NIHR COCHRANE PROGRAMME GRANT SCHEME

The NIHR Cochrane Programme Grant Scheme was established to provide high quality systematic reviews that will be of direct benefit to users of the NHS in England. Applications are now invited for a new round of the scheme.

Grants will be for up to £420,000 spread over three years (i.e. up to £140,000 maximum per year), approximately 10 grants are likely to be awarded. Grants will be awarded to support a substantial and coherent programme of work that includes both new Cochrane reviews; updating of existing reviews; evaluation of ‘rapid’ compared to conventional Cochrane reviews (applicants to define rapid but this should include less comprehensive literature searching); a suite of Diagnostic Test Accuracy reviews; or modified Cochrane reviews which produce a rapid output. Applications seeking less than the maximum grant value for smaller programmes of work will be welcome.

The criteria for selection are based upon the Adding Value Framework (see section 4) and will include

1. **Answers questions relevant to clinicians, patients and the public**
   This will include judgments of relevance to the NHS, and appropriateness of the approach to prioritisation. NIHR strongly encourages applicants to include themes and topics of importance to the NHS, providing justification for their choice of specific reviews (which should include reference to the method or approach to prioritisation that has been or will be used, and might include JLA PSPs, NIHR Research outputs, NICE’s forward work programme)

2. **Use of appropriate and proportionate design and methods**
   This will include a judgment on the scientific quality. Within these grants applicants are encouraged to undertake reviews using a methodology proportionate to the size, scope, scale and likely impact of the review, with due consideration taken to the intended end user of the report.

   Applications which seek to evaluate ‘rapid’ compared to conventional Cochrane reviews (applicants to define rapid but this should include less comprehensive literature searching), whilst maintaining the quality required by a Cochrane review, are encouraged. It is envisaged that all included reviews will be carried out conventionally, with one or more rapid review methods applied to the review dataset. Applications for such evaluations should be collaborations between multiple review groups to ensure that sufficient, diverse reviews are included.

3. **Delivery in an efficient and timely manner**
   This will include an assessment of value for money. Bids in collaboration with other Cochrane Review Groups, NHS institutions or charities, especially where multi-source funding is proposed, will be favorably regarded. To ensure timely delivery, applicants are also encouraged, where applicable, to undertake “rapid systematic reviews” based on a modified Cochrane methodology.
4. **Assurances that results are fully and accessibly published; and**

It is understood that the publication of the "rapid" review and updates will be eligible for publication in the Cochrane Library, although there is also provision for them to be included as a supplement to the NIHR Journal library series should this be required. In accordance with the Department of Health policy on open access, reviews will be made available with full open access within 6-months of completion, but no additional costs for this should be included in your grant application.

5. **The production of usable and useful reports**

Each review should be a useable output with clear value to at least one of the following audience: clinicians, guideline producers, or applicants to funders of future research. The nature of the primary conclusion should be specifically aligned to the needs of its intended audience.

During the course of a grant, NIHR may specify a small number of alternative reviews to be undertaken as part of the programme (see section 3).

Applicants should explain how their proposed programmes and reviews will be relevant to the full range of NHS decision makers, including Clinical Commissioning Groups, individual clinicians, patients and service users. Applicants should also propose related activities that will strengthen their engagement with the NHS and further promote a culture of evidence based practice.

As well as meeting the costs of research staff and other direct research costs, up to 20% of any grant could be used as a contribution towards the costs of the editorial base activities of a Cochrane Review Group based in an institution in England. NIHR recognises that the size of topic scope differs between groups and that, in some areas, the health topics of two or more groups might be addressed in a single programme grant proposal. Applicants are therefore encouraged to consider collaborative bids between groups and, where it would be efficient to do so, propose sharing resources, such as professional systematic reviewers, or trial search coordinators, across programme grants.

The deadline for the submission of applications will be **13:00 on 1 October 2013**. Awards would be expected to commence between April and July 2014.

These notes contain the following sections:

1. Introduction
2. Background
3. Review priorities and needs
4. Adding Value Framework
5. Eligibility to apply
6. Funding available
7. Criteria for funding
8. The NIHR contract and management
9. Deadlines for applications
10. How to apply
11. Procedures and timetable
1. Introduction

This paper sets out arrangements for a further round of the NIHR Cochrane Programme Grant Scheme. The scheme further advances the NHS R&D strategy, Best Research for Best Health, and reflects the on-going support of the NIHR to the work of Cochrane entities in England.

The programme grant scheme will operate in parallel with current arrangements through which the NIHR makes a contribution to the ‘infrastructure costs’ of NHS organisations and Universities that host the editorial bases of Cochrane Review Groups and the UK Cochrane Centre.

2. Background

NIHR Cochrane Programme Grants provide funding to support the production and updating of Cochrane reviews in areas of priority or need for the NHS.

Grants will be up to a maximum of £420,000 over three years (i.e. up to £140,000 pa) including full economic costs at 80%. Grants will be awarded to support a coherent programme of work that includes both new Cochrane reviews and updating of existing reviews. A reasonable work programme (for the maximum level of grant award) might be expected to deliver 20 new reviews\(^1\) and 20 major updates over three years, or their equivalent. Applications seeking less than the maximum level of award to support a smaller programme of work will receive equal consideration.

In order to ensure that the Cochrane reviews undertaken are relevant, with practical application in the NHS, and have the maximum chance of uptake, one of the co-applicants on the grant application is expected to be an NHS clinician or manager with responsibility for clinical service planning or delivery\(^2\). The programme provides an opportunity to link those involved in the production of Cochrane reviews with NHS arrangements for promoting clinically and cost effective services. Proposals should indicate how such links would be developed around the programme of work.

In order to ensure that the work of the programme has a strong link to existing Cochrane infrastructure, another co-applicant on the grant application is expected to be a Coordinating Editor of a Cochrane Review Group (CRG) or, where the Coordinating Editor is outside of England, an active England-based Editor of the relevant CRG. Where appropriate, applications could involve more than one CRG or Coordinating Editor/Editor of a CRG.

3. Review priorities and needs

Whilst Co-ordinating Editors of CRGs, in close liaison with their NHS clinician/manager co-applicant(s), are expected to propose the theme of the programme and selection of reviews, justifying this choice in terms of NHS priorities and needs will be an essential criterion against which applications will be judged.

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\(^1\) Some of these reviews could be work already in progress at the time of the award. However, proposals would need to demonstrate the intention to produce a substantial output of reviews as a direct result of the award, i.e. outputs that would not otherwise have been achieved.

\(^2\) This person could be based, for example, in an NHS provider, a Clinical Commissioning Group or national group responsible for developing guidelines or policy.
Prioritisation of reviews on the strength of ‘gaps in research’ alone will not be sufficient. The James Lind Alliance (http://www.lindalliance.org/) is structured to assist with prioritisation of topics and you may find it helpful to consult their website. Through the NHS Evaluation, Trials and Studies Coordinating Centre (NETSCC), NIHR has arrangements for identifying needs for research that are of particular importance to the NHS. A condition of contracts will be that grant holders will, if requested, undertake each year up to two new or updated reviews that may be identified as priorities by the NIHR in place of the equivalent number of reviews within the initial programme plan. (In such cases, NIHR will agree the review title and a date for completion which will usually be one year from topic identification.)

4. Adding Value Framework

Applicants will be expected to adhere to the Adding Value framework to maximize the potential impact of research through ensuring that NIHR funded research:

- answers questions relevant to clinicians, patients and the public
  - using iterative processes for the identification and prioritisation of research questions
  - systematic processes to ensure that outcomes are clinically relevant and important to patients
  - involvement of clinicians, service providers, health service managers, patients, and members of the public
- uses appropriate and proportionate design and methods
  - the research methodology is rigorous and fit for purpose
- is delivered efficiently and in a timely manner
  - reviews are completed to the timetable set out in the proposal, with efficiencies such as sharing resources between grant-holders considered
- results in accessible full publication, and
  - The reviews produced will be published in The Cochrane Library with reviews fully available within 6-months. However, no costs for this should be included in your grant costings.
- produces unbiased and usable reports.
  - The Cochrane Library publishes the protocols for reviews and these, and the final review is peer-reviewed.
  - Cochrane reviews include a plain English summary

Adding Value in Research is the positive response to the work of Sir Iain Chalmers and Professor Paul Glasziou in 2009*. We have used the stages in the research cycle from their framework to identify where we can add value in research. NIHR Programmes regularly assess their research management processes against the Chalmers and Glasziou framework to identify opportunities for quality improvements.

We also participate in the NIHR-wide activities aimed at taking the Adding Value in Research agenda forward across the NIHR.

5. **Eligibility to apply**

All NHS organisations and Universities in **England** are eligible to propose programmes, in collaboration with an appropriate Cochrane Co-ordinating Editor or Editor based in England. Where appropriate, bids may be submitted by consortia\(^3\) including more than one NHS organisation and/or more than one academic institution that hosts the editorial base of a CRG. It is expected that NHS organisations with well-established links with The Cochrane Collaboration will be best placed to bid for these awards. No CRG editorial base would be eligible to be party to more than one application.

6. **Funding available**

Around 10 awards are likely to be funded. Individual awards will be for a maximum of £420,000 over a period of three years (ie a maximum of £140,000 pa), including full economic costs at 80%. In all cases, the value for money of the proposal will be an important selection criterion.

Eligible costs to which the grant may be applied include:

a) Research staff.

b) Other direct research costs essential to delivering the programme.

c) A contribution to the costs of relevant CRG editorial base(s), where these are in England, up to a maximum of 20% of the total grant. Where the CRG editorial base is outside of England, consideration will be given to requests for such a contribution being made to the department of an England-based active editor of the CRG who is playing a role in the programme of work.

*NHS Service and Treatment Costs and NHS Institutional overheads will not be covered by this scheme.*

The requested funding should include relevant salary costs of all staff to be employed in pursuit of the intended programme of work, with names included where possible.

Funding awarded through the NIHR Cochrane Programme Grant Scheme will be separate from any other NIHR R&D funding received by the NHS organisation. Applicants for awards will be required to declare any proposed work that has been included in an application for other NIHR programme grants or any other grant application.

7. **Criteria for funding**

The selection criteria against which applications will be assessed are:

1. Addressing questions relevant to clinicians, patients and the public through appropriate prioritisation.
2. Use of appropriate and proportionate design and methods.

\(^3\) Where there is a successful bid from a consortium, a lead organisation with whom the NIHR could contract will need to be nominated. Where there is a joint application from the NHS and a University, funding will normally be awarded to the NHS partner. A case should be made if there is a requirement to the contrary.
3. Delivery in an efficient and timely manner and value for money.
4. Results in accessible full publication
5. Production of usable and useful reports, and
6. Past performance of a CRG previously granted a Cochrane Programme Grant, specifically their track record in delivering their suite of reviews as agreed and within the project timeframe.

Other consideration will be given to:
• Evidence of a track record of the applicants and the relevant CRGs in producing and updating high quality Cochrane reviews.
• A suite of DTA reviews.
• A project to validate rapid review methodologies.
• The likelihood of significant impact on and benefit to the NHS and patients.
• The quality of the proposal, including its innovative potential for strengthening engagement with the NHS and promoting a culture of evidence based practice.
• Evidence of close collaboration with NHS organisations and, where appropriate, other CRGs.
• The value for money provided by the proposal may be influenced by co-funding by a charity or other organisation, or by resource sharing between groups or programmes

8. The NIHR contract and management

Successful applicants will be given a contract by the Department of Health. The contract will be between the Department of Health and the host institution.

Professor Tom Walley, the Director of NIHR Evaluation, Trials and Studies, will direct the Programme. He will be assisted by a scientific panel in assessing peer reviewed proposals and making recommendations to the Department of Health, and in monitoring the progress and performance of awards.

9. Deadlines for applications

The submission date for applicants will be at 13:00 on 1 October 2013, with the expected start of projects to be between 1 April and 1 July 2014. Where an applicant is already in receipt of a Cochrane Programme Grant, a later start date will usually be given to avoid two grants running concurrently.

10. How to apply

Interested NHS organisations or Universities working with relevant Cochrane Coordinating Editors or, where the Coordinating Editor is not based in England, relevant CRG Editor(s) within England, should complete the single-stage application form available from NETSCC (please visit www.netscc.ac.uk/systematic_reviews/funding_opportunities.asp)
11. Procedures and timetable

NIHR Cochrane Programme Grants will be awarded by open competition.

The timetable for applications is:

- 1 July 2013: Call opens and guidance issued.
- 1 October 2013: Deadline for receipt of full applications
- 20 December 2013: Applicants informed of funding meeting outcome
- 1 April – 1 July 2014: Projects will start

Any queries relating to this invitation for applications should be directed to Sally Bailey, Senior Programme Manager, NETSCC, at SRPinfo@southampton.ac.uk.

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