



# **Application and Research Design Workshop**

**Wed 14<sup>th</sup> June 2023**

We have invested  
**£2,728,450**

in research over the last five years\*



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Since 1994 we have invested over £9m in  
local research, funding 115 research  
projects



- before I outline the grant window and DM process...some context
- All research funds come from public donations



Currently, there's 2.3m in live research (23 studies), largest proportion of portfolio = heart. We'd definitely like to develop our stroke portfolio, and would welcome more risk factor research too.

(we group our studies broadly as Chest, Heart, Stroke and Risk factor. Risk factor = doesn't neatly fall into the other 3, and tends to have focus on risk and modifiable factors).

## Success rate

# 47%

avg over the last 5 years

Funding year	% funded
2017-18	50
2018-19	44
2019-20	36
2021-22	53
2022-23	50



Fund just less than ½ applications received.

Shows process = robust and rigorous



# **NICHS Current Research & Funding Process**

So let's move onto the process itself.



# When does the window open?



That is 11 weeks to prepare and submit. It's a tight process so no wriggle room.

We carry out an admin check to ensure applications are completed within guidance etc. If a CV, say, is missing (i.e. something quick to sort), we can facilitate that, but if you are missing something that requires time to sort, unfortunately, your application will likely not proceed.




## How much is in the grant “pot”?




Research “pot” for 2023-24

**£400,000**

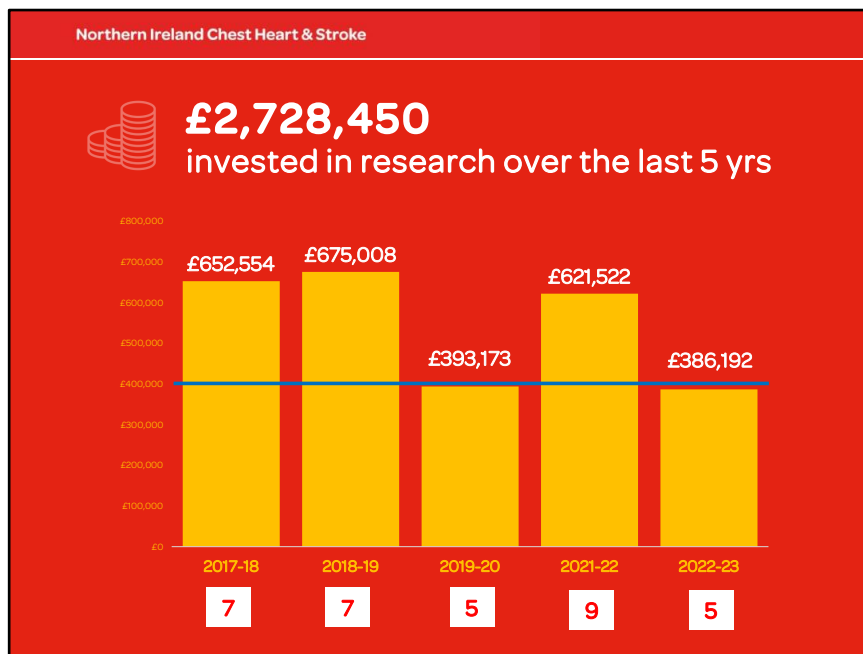


Depending on quality of applications received, we will spend all, none (and sometimes more\*)



This year's pot = 400k

- **Depending on the No & quality of applications, we...**
- **under no obligation to spend**, if applications are not of satisfactory quality
- **If number of suitable applications exceeds the pot**, committee can make recommendations
- **subject to additional funds**



But to make the point...

- 3 of last 5 funding years...but it is subject to charity financial health.
- We typically fund between 5-7 each year
- The typical grant is between 70-90K, but we have funded a few studies in excess of 250K



## **What sort of research do we fund?**



**In the broadest sense, high  
quality research that is a good  
strategic fit.**

In broadest sense, we fund studies that are

- Of high scientific quality
- local research
- aligns with our strategy
- helps us work towards our charitable mission.

## Research & Impact

Strategic Plan 2023-26



### Aim

To find better ways to prevent, treat and care for people affected by chest, heart, and stroke illnesses

- prevent, treat, care
- ideally, as close to the person as possible
- tangible benefit

- **preference = research that focuses on real world benefits for people living with CHS conditions** – so care and treatment, secondary prevention – but also for the wider public in preventionn terms.
- **Again preference = research with tangible benefits, and as close to people as possible.**  
We acknowledge that this is not always possible, depending on where you are in the research journey, so as a rule we typically fund research that is of high scientific quality, with clearly defined, realistic goals

## Research & Impact

Strategic Plan 2023-26



### Priorities

- Fund high quality local research into CHS diseases and their risk factors
- Support research that enables the charity to achieve its strategy and mission with tangible benefits
- Support collaborative research to leverage funding, profile and impact through partnerships
- Involve and listen to CHS community and service users to ensure research is relevant to local needs
- Measure and share the impact of the research we fund
- Apply findings to improve evidence base and effectiveness of our work

high quality      relevant to need      collaborative  
co-production      improves what we do

- **We support collaborative research.**
- **What do we mean?** Collaboration can be partnership funding, multidisciplinary working, and/or co-production
- **Showing us that you have maximised PPI is a significant part of our application.**
- we understand that full co-production may not always be possible, but We want to see that you have seriously thought about and tried to include meaningful PPI.
- We also favour research that strengthens the evidence base for our work, or **improves our services.**



Can an over-the-counter medication for cold sores help in the fight against COPD?

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Are severe common cold infections in childhood linked to developing asthma?

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Are people less likely to keep using their asthma inhalers when treated with powerful new biologic medicines?

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How should we treat dangerous bacteria that grow in intensive care ventilator tubes, in order to prevent VAP (pneumonia)?

## Type of research studies we've funded

### Let's start with Chest

- You'll see a focus on treatment development and improvement, for example, for COPD and asthma as well as prevention of hospital based infections.



Developing a lateral flow device to test for heart failure.

How many people have an inherited heart condition?

Why do some children develop life threatening heart conditions after a COVID infection?

Can Vitamin B2 be used to lower high blood pressure?

Co-developing a heart failure resource for care home staff and residents.

Developing a support intervention for people with advanced heart failure and their carers

Developing a brief intervention to improve people's adherence to cardiac rehab

Developing technology that scans the eye to identify risk of CVD.

Can fenugreek seed be used to prevent CVD?

## Looking at heart.

### This is the largest proportion of our portfolio.

- the development of biomarkers and tests for heart disease.
- Prevalence and registry studies,
- the development of interventions and resources for those living with heart conditions. And
- Pre clinical and clinical work exploring the use of vitamins and other food supplements to treat and prevent cardiac conditions





Can we improve our post-rehab programme for stroke survivors by adding arm exercises?

Developing a psychological therapy that's suitable for stroke survivors with cognitive impairments.

Developing a digital app to help people who have had a "mini" stroke make lifestyle changes.

Can a lifestyle change tool be simplified and still be effective for people who have had a stroke?

## Stroke research.

This is a part of our portfolio we'd like to develop

We've funded research that

- sets out to modify and improve our own service provision
- develop therapies for stroke survivors with disabilities, and
- development of lifestyle and behaviour changes apps, for people post-stroke



Can we modify a tried and tested Irish post-primary physical activity programme, and deliver it in NI schools?

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Can a successful Australian primary school programme be adapted to suit Northern Ireland?

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Can providing financial incentives encourage pregnant women to quit smoking?

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Why do young people use e-cigs? What are their (and their parents') attitudes to them?

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**risk factor.** As you can see we've funded:

- 2 studies looking at modifying tried and tested programmes aimed at improving physical activity programmes amongst primary and post primary school children, and
- We've funded areas such as smoking cessation and e-cig use.



## Type of research funded

(very!) crude categorisation: basic / preclinical vs intervention

basic / preclinical

**4 in 10 studies**

intervention

**5 in 10 studies**

Remainder = registries

- In crudest sense research can be categorised as **basic/preclinical** – i.e. **research that is typically lab based, exploratory, establishing proof of concept of a drug, treatment or procedure** – and
- **interventional** – i.e. **studies involving people, whether that be testing an intervention, feasibility and pilot studies**, and so on.
- The remainder are grouped as registry development.
- **So, you see...type of research we fund is**
- **seed funding, typically involving early career researcher development,**
- **feasibility, pilots, and**
- **small scale intervention testing.**
- We acknowledge that with such a small pot, we not going to be funding RCTs, but our funding will hopefully get you to a stage where you can consider testing interventions on a larger scale.



## Who can apply?



**1** PI based in Northern Ireland

**2** New & Previous applicants

**3** Previous & current grant holders



**Collaboration**



**Match funding**

- **The PI must be working for and ideally based with a local research institute.**
- We recommend **alternate PI** in NI.
- **New and Previous applicants can apply,**
- **similarly previous applications can be resubmitted** unless the committee has advised against this.
- If you are resubmitting be **sure to address the concerns of peer reviewers and committee**. Clearly show in your application how you've effectively addressed these.
- **Current and previous grant holders can apply.** If you've had **any issues with a previous grant** contact us.
- **Collaboration** – again, we're open to matched and/or partnership funding. **Assuming partners are a good fit with our ethos and aims.** **Where NICHS are likely to be the smaller contributor, please contact** us to discuss before making an application.



## **How do we decide which studies to fund?**

**Our process is based on peer review**



**The process is independently  
audited / accredited**

**It is independently audited by the Association of  
Medical Research Charities,**

At the last audit = awarded accreditation for best  
practice in peer review



**Funding decisions are made  
using a thorough and  
transparent process**





# Grant timeline and process

	<b>1</b> Application window	Mon 19 June - Fri 8 Sept 2023
	<b>2</b> Application check	September 2023
	<b>3</b> Peer review (x2)	September – October 2023
	<b>4</b> SRC member review	November 2023
	<b>5</b> PI reply / clarify	December 2023
	<b>6</b> SLT & PPI meet	December 2023
	<b>7</b> SRC meet and score	January 2024
	<b>8</b> Finance Comm. Meet	Feb / March 2024
	<b>9</b> Notification and next steps	March 2024

- So, there's a 11 week window to prepare and submit an application.
- Post application window, the first checkpoint is an **administration check** to ensure all applications have followed guidance, provided necessary supporting materials and signatures.
- **Then applications are prepared and sent for external peer review by two reviewers**. We will identify one, and as part of your application you are asked to identify potential peer reviewers. We will choose one of these if possible to be the second
- please note, its not always possible, for example they can and do refuse to peer review.
- Also, please ensure that you inform them that you are nominating them.
- In previous years, some nominated reviewers have been surprised we are contacting them, particularly the ones who no longer work in that particular field, or feel that it's not their specialty.
- **After external review, we identify a member of our Scientific Research Committee** to act as a third peer reviewer.
- **once all peer review comments** have been collated, we provide the PI an opportunity to comment on these.
- **Our senior leadership team and ppi reps** meet to score applications on benefit to the Charity
- **Then** Your application, the peer review, and your comments are circulated amongst all members of our SRC, who meet in January to discuss and score each application on the same four criteria as the peer reviewers.
- The three peer reviews and PI clarifications are used to inform discussions and scoring.



## Scientific Research Committee (SRC)

**13** 

**Researchers**

**Professional working in clinical posts**

**Two PPI Reps**

(members of the public / living with CHS / personal experience)

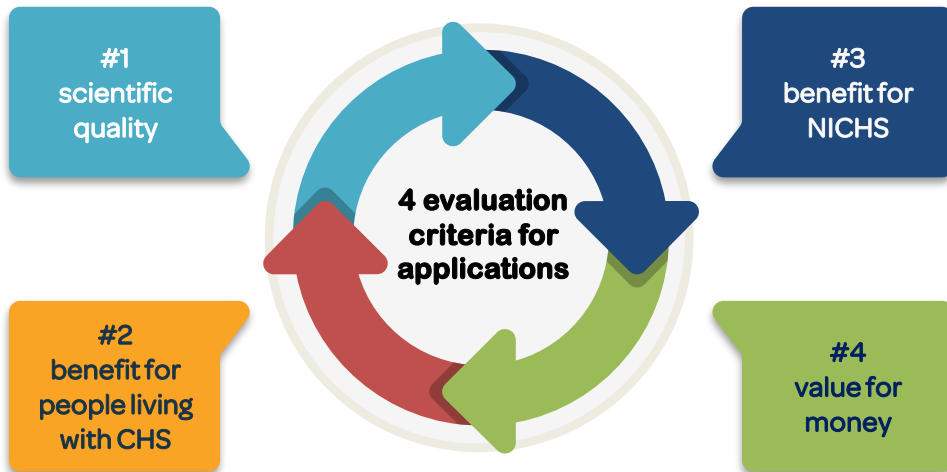
- **A quick note on the committee**
- **13** = researchers, academics, clinicians, PPI repn.
- **representation** = local universities, local trusts, Oxford Uni, London School of hygiene and tropical medicine, Glasgow Uni



## **What are the decision-making criteria?**



**Funded projects must demonstrate:**



look at these in a little more detail in just a moment



## **Applications are scored on these four criteria**

### **scoring on 11-point scale**

Extremely poor 0

Excellent 10

### **final overall score**

average of SRC (group) scores and SLT score

- All applications are scored against the four criteria, on an 11 point scale
- The final score awarded is an overall score based on SRC scores on the day, and SLT scores on criterion for benefit to NICHHS.
- Score on scientific quality is also considered. This is to ensure that a study has the prerequisite scientific quality score / score is not masked by scoring highly on other criteria
- As a rule of thumb scores below 5 will usually mean that an application is unsuccessful, but the actual threshold, whether it is 5 or higher, will be agreed by the committee based on the scores of the applications they have in front of them.

## #1 Scientific quality

Reviewers base their scores on

Is the study needed?	Is it a well thought research question? Are aims & outcomes clear?	Is there a well described plan to achieve them?
Is there a clear plan to manage the project?	Ethical, scientific, statistical, technical considerations	Skills and experience of team

### IS YOUR STUDY...

- ② Credible, relevant, needed?
- ② a high quality design?
- ② Unambiguous, clear “story”?
- ② delivered by a high-quality team?

- **Science**
- whilst there is no formal weighting of criteria, scientific quality is of critical importance. An application that falls short on this criterion is going to be unsuccessful, irrespective of the scores on other criteria.
- Prof Clarke will explore this criterion a little further in his workshop session, but in summary, to give your application the best possible chance of succeeding, you must clearly show that you have meticulously planned it in terms of conceptualisation and design. And that you’re sufficiently experienced to carry out the research.
- Clearly demonstrate why your idea is worth funding. To simply state that it hasn’t been investigated before will not cut it. Plenty of areas have not been investigated before, usually with good reason.
- Whats the gap? How have you identified it? For example through systematic review or similar? Our application form will specifically ask you have you conducted or referred to a sys review.
- Have you engaged with stakeholders, including those affected by your area of study? show that you haven’t plucked your topic out of thin air, and demonstrate an understanding of your topic and gaps therein.
- Is it well thought out? Not to steal Prof Clarke’s thunder, but break your study question, find the holes, don’t leave it to reviewers and committees to do that for you.
- Is your application clear and to the point? Assume nothing – don’t assume reviewers and committee will get your big idea. Spell it out to them. Be clear and consistent in the concepts you use, the outcomes you intend to realise, and on how you’ll deliver those.
- Many applications are unsuccessful not because the idea is a bad one, but because the train of thought and plan haven’t been clear.
- If a reviewer or committee get to the end of your application with more questions than answers, of if they’re not 100% sure what you’re selling, you might run into trouble.
- Write simply and clearly.
- This is important because you are writing for a variety of audiences not all academic, and certainly not all in your field. Make it easy for them. The easier it is to read, the easier the information is to find, the more likely you’ll get your idea across.
- Think about the life cycle of your study, including contingency planning, and dissemination.
- Again, successful applications clearly communicate their idea, how they’ll take that idea and translate it into a realistic plan, to deliver tangible outcomes.
- Have you engaged with a statistician? The application form will require you to indicate whether you’ve engaged with a statistician and/or someone suitable qualified to advise on design. Most unsuccessful applications have suffered from muddled or unclear design or statistical analyses plans. Showing that you’ve taken expert advice reassures the committee.
- Be sure to include relevant and up to date CVs
- Give due thought to ethical and governance issues – make sure these are realistically built into your timeframes, i.e. start dates and milestones

#2 benefit to people living with CHS

Reviewers base their scores on

Has the application clearly identified who will benefit, how and when?	Are outcomes realistic and achievable?	Is there a well described plan to achieve them?
Is the plan / timeframes realistic and achievable?	Are people living with CHS meaningfully involved in the study?	Have you engaged with stakeholders?



Who will benefit, how, when?



Are you being realistic?

- Who will benefit? How will they benefit? When?
- Again, like with criterion 1, ensure your intended outcomes are clearly stated, realistic and proportionate. Are you overstating the benefit to people living with CHS conditions? Are you overstating timeframes for when these will be realised?
- Where appropriate, involve service users and other stakeholders – we encourage co-production where possible.

**In summary**

- Has the application clearly identified who will potentially benefit?
- Has it clearly described the likely benefit(s)?
- Has it described an indicative timeframe for delivering the benefits? How realistic is this?
- Has the application clearly set out how the study will address PPI / engagement?
- Who will benefit? How? When?
- Are you being realistic?
- How do you plan to involve patients / service users / carers / public in your study?



### #3 benefit to NICHHS

Reviewers base their scores on

Does study align with our mission and aims?	Is your study attractive to our stakeholders?	Can we justify spend to our donors and stakeholders?
Will outcomes of study improve our work?	Do you require any other resources / input from us?	How will you promote NICHHS across the study life cycle?

### IS YOUR STUDY...



Why should we fund your study?



Is there a risk to funding it?

- **Benefit to NICHHS**
- As i already outlined, SLT score on this criterion, so write in Plain English and tell your story clearly. Provide a glossary for technical terms and concepts
- Clearly explain why NICHHS is the best funder.
- SLT will ask Is your application a natural fit with us, or does it fit better with another organisation.
- For example, registry = application requires you show why NICHHS should fund it, and not someone else, e.g. the government.
- Also you will be required to outline how the registry will be sustained once the study is complete
- SLT will also ask Is there any risk involved in funding this study? Does it fit with our ethos? Does it help us get closer to our mission?
- Why should we use public donations to fund this study?
- how would our donors, service users, and other stakeholders feel if we funded this? Excited, hopeful, Would they care?

### A couple of practical points =

- Do you need access to our service users?
- Do you need access to our resources?
- please state and get in touch before applying.

#### #4 Value for money

Reviewers base their scores on

Clear justification of allocation of funds	clear and justifiable management plan	Clear deployment of skills and resources
clear milestones and deliverables	clear contingency plan	Is this study "Value for money", given the resources required and expected benefits?



VFM does necessarily not mean cheap



Are funds requested realistic?



Will you deliver on time and within budget?

- **The last criterion: VFM**
- As part of a high quality application you'll have given due care and thought to costings and allocation of funds. **This also includes a sound management and contingency plan**
- **In order to meet your milestones and desired outcomes, what resources do you need?**
- How will you allocate them?
- Have you costed accurately?
- Does the amount you require match the design and approach you're taking?
- **Are funds proportionate and realistic to the potential of your study?**
- Remember **VFM does not necessarily mean cheap.**



## Important Points

- Try to “break” your question, before we do
- Think carefully, plan accordingly
- Assume nothing
- Write plainly. Be clear. Be precise
- Engage with stakeholders
- If unsure, seek input / advice
- **remember, we want to fund you (if you’re good enough!)**

So, the key messages here are

- Make your proposal bomb-proof: try and break it before we do.
- think carefully – is it something NICHHS would really want to fund?
- Would anyone actually benefit in the real world or is it a flight of academic fancy?  
- then plan accordingly. Plan and contingency plan.
- Assume nothing – make your ideas and your big clear and explicit. Remember to write plainly and concisely – you’ve a variety of audiences to convince
- Demonstrate planning and rigour – even in your reference section!
- We strongly suggest you involve service users / stakeholders if you can, and do so in a meaningful way
- We strongly suggest you speak to a statistician and or someone with sufficient design knowledge. This will help make that idea bombproof
- **Be realistic**: don’t be over ambitious, we want to fund soundly planned research with key milestones and deliverables that make sense



## Important Points

All applications must

- Be completed as per guidance
- Be submitted by date specified
- align to NICHHS strategy and
- meet our 4 decision making criteria

More details will be provided in application guidance

Following feedback from researchers we are piloting 6 month decision making  
Issue of peer review.



## Next steps

### Open call

We welcome applications that focus on

- stroke
- Well-being across all CHS conditions

We welcome applications from across disciplines

Open call, but we encourage / would welcome stroke and Risk factor type applications (see strategy, think “close to person”, tangible benefit)  
Our Director for Care Services would like to see applications that have a focus on improving / focused on well-being, across all conditions (i.e. can be C, H, and/or S).  
We welcome applications from all discipline, e.g. Allied Health, physio, psychology, etc. We also encourage multi-disciplinary working.

## Next steps



### Making an application

Materials will be available online from Monday 19th June

([NICHHS | How to Apply to our Scientific Research Grants Programme](#))

### Queries

- George Quinn, Eilís O'kane [radmin@nichs.org.uk](mailto:radmin@nichs.org.uk)

[NICHHS | How to Apply to our Scientific Research Grants Programme](#)

<https://nichs.org.uk/research-policy/research/research-application-process/how-to-apply-to-the-srg-programme>



# Thank you