



## National Institute for Health Research

### **NIHR Research for Patient Benefit (RfPB) Programme Guidance on Funding Limits**

RfPB will fund research that presents a clear trajectory to patient benefit. Our Regional Advisory Panels would expect to see this pathway to impact clearly explained, even in cases where the patient benefit may not be immediately realised.

RfPB panels will also balance the likelihood of achieving patient benefit against the cost of the proposal. If the proposed study has a higher risk of failing to achieve patient benefit, or is likely to require further research beyond the end of the award to achieve patient benefit, then a lower cost would be expected if it is to offer value for money.

For example, clinical trials represent a high likelihood (low risk) of achieving patient benefit because, if properly designed and conducted, they provide a clear answer to a clinical question which can then be translated into a change in clinical practice. A feasibility study for a trial, however, would represent a higher risk of failing to achieve patient benefit, as it has a higher risk of failure, and even if it is successful, it would require a further clinical trial to be conducted in order to achieve patient benefit. Even more upstream research such as intervention development work or evidence synthesis represents an even higher risk of failing to achieve patient benefit, as it has both a high risk of failure and a longer pathway to potential impact.

#### **Tier Guidance**

RfPB encourages applications in a wide range of topics, costed appropriately to reflect the likelihood of achieving patient benefit. The tiers in the RfPB programme are defined as:

##### **Tier 1**

Research that has a clear and close trajectory to patient benefit. The programme has an upper limit of £350,000 (for up to 3 years) for research costs and all applications must fall within this limit.

##### **Tier 2**

Feasibility studies towards trials would normally be expected to cost less than £250,000, although well justified exceptions can be taken into account.

##### **Tier 3**

More upstream research with a longer pathway to patient benefit would be expected to cost less than £150,000.

Examples of studies that might fall within this category of 'higher risk' research include:

- Observational studies using clinical databases, which might provide preliminary estimates of an effect size that would be useful in the design of a clinical trial
- Observational studies to establish, for example, the practicality and acceptability of changes to clinical practice, or the best means to ensure and measure adherence, prior to a formal evaluation
- Developing and refining interventions
- Developing new scales or outcome measures
- Methods development
- Exploratory studies, e.g. using qualitative methods, that might provide insights into an intractable problem
- Additional follow up of patients in a completed clinical trial
- Post-market surveillance for unknown side-effects of a drug (Phase IV trials)
- A systematic review, especially where the number of relevant studies is likely to be limited

For more information about the types of studies that fall within the Tier 3 funding envelope, please see the [RfPB Review of Tier 3 Funding](#).

In summary, it may be helpful for applicants if they work within three cost tiers for their research: up to £350,000 for research that might have fairly immediate patient benefit (such as a randomised controlled clinical trial), up to £250,000 for feasibility studies that assess the parameters needed for a full trial, and up to £150,000 for more upstream research, such as observational studies, that will generate results that may be useful for more downstream investigations or might carry a higher risk of failing to achieve patient benefit. These are not fixed cost limits but indicative ranges. Costs will be accepted if they are well justified and demonstrate value for money in terms of the potential for realising patient benefit.