been submitted during the reporting period. We have supported 26 outline and 130 full bids in total of which 25 outline and 85 full submissions have been to NIHR/DH funding streams. This is an

increase of 26% from the NIHR/DH submissions (15 outline and 72 full submissions) reported in the 2009/10 annual report.

Table 2b reports outcomes that have become known during the reporting period. 47/136 (35%) bids have been funded 4/20 (20%) shortlisted. The figures for NIHR/DH related programmes are 30/89 (34%) funded and 3/17 (18%) shortlisted. The number of successful full bids to NIHR/DH programmes is higher than last year and the proportion of successful/unsuccessful bids is about the same. There was a marked fall in the proportion of outline bids being shortlisted in comparison to 2009/10 which we will be discussing at the next Staff Development Day.

The main programme that we have supported is the RfPB reflecting the early focus of RDS on supporting this specific programme. Our support for other NIHR programmes has increased from last year reflecting our broader remit.

We continue to support a number of bids submitted to national charities and a small number of bids to 'other' national peer-reviewed funders such as Scottish Enterprise, Human Rights Commission.

APPENDICES

- Appendix 1: RDS activities with partner institutions April 2010 – March 2011
- Appendix 2: The Research Design Service for the East of England Gantt Chart
April 2010 – March 2011
- Appendix 3: The Research Design Service for the East of England Gantt Chart
April 2011 – March 2012

Appendix 1: RDS activities with partner institutions April 2010 – March 2011

RDS staff have publicised the work and role of the RDS at the following events hosted by partner institutions:

- April - Launch of Essex Cancer Research Network at Writtle College.
- April 2010 - Essex Biomedical Sciences Institute (EBSI) annual conference (CHUFT)
- May - DeNDroN (Dementia and Neurodegenerative Diseases Research Network) Conference.
- May - R&D Forum conference in Manchester.
- May - UEA based Research enterprise and engagement committee meeting.
- May - Big Research Day. Run by Norfolk and Waveney Mental Health Partnership
- May – Beds and Luton Mental Health Partnership Trust research conference
- June - Regional East of England CLRNs and Topic-Specific Research Networks meeting
- July – Nursing and Midwifery Faculty – University of Bedfordshire
- July - University of Bedfordshire research conference
- September - Paediatric specialist group meeting at the Norwich & Norfolk University Hospital
- September - West Essex PCT Research Open Day at St Margaret's Hospital, Epping
- September - Essex & Herts CLRN Roadshow event for Paediatric Research
- September: Essex & Herts Local Specialty Group for Health Service Research (Epping)
- September - a workshop organised by INVOLVE to update their how to guide, 'Involving the public in NHS, public health, and social care research: briefing notes for researchers'.
- September 2010 - Essex & Herts CLRN LSG for Urology (Stansted)
- October - the Norwich based Mental Health Trust research day.
- October - Annual Norfolk & Suffolk CLRN event in Ipswich.
- October - 2nd Annual Qualitative Research in the NHS Conference in Cambridge.
- October - CLRN Health Services Research & Public Health Research Local Specialty Groups Joint meeting at UEA
- November - Suffolk Mental Health Partnership Research Open Day.
- November - Big Research Day (Norfolk and Waveney Mental Health Trust).
- November - Department of Anaesthetics Research Methodology conference
- November – South Essex Partnership Trust (formerly Beds and Luton Partnership Trust) – Research Forum
- November - the biennial INVOLVE conference
- December - CLRN Paediatric Local Specialty Group / Medicines for Children Research Network meeting at NNUH
- February 2011, East of England Obs & Gynae Research Group, Cambridge
- February – Essex-Herts CLRN Best Practice Event.
- February - Regional Ophthalmology Research Development Meeting in Bury St Edmonds.
- Feb 2011 - Essex Learning Disabilities Research & Innovation Network (ELDRIN) (Braintree)
- February - Essex Cancer Network (Chelmsford)
- February - Exchanging ideas meeting with Kent RDS
- March - Evidence-Based Psychological Therapies in Primary Care event – RDS promotion, Hertfordshire
- March - Promotion of RDS to Essex and Herts Age and Aging LSG
- March - Discussion with Essex and Herts Gastroenterology group about support for formation of LSG

APPENDIX 2

The NIHR Research Design Service for the East of England Gantt Chart April 2010 – March 2011

Activities	2010												2011			Outcome	Progress	
	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
Central Functions																		
Management of central access point																	Clients referred to relevant services throughout the EoE	Green
Management of regional database																	Measurement and analysis tool providing regular metrics for Management Board and Annual Report	Orange
Collation of annual report submission																	Annual Report	Green
Proactive marketing																	On-going marketing of services through specific events and through bi-monthly e-Bulletin to mailing list.	Green
Management of website																	Website completed and updated on a regular basis	Orange
Co-ordinate and disseminate updates from each Local Centre																	1) Reports from Regional and Associate Directors to Management Board. 2) Circulation of bimonthly staff new sletter	Green
Commissioning bespoke masterclasses																	Master classes delivered that focus on NIHR programmes	Green
Staff development																	Provision of relevant staff development workshops	Green
More unified RDS working across the Region																	1) Clear partnership agreement signed by all sites. 2) Increase in proposals with input from more than one site	Orange
Promote and provide appropriate support to all NIHR fundings streams																	1) Staff training about NIHR programmes. 2) Develop links with Clinical Trials Units. 3) Proactive marketing of all NIHR programmes in the regular Bulletin and targeted workshops	Orange
Dispersed Functions																		
On-going provision of RDS to researchers across the region.																	1) Gradual increase in RDS supported research proposals submitted to all NIHR programmes. 2) Gradual increase in successful applications.	Orange
Coordination Local Group Meetings																	Regular Meetings	Green
Regular visits to R&D managers in each trust																	Each trust in the region regularly contacted by RDS and develop a system for recording this activity	Orange
On-going development of collaborations between health professionals, academic researchers and service users																	Increased number of high quality joint collaborative proposals	Green
PPI																		
On-going liaison with PPI networks and groups																	Collaborative events and meetings with other PPI groups	Green
Engagement with the public																	Increased engagement with public through bespoke events, website, marketing, bespoke training	Orange
Appoint dedicated PPI post																	PPI Co-ordinator appointed	Orange
Meetings																		
Away Day for all staff																	Review of performance and performance indicators for RDS	Green
Local Group Meetings																	Minutes and Actions	Orange
Regional Management Board Meetings																	Minutes and Actions	Green
RDS Meeting and staff development days																	Provision of a unified service across East of England	Green

APPENDIX 3

The NIHR Research Design Service for the East of England Gantt Chart April 2011 – March 2012

APPENDIX 3: Activities	2011												2012			Outcome	Progress	
	Apr	Ma	Jun	Jul	Au	Sep	Oct	No	De	Jan	Feb	Ma						
Central Functions																		
Management of central access point																	Clients referred to relevant services throughout the EoE	
Management of regional database																Measurement and analysis tool providing regular metrics for Management Board and Annual Report		
Collation of annual report submission																Annual Report		
On-going marketing																On-going marketing of services through attendance at regional research events and through bi-monthly RDS e-bulletin		
On-going management of website																Regular updates to website		
Co-ordinate and disseminate updates from each local centre																1) Reports from Directors to Management Board; 2) Circulation of bi-monthly staff Newsletter		
Joint working among RDS staff																To promote collaborative cross-site working		
RDS EoE review																To enhance effectiveness of the service		
Bid Writing Surgeries																To provide intensive support to clients with a developed proposal		
First-line advice workshops																To promote NIHR programmes and RDS to those planning to develop a proposal		
Develop links with CTUs																More collaboration on projects		
Dispersed Functions																		
On-going provision of RDS to researchers across the region																To at least maintain the current level of clients submitting proposals and the proportion who are successful		
Regular liaison with local trusts, research networks and PPI organisations																To ensure RDS is well-linked into regional research infrastructure		
On-going development of collaborations between clinicians, academics and service users																To at least maintain the current level of clients submitting proposals and the proportion who are successful		
PPI																		
On-going liaison with networks and groups to implement PPI strategy																To ensure PPI developed in partnership with other PPI in research organisations		
Embed lay representation throughout RDS EE																More proactive working with lay representatives		
Meetings																		
Away day for all RDS EE staff																Review of performance and performance indicators for RDS		
Local Operation Group Meetings																To ensure communication at local hub level. Minutes and actions.		
Regional Management Board Meetings																Minutes and actions		
RDS Meetings and staff development days																Provision of unified service across RDS EE. Minutes and actions		