NIHR Research for Patient Benefit (RfPB) Programme
Frequently Asked Questions

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RfPB scope and aims

What is the scope and remit of the RfPB programme?

RfPB is a responsive mode/researcher-led programme for applied health research. It is intended to provide an opportunity for projects to emerge out of health and social care practice. As such, the research needs to have a demonstrable impact on the health or health care of users of that service. While it deliberately does not specify topics to be covered, you are encouraged to read the aims and scope statements. The potential trajectory to patient benefit is a major selection criteria, so ensure you make a clear case for the patient and/or public benefit arising from the study. Alongside rigorous research designs and methodologies, we also look for dissemination strategies that will enhance the likelihood that the results can be rolled out within the NHS.

The programme will not fund:

● basic science research
● setting up or maintaining research units
● applications which are solely service development, unless they have wider generalisability
● applications which are solely audit or surveys, although these elements may be part of an integrated research study

Note that whilst the programme will fund research aimed at evaluating the effectiveness of a service or intervention, it will not fund the costs of providing the service or intervention itself.

Can you clarify what is expected in terms of the project delivering patient benefit?

Applications to RfPB must demonstrate a trajectory to patient benefit in the short to medium term, and patient benefit is a major selection criteria for RfPB applications. In all applications to RfPB, it is expected that the research will seek to demonstrate realisable (or potentially realisable) and quantifiable benefits to patients and/or the NHS in the short to medium term of the project ending, and that the route to that benefit is clearly set out in the proposal. The benefit could be health benefit to patients, encompassing outcomes that are clinical and/or psychological and social, but could also be health service benefit or public health benefit.

More upstream research such as feasibility studies and intervention development work are also eligible for RfPB funding, and the time frame for achieving patient benefit is likely to be longer in these applications. Nevertheless, there is still an expectation that the study will feed through to patient benefit via a definitive study before too long.

Will RfPB fund basic science?

RfPB will not fund projects that are solely basic science. It may be possible to make a case for a project, which has an element of basic science, but the justification would need to be around the likely benefit to patients’ health and to health services in the short to medium term.
Does RfPB fund animal research?
RfPB does not itself fund basic research or work involving animals and/or animal tissue. The NIHR recognises that the carefully regulated use of animals in research is important in understanding disease and in developing safe and effective ways of preventing or treating illness. NIHR also recognises the need for robust application of the 3Rs – that animals are replaced with non-animal alternatives wherever possible, that the number of animals used is reduced to the minimum needed to achieve the results sought, and that, for those animals which must be used, procedures are refined as much as possible to minimise their suffering. NIHR therefore supports the Government's policies on research using animals set out in Working to reduce the use of animals in scientific research. NIHR works in close partnership with the Medical Research Council which funds animal research in carefully defined circumstances. NIHR funding is focused on clinical and applied health and care research.

Will RfPB fund systematic reviews?
Systematic reviews may be funded as an element in a research design, when appropriate, but RfPB is not a primary source of funding for systematic reviews. RfPB will fund small stand-alone systematic reviews where the likely outcome is aligned clearly with the remit of the programme. Systematic reviews fall within Tier 3 and are expected to cost less than £150,000. Please see the Guidance on funding limits for more information. We will consider funding reviews:
- that are likely to provide a guide to action (what the service providers should be doing or what they should stop doing) as opposed to identifying knowledge gaps
- where a practitioner or researcher has identified a particular area where it is important to have clarity about the best evidence available.

PLEASE NOTE: Applicants undertaking systematic reviews should note the commitment of NIHR to registration in the PROSPERO database. PROSPERO was developed by the NIHR’s Centre for Reviews and Dissemination (CRD), and is the first international online facility to prospectively register systematic reviews for research about health and social care. Access is free of charge and open to the public. PROSPERO registration is a condition of NIHR funding for systematic reviews. It is accepted that not all systematic reviews commissioned by the NIHR programmes will fall into the scope of the CRD register. The immediate focus is on reviews of the effects of interventions and strategies to prevent, diagnose, treat, and monitor health conditions for which there is a health related outcome. A review should also only be registered once it is in receipt of confirmed funding, and not before. The timing of registration should be at the point when the protocol is complete/stable but before screening studies for eligibility has begun. It is at this point where intentional, or inadvertent, bias could come into play i.e. manipulating the inclusion criteria to capture those studies that show a particular desired result. Researchers are required, once registered on PROSPERO, to keep their protocol up to date. This includes mirroring any major protocol amendments, updating status when completed (or abandoned) and adding publication details when published. Registration should take place on the PROSPERO website.
Are studies of diagnostic tests supported?
Stand-alone studies of diagnostic accuracy are likely to be within the scope of RfPB. More information about diagnostic tests and which programme is the most appropriate to apply to can be found in this document.

I would like to include the development of an information resource for patients (e.g. leaflet, video, website, etc.) as part of my research proposal. Is this supported?
RfPB views the provision of high quality, accessible information to patients as conferring patient benefit, as such information can empower patients to better manage their conditions and make informed choices about their treatment options. However, the applicant must demonstrate that the relevant information is not already available to patients via another medium, such as the Internet. Therefore, an RfPB application that proposes an information resource output will need to include a review of the existing information available to patients both on and offline, and justify the need for a new resource. In addition, all applications must have a strong research component, and cannot solely contain service development work, unless it has wide generalisability.

Will RfPB fund PhD research?
The NIHR does not fund PhD studentships through its research programmes. It is possible, however, for a researcher employed to work on an NIHR funded research project to register for a PhD based on the funded project, although RfPB would not reimburse fees. More details about NIHR’s main training opportunities can be found on the training pages.

Is research to do with social care eligible for this programme?
Applied health and social care research is eligible for RfPB funding. Please note that Department of Health R&D funding for NIHR comes from the NHS and therefore the research should benefit the NHS. The applicant therefore needs to show a demonstrable benefit to NHS patients from the research. The lead organisation needs to be an NHS body or other provider of NHS services.

I would like to apply for funding to carry out a feasibility study and am not sure whether to apply to RfPB or one of the other NIHR programmes.
There are a number of NIHR programmes which will fund feasibility and pilot studies. Applicants must choose the most appropriate programme in the context of the scope and aims for each programme. You may wish to consider the information provided in our Guidance on applying for feasibility and pilot studies, which provides further information on the subject, including explanations on the differences between feasibility and pilot studies.
Will any special criteria apply to requests to fund feasibility studies?

Carrying out initial work is frequently essential for a sound research design and lack of preliminary feasibility work can result in a waste of resources, especially when a complex intervention is proposed. We are aware that it can be difficult to find funding for this. For this reason, and notwithstanding its strong emphasis on patient benefit outcomes in the short to medium term, RfPB will consider requests for funding feasibility studies. Please read our Guidance on applying for feasibility and pilot studies for further information. Feasibility studies must address the published criteria for RfPB awards and should amount to a self-contained study with a clear and defined output appropriate to a feasibility trial. You should make clear your long-term goals and the potential gain for patients. If you know which funder you plan to approach to fund the full study then it would be useful to include this information in your application. Success in gaining the resources for a feasibility study does not imply that this programme or any other NIHR programme would fund the full study. Please note that RfPB would expect feasibility studies to cost no more than £250,000. Costs beyond this amount must be clearly justified in the application form.

My proposed project is very local, to do with service design for a small group in a particular community. Is this likely to be acceptable?

RfPB will look with favour on projects that hold out the prospect of outcomes that are likely to make a difference for patients and to the health of the public in an area. We recognise, for example, that a small change sometimes can make a big difference. What you also need to do, however, alongside demonstrating the rigour and appropriateness of the research design, is to pay particular attention to the sections of the application form that allow you to include some discussion of the potential transferability of findings to other locations or perhaps other groups.

Would the programme consider providing part funding for studies where the total cost is over £350,000?

RfPB will not fund projects jointly with other funders. An application to RfPB must be for a self-contained study with a clearly defined end-point.

We have been asked to be a partner in a large-scale international collaboration in health research. Can I apply for funding for our component?

RfPB has not been designed with this in mind. What we are hoping for is work with clear practical outcomes and local applicability in the short to medium term. Most projects will build on knowledge that has been established locally. We would not rule out such an application, however. Once again, the case made for patient benefit would likely be a crucial consideration.
Eligibility

What organisations are eligible to apply for funding from RfPB?

Applications are made through an NHS body or other provider of NHS services in England. ‘NHS body’ means: (a) the Board; (b) a Clinical Commissioning Group; (c) a Special Health Authority; (d) an NHS trust; and (e) an NHS foundation trust. If the application is successful, the NHS body or other provider of NHS services in England will act as the contracting organisation, meaning that it will be the recipient of the funds, and will ultimately be responsible for the delivery of the research. The sponsor of the research, or the organisation directly responsible for securing the arrangements to initiate, manage and finance a study, can be either the contracting institution or a collaborating partner, as long as that organisation is capable of fulfilling the role of a research sponsor as set out in the Research Governance Framework for Health & Social Care.

Does the lead applicant need to hold a NHS contract? If so, does it need to be in place when the RfPB application is submitted?

RfPB grants must be administered by an NHS body or other provider of NHS services in England and the lead applicant must have an appropriate relationship with the lead body submitting the application to ensure proper governance and accountability. This means that the lead applicant (if they are not already employed by the NHS body or other provider of NHS services) will need to arrange an honorary contract with that organisation. However, it is not necessary for the honorary contract to be in place when the application is submitted, as long as the lead body is able to confirm that it intends to provide an honorary contract if the application is successful.

What types of organisations can be party to an application to RfPB?

The lead organisation must be an NHS body or other provider of NHS services in England. Joint applications with academic partners are particularly encouraged. Other types of organisations (e.g. charities) can be involved as long as a clear rationale is provided and their role is well justified. A commercial company could also be party to the application, but the RfPB award would not include research costs to be paid to a commercial company if that company would obtain financial benefit from the research. RfPB awards could include the research costs of a commercial company only if there is no financial benefit and if the company has a track record in non-commercial NHS research. We would expect any resulting intellectual property from the research to be vested in the NHS.

What is the RfPB policy on partnering with co-applicants or organisations outside of England?

A co-applicant or partner organisation from outside of England may be included, provided a strong case is made that they are best placed to provide the necessary expertise to carry out the planned research.
Can an organisation outside of England submit an application?
No. The lead organisation must be an NHS body or other provider of NHS services in England.

Can more than one NHS body or other provider of NHS services in England collaborate in a joint application to RfPB?
Joint applications are welcome from NHS bodies and other providers of NHS services in England but one body or service provider will need to take the lead role and we expect to see evidence of academic collaboration as well. It is not essential that the collaborating bodies are within the geographical boundary of one RfPB region, but the region of the lead body will define the region to which the application is submitted. Please note that the same application may not be submitted to two regions. See also the question on nationwide studies.

Will a nationwide study be considered under the scheme or is it intended only for studies carried out within one region?
Nationwide studies will be considered, however one body or service provider will need to take the lead role. The lead body will be responsible for the administration of the grant and could distribute funds to other sites if necessary, as defined through appropriate collaboration agreements. The applicant will need to provide justification for why a nationwide study is required. It will be for the Regional Advisory Panel concerned to take a view on the priority ranking of any application with a national dimension.

Will the NIHR act as research sponsor for the projects that are funded via this programme?
No. The NIHR is a distributed organisation providing a strategic framework for the different elements of NHS and Department of Health funded and supported research.

Your proposal

Will RfPB consider a proposal where preliminary work must be completed before detailed planning of work on subsequent stages can be finalised, for example, where preliminary work is needed to determine the correct sample size?
It is unlikely that such an approach would be successful within the context of RfPB because there would be insufficient detail in the protocol for proper peer review. Such an application could only be considered where the arguments put forward were good enough to convince an expert in the field that this is the only viable approach to answer the research question. In some cases, it might be better to put forward an application for feasibility funding (see the FAQ on feasibility studies).
My RfPB study is almost complete and I can see that further work would now be helpful in strengthening the possibility that the results will be put into practice. We want to keep up the momentum – would you advise me to put in a further application before we have submitted a final report?

We would treat an application for further work as a new project in its own right and normally we would expect a final report on the original project to be available. Applicants should note that although an add-on of this nature is not ruled out, the usual expectation is that an application to RfPB should be a self-contained project with a clear potential for patient benefit and should include plans for work that increases the possibility of realising that benefit.

What if I have a good research idea that seems to fit under this programme but I haven't got the time or the right skills to work on the project myself?

You will need to approach a potential academic partner or use the services of one of your regional Research Design Services (RDS).

If my application is unsuccessful, can I revise and resubmit?

Although we do not prohibit the submission of applications which were submitted unsuccessfully in previous competitions, applicants should recognise that the original application was judged to be uncompetitive in that round, or significantly flawed, and is therefore likely to need substantive modification to have a realistic chance of being funded in future competitions. Applicants considering resubmission should therefore pay particularly close attention to any specific feedback provided on their previously unsuccessful application, as well as to the generic feedback provided in the RfPB guidances and on the website.

Please note that resubmitted applications will be treated as a new application, and there is no guarantee that addressing the feedback points from the previous unsuccessful application will result in funding. In addition, there is no guarantee that the new application will be evaluated by the same reviewers or Regional Advisory Panel members as the previous application. Applicants looking to resubmit an application should seek advice from the appropriate regional Research Design Service (RDS).

**Project costing**

Please refer to the [Attributing the costs of health and social care research (AcoRD)](https://www.factsandfindings.nhs.uk/AcoRD) guidance when preparing the finance section of the application form.
Are there any guidelines on how the funding should be split between the NHS body or other provider of NHS services and any partner organisation(s), e.g. a university?

There are no set guidelines as to the percentage breakdown of funding between the NHS body or other provider of NHS services and a university when they are collaborating on a proposal. However, if the majority of the funding will be going to the university, then the necessity for this should be made explicitly clear in the application.

Does the funding limit of £350,000 also apply to feasibility studies or are they expected to cost less?

We would generally expect applications to RfPB for feasibility studies to cost no more than £250,000. Costs beyond this amount must be clearly justified in the application form. The RfPB programme management team may ask other funders to advise on whether a follow-on study would be of interest to them. For more information, please see our Guidance on Funding Limits and Guidance on applying for feasibility studies.

Can you explain how research and NHS treatment and support costs are categorised?

There are three types of costs associated with NHS R&D activities.

- **Research costs** – these are the costs of the research itself that end when the research ends. They relate to activities that are being undertaken to answer the research questions and include data collection and analysis, trial registration, dissemination, and the salary costs etc of staff employed to carry out the research.

- **NHS Treatment costs** – these are the patient care costs, which would continue to be incurred if the patient care service in question continued to be provided after the research study had stopped. This include supplying/administering the medicine/therapy/device being studied, training of clinicians to deliver the treatment, and patient follow-up when this is part of the clinical management of patients.

- **NHS Support costs** – these are the additional patient care costs associated with the research, which would end once the research study in question had stopped, even if the patient care involved continued to be provided. This includes any additional investigations/tests required, and obtaining informed consent from participants.

For more information, please refer to the Attributing the costs of health and social care research (AcoRD) guidance and the RfPB finance guidance.

Who covers research and NHS treatment and support costs?

The research costs would be covered by the research grant. NHS treatment costs, including excess treatment costs, are normally met through the usual commissioning process, and the NHS support costs are provided primarily through the Local Clinical Research Networks of the NIHR Clinical Research Network. For more information please refer to the Attributing the costs of health and social care research (AcoRD) guidance, in particular Annex A.
How do I ensure that excess treatment costs for a particular project will be covered by the NHS contracting body?

Researchers are required to notify the host NHS body or other provider of NHS services (via the organisation’s R&D lead) about planned studies and their associated excess treatment costs at the earliest opportunity, to enable the organisations and their commissioners to build these costs into their financial and commissioning plans. Researchers are required to notify organisations in advance of submitting the full grant proposals. The researcher should also notify the R&D lead about the funding decision as soon as this is known so that the organisation can amend its financial plans accordingly. Application outcomes will also be copied to the R&D contact named in the application form. If several NHS bodies and/or other providers of NHS services are involved in a multi-centre study, researchers should also consider obtaining a letter of support from the organisations that would be involved, to submit with their application to RfPB.

Do I need to account for inflation when costing the application?

Costs must be provided at current prices and should not include inflation. An adjustment for inflation will be made centrally by NIHR CCF annually thereafter at rates set by the Department of Health. Whilst allowances for incremental increases should be included on the form, nationally or locally agreed pay increases should be excluded.

Patient and public involvement

What is considered to be appropriate patient and public involvement (PPI) in an RfPB application?

There is no standard model for appropriate PPI as RfPB applications vary immensely. To start, you may find it helpful to consult the Supporting Information for Applicants, and the Support for study teams page. You can also visit the INVOLVE website where there is a resource for researchers wanting to find out why and how they might involve patients and/or the public in research. INVOLVE has also published a guide on payments for PPI.

One of the best resources for early advice on PPI involvement is your local Research Design Service. Each NIHR RDS has a PPI Manager who can help you plan and source local information and assistance from healthcare consumers, PPI organisations and their contact networks.