



### **Case Study 1**

Our client was given details about the RDS (and the staff members who have particular areas of expertise) by the grants facilitator at the local hospital. The client then sent an outline protocol to each of the statistician, health economist and the advisor who has an interest in patient and public involvement. The statistician and health economist each visited the client (separately) to discuss the project in general, and the fine detail of their particular area of expertise. Advice on PPI was also given by RDS staff. In the light of these meetings both the health economist and statistician were invited to be a co-applicant on the RfPB study, and as a result they each wrote a draft outline of their particular section for the protocol. Subsequently, the client put a draft ROI together and sent this to each of the statistician and health economist for comments. After incorporating the comments that were made, the ROI was subsequently submitted. Next the client circulated a full draft of the RfPB application for further comments. This provoked further discussion about various aspects of the study, including the practicalities e.g. in terms of whether outcomes data would be collected at specific hospital visits and, if so, whether blinded assessment was feasible and appropriate, compared to the alternative of postal questionnaires. These items were discussed by e-mail and a revised RfPB application was subsequently put together and submitted by the client. We are awaiting the outcome of this submission.

Further information: the RfPB ROI and full application were submitted 3 and 4 months, respectively, after the initial contact.

### **Case study 2**

Anna, an academic and GP, approached the RDSU with an RfPB proposal which she was having difficulty getting accepted by the PCT. The PCT had advised her to approach the local RDSU, especially as this was a proposal which had been rejected by another funding body.

Initially, Anna sent the proposal by email to the RDSU asking for advice on content. The proposal was clearly missing a thought through approach to PPI and there were questions about clinical terminology and costing which needed to be addressed. Anna had received methodological advice from other academics and therefore, it was not necessary for the RDSU to become involved in this part of the research. However, Anna had not considered health economics and the RDSU advisor was able to put her in touch with the RDSU health economics advisor who was able to provide advice.



Anna and the RDSU advisor worked together remotely on the proposal and also had one face to face meeting, Anna submitted her proposal through the PCT to RfPB. The proposal was accepted.

John, an academic and GP, was submitting a proposal to RfPB. He approached the RDSU at an early stage when he was considering a research idea. He and the advisor had a face to face meeting during which they talked through the research question, the methodology, PPI, costings and collaborations. John was already engaged with a PPI group and was therefore, able to bring them into the research at an early stage.

John wrote the first draft of his proposal which he sent through to the RDSU for comment. The advisor and John had two further meetings during which the advisor was able to help John refine the proposal.

The proposal has been submitted to RfPB and we are awaiting a decision.