

**Annual Report 2009/10**  
**NIHR Research Design Service for the East of England**  
**(for period 1 April 2009 - 31 March 2010)**

**A Introduction and strategic update**

This report contains an analysis of activities, outputs and expenditure for the period 1<sup>st</sup> April 2009 – 31<sup>st</sup> March 2010 of operation of the NIHR Research Design Service (RDS) for the East of England.

The RDS aims to offer a well-coordinated and well-distributed RDS throughout the the East of England (EoE) in order to:

- Increase the number, proportion and quality of research applications for NIHR programmes through provision of high quality research methodological expertise
- Build collaborative research teams including NHS researchers, academics and the lay public to develop robust high quality research protocols for external funding

RDS staff are located in six sites - Universities of Essex (the hub) , East Anglia, Bedfordshire, Hertfordshire and Cambridge and NHS Cambridgeshire. The RDS 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.

Our strategic focus during the reporting period has been to promote more unified working among RDS staff across the region to ensure that all projects we support have access to the best possible advice available to us.

**B Highlights**

- During the reporting period 36/95 (38%) RDS-supported bids have been funded and 7/14 (50%) outline bids have been shortlisted.
- Promoted more unified working across the region through: an Awayday, regular staff development days and the appointment of a Deputy Director with a brief to promote partnership working. Following one of our Development Days, the external speaker wrote: “I was very impressed with your set-up and how well all the groups appear to be working together.”
- Adoption of an integrated Customer Relations Management (CRM) system accessible to all RDS staff at each location. Staff at each site now routinely enter client data and project activity onto this centralised system. This enables client data to be shared across sites and activity to be routinely monitored by the Management Board.
- We have met the targets included in the Gantt chart we produced in response to feedback from the last annual report (see Appendix 1). In summary this includes:

Marketing

- There is a central access point for enquirers. The RDS website [<http://www.RDS-eoe.nihr.ac.uk/>] has a centralised on-line registration form for clients on the home page.
- A programme of two-day workshops focused on applying for Research for Patient Benefit (RfPB) programme have been delivered across the region. These have been fully subscribed, very well evaluated, and have been a

successful vehicle for identifying new RDS clients who are committed to applying for NIHR research funding.

### Management

- The RDS Regional Management Board meets three times a year, alternating between face-to-face meetings and teleconferencing to ensure regular attendance. The Management Board provides oversight of the RDS. Members include the Strategic Health Authority, Comprehensive Local Research Networks (CLRNs), Universities, NHS Trusts, other Regional NIHR bodies, Health Enterprise East, lay member. In February 2010 Caroline Gunnell (a Clinical Director of both the Essex-Herts CLRN and the Primary Care Research Network for the EoE) replaced the RDS Director as Chair.
- In July 2009 the Management Board approved the appointment of a Deputy Director with a specific brief to support the Director and facilitate partnership working across the region. Melanie Rein former Associate Director (Beds/Cambs) was duly appointed Deputy Director and Gurch Randhawa took over as Associate Director (Beds/Cambs).
- The Management structure included a regional steering group to embed the RDS within the regional and local R&D infrastructure. The regional steering group 'doubled-up' with a pre-existing Regional Research & Innovation Alliance organised by the Strategic Health Authority. However, this Alliance stopped meeting with the advent of the Innovation Council for the EoE. The RDS has played a key role in leading discussions (which are still underway) about forming a new regional R&D forum.
- Local Advisory Groups vary across the patch and, for reasons of efficiency, generally 'double-up' with other committees, eg. Essex-Herts RDS is discussed at Essex-Herts Comprehensive Local Research Network Boards meetings. In other areas they have substituted poorly attended Local Advisory Group with regular meetings with individual NHS Trusts.

### Operation of the RDS

- RDS staff have met in a number of settings to discuss the operation of the RDS. This has included an Awayday in November 2009 to build a shared vision of joint working across the region. We have also introduced regular staff Development Days which generally include separate meetings for Directors and Research Advisors followed by a shared lunch and training session. Our most recent Development Day focused on NIHR Research Programmes to develop our knowledge of these reflecting the broadening of RDS support to all NIHR programmes. Liz Tremain gave a presentation about the programmes managed by NETSCC.
- The style and nature of outreach support is responsive to the local context and includes: proactive visits to Trusts (R&D directors, managers, co-ordinators); contact with research-oriented groups such as Clinical Specialty Groups; contact with profession-specific research steering groups; regular clinic sessions at Trusts. The RDS also regularly participates in regional R&D events such as the NIHR/SHA Joint Research Conference for the East of England in November 2009, Research events organised by Trusts and/or professional groups in the Region; Local Speciality Groups; topic specific research networks.
- RDS staff sit on the Management Boards of all three Comprehensive Local Research Networks (CLRNs) and the Primary Care Research Network in the region and other R&D groups at local, regional and national levels

- The PPI strategy is being implemented in partnership with other organisations in the region engaged with PPI in research (see section C below)
- A successful programme of master classes has been delivered across the region.
- A bi-monthly newsletter is sent to all RDS staff in the EoE, helping to ensure that there is communication throughout the staffing body about activities in the RDS. It is intended for internal dissemination only.
- A bi-monthly bulletin is sent to everyone on the RDS mailing list. This contains details of the RDS, current funding calls from the NIHR and other bodies, local research events, research training.

## **C Patient and Public Involvement**

Developing effective collaborative working with other organisations involved in developing PPI in research has been a key part of the PPI strategy. We have established networks of PPI in research at the national, regional and local level. This involves links with INVOLVE, the existing regional 'PPI in research' groups PPIRes in Norfolk & Suffolk and PIR in Hertfordshire and joint-working with CLRNs.

The RDS PPI working group implements the PPI strategy. This strategy was developed in consultation and with advice from the PPI partner organisations listed above. The PPI working group membership includes RDS staff, the Co-ordinator of PPIRes, PPI leads of local CLRNs. A member of the PIR group and the User & Carer R&D Manager, Cambridgeshire and Peterborough NHS Foundation Trust have also been invited to join. This group has thus become the principal PPI in research collaboration in the region and plays a key role in promoting PPI in research in a joined-up way.

The RDS is working closely with the Essex-Herts CLRN to establish more explicit links with Local Involvement Networks (LINKs) and lay representatives via a new External Reference Group. RDS and CLRN recently held some informal meetings with LINKs and lay representative to discuss the way forward. A number of mutually agreed areas for development have emerged to promote NIHR research and opportunities for lay representatives to get involved with the R&D agenda.

Two leaflets have been produced to promote researcher awareness of PPI in research and to encourage lay representatives interested in research to contact the RDS. In addition, masterclasses have been arranged both to promote researcher awareness of PPI in research and to equip interested lay representatives with the requisite skills to contribute to RDS-supported research proposals. In addition, to bespoke training for lay representatives, we also offer them free places on all RDS master classes.

The RDS PPI Lead has attended the RDS workshops hosted by INVOLVE and shared ideas to develop the PPI function with other RDSs.

We have recently appointed a part-time PPI in Research Advisor to lead PPI from October 2010, a role that has to date been undertaken by the RDS Regional Director, in order to have more dedicated resources to build upon PPI activity.

## D Metrics (Tables 1 and 2)

Table 1 Number of new consultations from start of service to 31 March 2010	
April 2009	51
May 2009	22
June 2009	25
July 2009	38
August 2009	34
September 2009	32
October 2009	39
November 2009	33
December 2009	91
January 2010	55
February 2010	33
March 2010	58

Table 2a Destination of applications submitted between 1 April 2009 and 31 March 2010	No. of applications	
	Outline	Full / One-stage
RfPB		45
PDG		0
PgfAR	0	4
HTA	8	6
SDO	2	4
RISC	0	0
PHR	0	3
HSR	2	1
EME	1	2
i4i	2	0
NIHR training programmes	0	5
NIHR (other)	0	0
DH (including PRP)	0	2
Research councils	1	5
Charities	0	12
Other	1	7
Total	17	96

Table 2b Outcomes of submissions made up to 31 March 2010 (where known, and not previously reported)	Outline		Full / One-stage	
	Shortlisted	Rejected	Funded	Rejected
RfPB			10	30
PDG			0	0
PgfAR	1	0	3	0
HTA	3	2	2	4
SDO	1	1	1	2
RISC	0	0	0	0
PHR	0	0	0	2
HSR	1	1	0	0
EME	0	1	0	2
i4i	0	2	2	0
NIHR training programmes	0	0	1	3
NIHR (other)	0	0	1	0
DH (including PRP)	0	0	6	0
Research councils	0	0	1	0
Charities	0	0	5	6
Other	1	0	4	10
<b>Total</b>	<b>7</b>	<b>7</b>	<b>36</b>	<b>59</b>

\*For RfPB the ROI stage should not be treated as an outline stage.

Table 1 includes all new enquirers to the RDS in the reporting period. A project that requires the services of more than one RDS site for specific expertise has been counted as one consultation. A new project from an existing client is counted as a new consultation. The total number is 511 new consultations (approximately 43 per month). A number of these consultations never materialise into a project proposal and may not go beyond initial consultation.

In addition to these numbers, over 90 people have attended workshops on applying to the Research for Patient Benefit Programme and Masterclasses on: Health Economics, PPI in Research, Developing Complex Interventions for Trial Evaluation. All have been fully subscribed, extremely favourably evaluated, and resulted in new project activity.

In the reporting period the RDS have provided active support to 396 projects 113 of which have resulted in outline or full proposal submission during the reporting period (Table 2a). Each site at which RDS staff are based has supported 37-106 projects. The number of projects supported at each site partly reflects resources and staffing levels. It is also related to 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 113 outline and full bids in total, 87 have been to NIHR funding streams. Many more proposals are currently in preparation. Table 2b reports outcomes that have become known during the reporting period. 36/95 bids have been funded 7/14 shortlisted.

The main programme that we have supported is the RfPB reflecting the early focus of RDS on supporting this specific programme. We have actively supported other NIHR programmes, particularly HTA, and are currently organizing training of all RDS staff so that our knowledge of all NIHR grants equals that of RfPB.

The 16 bids to 'other non-NIHR' include Borough Council, Lottery, Innovation Fund, NHS Trusts and Universities. Projects submitted to a Charity for funding include the Stroke Association, Sir Stewart Halley Trust and Kidney Research UK/British Renal Society, British HIV Association.

## **E Conclusion and forward look**

We have met our targets and are providing a quality service across the region but believe that there is room for further improvement. Specifically, our aims for 2010/11 include:

- More cohesive joint working across the region through development of a 'Partnership Agreement' across the RDS. The current working model is based on contractual arrangements as opposed to a 'partnership' approach. We aim to develop a partnership agreement in order to promote more collaborative ways of working across the whole RDS EoE structure.
- Work with partner organisations to establish a Regional R&D forum for key players in EoE to: share good practice; provide a networking opportunity; increase research funding in the region; ensure that the NIHR aim to promote high quality research is developed in a joined-up way in the EoE.
- In line with the recent shift in priorities, to broaden our focus from the RfPB to providing support to applicants of all NIHR programmes. This is to be achieved through: 1) provision of training to RDS staff and clients about the range of NIHR programmes; 2) publicising all NIHR programmes on the RDS bulletin; 3) Establishing more robust links with Clinical Trials Units in the Region (there is currently only one but another is in development) and with those out of region; 4) Replace RfPB workshops with NIHR-focused marketing events.
- Improved success rate on NIHR bids. We have been successful in supporting a steady number of submissions to NIHR, particularly the RfPB programme. There are also indications that our support has resulted in greater diversity in that there are a number of applications from Trusts who have not submitted proposals before. However, we would like to improve the submission: funding ratio in the future through more-intensive cross-site collaboration.

These aims have been added to our activity schedule for April 2010 – March 2011 (see Appendix 2).

## **APPENDIX**

- 1) The Research Design Service for the East of England Gantt Chart April 2009  
– March 2010 (p.11).
  
- 2) The Research Design Service for the East of England Gantt Chart April 2010  
– March 2011 (p.12).

APPENDIX 1 Activities	2009										2010			Outcome
	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Central Functions</b>														
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
Proactive marketing														On-going marketing of services through specific events (eg. applying for RfPB training) and through bi-monthly e-Bulletin to mailing list.
Management of website														Website updated on a regular basis
Co-ordinate and disseminate updates from each Local Centre														1) Reports from Regional and Associate Director to Management Board. 2) Circulation of bimonthly staff new sletter
Commissioning bespoke master classes														Master classes delivered
Staff Development														Provision of relevant staff development workshops
Joint working among RDS staff														Increase in proposals with input from more than one site
<b>Dispersed Functions</b>														
On-going provision of RDS to researchers across the region.														1) Gradual increase in RDS supported research proposals submitted to RfPB and other NIHR programmes. 2) Gradual increase in successful applications.
Coordination Local Operation Groups and Local Advice Groups														Regular Meetings
Regular visits to R&D managers in each trust														Each trust in the region regularly contacted by RDS
Partnership development between research networks and PPI organisations														Increased number of collaborative initiatives and events
On-going development of collaborations between health professionals, academic researchers and service users														Increased number of joint collaborative proposals
<b>PPI</b>														
On-going liaison with networks and groups														Collaborative events and meetings
Engagement with the public														Increased engagement with public through bespoke events, website, marketing, subsidised training places on RDS masterclasses, bespoke training and PPI panels.
Develop and implement PPI strategy														Strategy in place
<b>Meetings</b>														
Away Day for all staff														Review of performance and performance indicators for RDS
Local Operation Group Meetings														Minutes and Actions
Regional Management Board Meetings														Minutes and Actions
RDS Meeting and staff development days														
Director Meetings														Management of partnership and service

APPENDIX 2 Activities	2010										2011			Outcome	Progress	
	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
<b>Central Functions</b>																
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	
Proactive marketing															On-going marketing of services through specific events and through bi-monthly e-Bulletin to mailing list.	
Management of website															Website completed and updated on a regular basis	
Co-ordinate and disseminate updates from each Local Centre															1) Reports from Regional and Associate Directors to Management Board. 2) Circulation of bimonthly staff newsletter	
Commissioning bespoke masterclasses															Master classes delivered that focus on NIHR programmes	
Staff development															Provision of relevant staff development workshops	
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	
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	
<b>Dispersed Functions</b>																
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.	
Coordination Local Group Meetings															Regular Meetings	
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	
On-going development of collaborations between health professionals, academic researchers and service users															Increased number of high quality joint collaborative proposals	
<b>PPI</b>																
On-going liaison with PPI networks and groups															Collaborative events and meetings with other PPI groups	
Engagement with the public															Increased engagement with public through bespoke events, website, marketing, bespoke training	
Appoint dedicated PPI post															PPI Co-ordinator appointed	
<b>Meetings</b>																
Away Day for all staff															Review of performance and performance indicators for RDS	
Local Group Meetings															Minutes and Actions	
Regional Management Board Meetings															Minutes and Actions	
RDS Meeting and staff development days															Provision of a unified service across East of England	