



**National Institute for
Health Research**

BEST RESEARCH FOR BEST HEALTH

IMPLEMENTATION PLAN 6.9

NIHR PUBLIC HEALTH RESEARCH PROGRAMME

*Best Research for Best Health*¹ set out a 5-year Research and Development Strategy for the NHS in England. This Implementation Plan provides details on one of the key components of that strategy: The NIHR Public Health Research Programme. This document will be regularly updated. The latest version should be used.

Version: 5

Issue date: January 2010

Planned revision & re-issue date: July 2010

Aims

- The National Institute for Health Research Public Health Research (NIHR PHR) programme will evaluate interventions to improve public health: specifically, it will provide new knowledge on the benefits, costs, acceptability and wider impacts of non-NHS interventions intended to improve the health of the public and reduce inequalities in health. The scope of the programme will be multi-disciplinary and broad: it will cover the range of public health interventions, from social marketing for the promotion of safer sex, to speed humps for the prevention of road traffic accidents.
- The PHR Programme will complement the work of the HTA Programme's Disease Prevention Panel, which was set up in 2005 to examine the effectiveness and cost-effectiveness of health care technologies that improve health, prevent disease and reduce health inequalities. The Disease Prevention Panel therefore evaluates the NHS end of public health work; the PHR Programme will look at non-NHS interventions.
- The main focus of the PHR Programme's evaluation of public health interventions will be on effectiveness and cost-effectiveness. However, broader impact, as well as acceptability to the target community and wider society, are also important to the impact and sustainability of public health programmes, and, where relevant, will also be investigated.

¹ Best Research for Best Health: A New National Health Research Strategy. The NHS contribution to health research in England. Department of Health. 2006.

- The PHR Programme will fund both primary research and evidence synthesis, depending on the availability of existing research and the most appropriate way of responding to important knowledge gaps.
- While most funding will be committed to projects answering specific questions, the PHR Programme may from time to time provide funding for research groups to conduct a series of research projects to address linked questions within a topic area, where this seems to be the approach most likely to produce answers to important questions. The Programme will also commission research to support NIHR and DH evaluation needs in specified areas of public health, particularly where NIHR has the strategic lead.

Purpose

- The development of modern, evidence-based and politically credible public health practice depends on a better understanding of what public health interventions are worth pursuing and in what contexts. This is needed both for the implementation of successful action at local level and the development of national policy and guidance. Many agencies involved in the improvement of health are potential users of such knowledge. The National Institute for Health and Clinical Excellence (NICE) has a particular need for reliable evidence to underpin its guidance on public health interventions.
- Recognising the importance of improved knowledge in this area, the 2006 national health research strategy *Best Research for Best Health* included public health research as a target for investment and emphasised the contribution it could make to improving health.

Funding

- The funding available for the PHR Programme will be up to £2m in 2008/9, rising to £5m in 2009/10 and £10m in 2010/11.
- Primary research projects are likely to range from the small (lasting 12 months and costing less than £500,000 in all) to the large (several years and more than £1 million).
- Evidence synthesis projects will probably cost about £200,000 and last some 18 months.
- The budget of the Programme will enable it to fund single large studies of national or international importance that would be beyond the capacity of other funders.

Selection Process

- The PHR Programme will have two modes of operation. Most funding will be in response to applicants' proposals, but there will also be commissioning capacity to advertise prioritised topics, themed calls and linked research projects.
- Applicants will be able to submit outline proposals at any time. Cut-off dates will be set, after which all proposals will be assessed to check that they fall within the PHR Programme's remit. The importance of those applications that are within remit will be assessed by the Programme Advisory Board. (When appropriate, the Programme may invite full proposals without an intermediate outline stage.)

- Those outline proposals showing the most promise will be carried forward to full applications. Peer reviewers will advise the Research Funding Board on full applications.
- Applications to the PHR Programme will include both primary research and evidence synthesis. The precise methods will need to be appropriate to the question being asked and the feasibility of the research, but we expect the primary research to include RCTs, natural experiments, cohort studies, registry/database studies and qualitative methods.
- The evidence syntheses will need to use cutting-edge methods in systematic reviews, cost-effectiveness studies and modelling of long-term outcomes.

Selection Criteria

- The criteria for assessing applications to the PHR Programme are:
 - public health importance
 - scientific quality
 - feasibility
 - value for money.

Post-award management and publication

- Funding decisions and the protocols of successful projects will be published on the programme's website.
- Researchers will submit a final report, which will be subject to external peer review. Once approved, final reports will be published on the Programme's website in the form of a journal monograph series, similar to but distinct from the series *Health Technology Assessment*. Primary data from the research will also be made available on the web.
- Applicants will be expected to submit papers for publication in relevant peer-reviewed journals, and details of these will also be published on the Programme's website. Final reports and research papers that have been accepted for publication in a peer-reviewed journal must be deposited at the earliest opportunity – and in any case within six months - in UK PubMed Central www.ukpmc.ac.uk.

Implementation Timetable

- May 2008 - Press release to announce new programme; and warning of call for proposals
- Summer 2008 - Appointment of Programme Director and members of Programme Boards
- Autumn 2008 - Consultation with stakeholders, including workshops
- November 2008 - Open Call for both full and outline proposals
- January 2009 - Closing date for full and outline applications
- February 2009 - Programme Advisory Board priorities proposals

- April/May 2009 - First Research Funding Board, makes funding decisions on full proposals; and shortlists outline proposals
- July 2009 – Programme Advisory Board prioritises proposals and first commissioning briefs
- September 2009 – Commissioned calls close
- October 2009 - Second Research Funding Board
- November 2009 – First funded project starts
- November 2009 - Programme Advisory Board prioritises proposals and commissioning briefs
- November 2009 – joint themed call on obesity with HTA opens
- February 2010 – Programme Advisory Board prioritises proposals, commissioning briefs and outlines from obesity themed call
- March 2010 – Next funded projects start
- March 2010 - Research Funding Board
- April 2010 – Commissioned calls close
- July 2010 – Programme Advisory Board
- August 2010 - Research Funding Board
- November 2010 - Programme Advisory Board
- December 2010 – Research Funding Board
- May 2011 - Research Funding Board.

Further Information

Further information about the NIHR PHR programme is available at www.phr.ac.uk/.

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