

# Commissioned Research

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***Framework for  
commissioning  
needs-led and  
opportunity-led  
research***

November 2008

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# 1 Background

1.1 Earlier this year the HSC R&D Office announced changes to the funding of HSC R&D. A key element of that change is a greater emphasis on commissioned research. We believe that commissioned research provides the most direct way of ensuring that HSC R&D addresses the needs of the DHSSPS and the HSC and produces direct policy/practice impact and payback. This guidance document sets out a Commissioned Research Framework within which the HSC R&D Office and the HSC R&D community can work to build a robust portfolio of commissioned research.

1.2 The *Regional Innovation Strategy for Northern Ireland 2008-2011* recognises “a simple reality that, in the new knowledge based global economy, innovation has become business critical for all sectors if Northern Ireland is to move up the value added chain”. The requirement to embrace innovation and knowledge transfer extends to the Government Departments and the wider HSC and is resonant with the OFMDFM requirement that policy is based on sound evidence. This Commissioned Research Framework will help the DHSSPS and the HSC articulate the need for research and will accelerate the transition from opinion based policy/practice to evidence based policy/practice. Nonetheless the Framework will also reflect the reality imposed by:

- political imperative
- public opinion
- political timescale

and provide mechanisms that accommodate pragmatic priority determination with the more systematic/structured approaches.

1.3 The Framework will engage a wide range of stakeholders and user communities. These include: the DHSSPS; HSC Chief Executives, managers, clinicians and researchers; academic researchers; members of the public; patients and clients (including advocacy groups, charities etc); politicians; and our Minister.

# 2 Principles

2.1 The Framework encompasses a variety of commissioning approaches/mechanisms designed to support a broad spectrum of HSC research. This allows the HSC R&D Office to adapt the commissioning approach to suit the context of a particular research programme or project. While it is likely that these mechanisms will evolve over time they will be underpinned by the following principles:

**Flexible** - the Framework must be adaptable to a range of different circumstances. Areas of policy that need an enhanced evidence base could arise from a variety of sources. These could include published policy documents or policy areas that are currently being developed through taskforces or implementation/advisory groups.

**Inclusive** - the HSC R&D Office needs to ensure there is input from a range of relevant stakeholders. The Framework should be capable of linking into a spectrum of existing relevant activity.

**Priority-driven** - the HSC R&D Office needs to ensure that there is a means of establishing priorities across a wide range of disparate areas and needs.

**Feasible** - while the potential aspirations of policy and service are potentially infinite, the supply of high quality HSC researchers (locally) is finite. If the HSC R&D Office is to encourage a strong local HSC R&D base then a degree of focus and nurture is essential. The Framework must distinguish between research needs that will never be met from our HSC R&D community, whether working alone or with external collaborators, and those that can call on existing/developing research strengths. The HSC R&D Office will work with our Northern Ireland partners to facilitate the sustained support of those strengths.

**Convergent** - to achieve maximum return from HSC R&D Fund the HSC R&D Office research portfolio should relate to those of other key institutions such as the universities and the local charities that support research.

**Responsive** - while protecting existing research strengths, the HSC R&D Office has a responsibility to help develop research capacity in new and emerging areas where there is a high Department/service demand and a realistic opportunity to develop research strength.

**Partnership** - the availability of partnership funding which has the potential to increase the total quantum of commissioned research activity should be recognised and given appropriate weighting when determining priorities.

- 2.2 Within the framework the HSC R&D Office will support two broad categories of commissioned research: **needs-led research** that derives from an ongoing process to identify and prioritise research needs; and **opportunity-led research** that derives more from *ad hoc* opportunities to exploit partnership funding and Ministerial initiatives or imperatives. There is no predetermined balance between these two categories but the HSC R&D Office will work within its budgetary constraints and with its various stakeholders to maximise its contribution to Health & Wellbeing.
- 2.3 The Framework will have a five-year life with review at year four. The underpinning principles require the Framework to be inherently adaptive. Therefore its impact will be evaluated in parallel with its operation and recommendations will be incorporated on an ongoing basis. The framework will also take account of emerging good practice from other research commissioners notably England's National Institute for Health Research (NIHR).

### **3 Delivery**

- 3.1 The framework brings together four cycles of related activity that are essential for the development of a successful portfolio of commissioned research:

- identifying research needs
- prioritising research needs
- commissioning research
- translating/disseminating research outputs

The remainder of this document is structured around these four areas of activity.

- 3.2 The framework places considerable emphasis on the need to translate/disseminate research outputs. This emphasis will ensure that the HSC R&D Office's commissioned research portfolio addresses HSC needs and delivers HSC benefits in terms of both social enterprise and economic enterprise.

#### **Identifying research needs**

- 3.3 The HSC R&D Office is not limited to any one approach to identify research needs and will look for new methods as we move forward. It is likely that these mechanisms will change to reflect changes in the DHSSPS, the organisation and management of the HSC and the services it delivers. The main mechanisms for the two broad categories of commissioned research are described below.

#### **Needs-led research**

- 3.4 The HSC R&D Office will deploy a variety of mechanisms to identify potential research needs and engage with a wide variety of stakeholders. In the context of needs-led research the DHSSPS is a principal stakeholder and the HSC R&D Office will facilitate an episodic dialogue with the Department to discuss its research needs. That dialogue will be structured to ensure the various policy divisions are involved along with the various professional groupings. At any given point in time it is likely that this systematic dialogue will be augmented by topical concerns such as new policy initiatives/reviews or the work of specific taskforces or implementation/advisory groups such as the new HSC Service Frameworks. The central dialogue with the DHSSPS will be complemented by conversations with the wider HSC including the five HSC Trusts, the Regional Health & Social Care Board, the Regional Agency for Public Health and Social Wellbeing, the Regional Shared Services Organisation and the Patient and Client Council. The HSC R&D Office will also follow up on potential needs-led research possibilities that arise from other sources/activities.
- 3.5 When potential areas of needs-led research are identified the HSC R&D Office will, in most cases, convene ad hoc advisory/focus groups drawing on an appropriate range of stakeholders to help define a research programme or research project as the basis of a future commissioned call. In most cases we will aim to produce a commissioned research vignette to help conceptualise and explain/define a research need and how that need might be addressed. These vignettes will be subject to a range of inputs and quality assurance checks from both the relevant ad hoc advisory/focus groups and other external agents. The HSC R&D Office is arranging for direct support from NIHR commissioning bodies with expertise in the development of vignettes. A standard vignette format is included in Annex A.

### **Opportunity-led Research**

- 3.6 The HSC R&D Office is only one of many funders of HSC R&D. Compared to other funders we have a limited budget. Funding partnerships serve to increase the total quantum of the HSC-relevant R&D funding within the province and amplify the impact of the HSC R&D Fund. There is, therefore, a prima facie case to use the HSC R&D Fund to lever in funding from other sources. In the context of commissioned research partnership funding is a direct means of leverage producing an immediate return on HSC R&D Fund expenditure. Existing funding partnerships are in place with the UKCRC, the MRC, the ESRC, SCIE, the NCI (US) Atlantic Philanthropies, the Health Research Board (Dublin), Belfast Health & Social Care Trust, the DHSSPS. These have produced dramatic returns such as the grants for the Northern Ireland Centre of Excellence for Public Health, the Northern Ireland Clinical Research Facility and for HSC Innovations yielding a combined total of over £10 million of additional funding for an outlay of less than £1million. The HSC R&D Office is committed to expanding this list of partner organisations and will look further for local, national and international opportunities.
- 3.7 Given the nature of opportunity-led research there is no one single approach specified by the HSC R&D Office and we will look at each opportunity on an individual basis. The Office will work to capitalise on each opportunity with the relevant partner organisation(s). A potential opportunity may arise as a result of a Ministerial imperative, from an HSC R&D Office initiative, from a direct approach from a funding organisation or from an approach from a researcher. The HSC R&D Office is prepared to initiate discussions without prejudice at any stage. Any party that might be able to identify, broker or offer partnership funding is encouraged to contact the HSC R&D Office at the earliest opportunity

### **Prioritising research needs**

- 3.8 It is inevitable that the research needs of the DHSSPS and the HSC will exceed the funding available within the HSC R&D Fund therefore the needs must be prioritized. The existing HSC R&D Office Strategic Advisory Group (SAG) is well placed to provide advice on the prioritisation of competing areas of commissioned research. Its membership is widely drawn and includes all relevant stakeholders. The membership is kept under review and will be revised as the new HSC bodies come into being following Phase 2 of RPA. The breadth of SAG membership also benefits from the inclusion of a number of external members who bring a wider perspective and a wealth of experience. The list of current members and its full terms of reference are given at Annex B.
- 3.9 The SAG may influence the priority given to commissioned research in two ways. Firstly the proportion of the HSC R&D Fund allocated to commissioned research must be agreed relative to the funding allocated to support infrastructure, capacity building, translation and other research funding vehicles such as US Ireland R&D Partnership, or adding value initiatives. Secondly the SAG will prioritise the identified research needs. The SAG meets twice a year and the prioritisation of commissioned research will be a standing agenda item. The decision of the SAG will be final but rejected studies may be submitted for consideration in subsequent meetings.
- 3.10 Where feasible, opportunity-led research will fall under the same prioritisation mechanism. However, given the nature of this category of commissioned research it may not always be possible to seek advice on proposed research studies from the SAG. Depending on relative timing opportunity-led research vignettes will be submitted to SAG along with needs-led vignettes. Where this is not possible due to

time constraints, the SAG will be informed of any decisions to capitalise on partnership funding or pursue a Ministerial imperative.

- 3.11 The principle of responsiveness – the aspiration to meet Departmental or services demands for research needs must always be counter poised by the principle of feasibility. Research capability and capacity can rarely be built from scratch and the HSC R&D Office is unlikely to be able to deploy sufficient resources to build new areas of research expertise unaided. Therefore the HSC R&D Office will only attempt to create new capability/capacity in response to clearly defined priority and will always look to larger funding partners to lead on this type of new initiative

### **Commissioning research**

- 3.12 Once research needs are identified and prioritised the HSC R&D Office will commission research using established commissioning mechanisms. However we must schedule the pending commissioned calls having regard to priority, availability of financial resources and the ability of the HSC R&D Office to accommodate the work - load associated with a given research call.
- 3.13 Commissioned calls will normally be advertised widely as an open tender. In specific circumstances there may be a requirement to follow a restricted or single tender action. These circumstances will always be documented and agreed in accordance with HSC R&D Office (CSA) Standing Orders. The call will also indicate whether there is funding available for a single project, multiple projects or a programme of research.
- 3.14 Depending on the nature of the research need and how it has been defined the commissioning call may request different types of research studies. There maybe a requirement for a short-term scoping study where the normal research-need definition process does not produce sufficient information to support the prioritisation process, or where the SAG has advised additional work is required. The call might ask for a single study, defined by a detailed research specification prescribing the research question and appropriate research approach/methodology. Alternatively, the commissioned call might identify a broad topic area listing key areas of interest where the researcher is free to define the research question.
- 3.15 The research call may be structured in either a one- or two-stage process. The two-stage process will require researchers to submit an initial outline application which can undergo initial screening on a policy basis and/or scientific basis. Those that pass through stage one screening will be asked to submit a further detailed application. The one-stage process will require a full detailed application at the outset.
- 3.16 All commissioned calls will undergo a rigorous evaluation process requiring peer review from independent expert referees from outside of Northern Ireland and consideration by an expert evaluation panel. Research users will be represented on each panel, including DHSSPS, HSC and patients/clients as appropriate to bring the policy/practice perspective. Evaluation panel membership will normally derive from outside of Northern Ireland. The evaluation criteria for the Panel will reflect the commissioned nature of the call and help ensure the selection of research studies that directly address the originating research need.
- 3.17 The funding of research studies recommended by an evaluation panel will always be subject to the availability of funding and the commitments of the HSC R&D Fund.

## 4 Translation

- 4.1 There is a presumption that commissioned research is valued by policy/practice decision makers. The reality is less clear cut and the value of research needs to be demonstrated explicitly by translating innovative research findings into policy or practice. This requires a rapid transfer of knowledge between our researchers and the various user communities in the DHSSPS, the HSC and the wider public and charitable sectors. This translation is the basis of real accountability that can sustain the argument for the HSC R&D Fund.
- 4.2 *Research for Health & Wellbeing 2007-2012* recognises that research discoveries should be put to use as quickly and efficiently as possible. In the case of commissioned research disseminating and applying the outcomes is particularly important as this aspect of our research portfolio is driven by the imperative to answer research needs and support policy and/or service delivery. Therefore commissioned research proposals are expected to include explicit plans for active translation and knowledge transfer. These should detail funded activities and time to enable the targeted transfer of knowledge to the target user community. These activities may include conferences and seminars for targeted audiences, the development of relevant policy/practice instruments or the direct participation in policy/practice development.
- 4.3 While the rationale for translating research outcomes and deriving policy/practice benefit is well defined the mechanisms for translation or measuring the impact of that translation are less clearly defined. Traditional linear models of research impact are usually inadequate – the complexity of the links between R&D investment and the eventual policy/practice benefits must be acknowledged. Outcomes and impacts must be widely drawn to capture derivative influence on policy documents/initiatives, service development, education and training curricula or wider socio-economic benefits. The HSC R&D Office will pursue a twin track approach to both encourage translation of commissioned research and to develop credible impact/translation metrics.
- 4.4 Outside of the Commissioned Research Framework we are investing in a range of activities to add value and facilitate knowledge transfer. Researchers that undertake commissioned research will be eligible to apply under these new schemes. Given the nature of commissioned research its translation is less likely to derive direct commercial or economic benefit. However, where there is potential for commercial technology transfer the exploitation of that potential may be facilitated by HSC Innovations. This will rely on other funding streams and may require other funders to finance these types of translation.
- 4.5 In order to develop metrics and instruments to assess the real impact of HSC research we will draw on good practice and experience from other parts of the world, and use evolving methodologies, where these are shown to be effective. The HSC R&D Office will, with the assistance of practitioners in this area, develop a comprehensive payback model that deals with the practical and conceptual challenges of impact assessment, allows for confounding factors and secures the views of our stakeholders in a systematic manner. The payback model will provide an important feedback process that should help ensure that valuable research continues to be commissioned in conjunction with policy makers, service managers and service users.



## **5 Next Steps**

- 5.1 This framework is issued with immediate effect.
- 5.2 The HSC R&D Office will consider opportunity-led research possibilities as they arise within the parameters of the framework.
- 5.3 Work on needs-led research will be taken forward in a more structured manner. As Chief Scientific Advisor, Professor Bernadette Hannigan will direct this process addressing topical HSC concerns while pursuing a more systematic approach that engages with the various groupings that reflect DHSSPS organisational structure, policy drivers, strategic and corporate objectives. Developments in research policies and priorities across the UK, the island of Ireland, the EU and further a field are also likely to influence prioritisation.
- 5.4 The new HSC Service Frameworks may provide an obvious vehicle for Departmental and HSC engagement. Given the significant investment by the wide range of stakeholders and experts, involved in the formulation of these Frameworks, there should be an opportunity to determine gaps in the evidence base and identify critical research needs.
- 5.5 The breadth of Departmental and Service interests and the changing context within which policy is developed and service delivered will ensure a continuous flow of needs-led research. The Commissioned Research Framework will support an ongoing process to generate, prioritise and deliver research needs.

## **Annex A**

### **Vignette format of Needs-Led Research**

Proposed area of research need

Organisation(s) or individual(s) identifying research need

Origin of research need

Key research questions

Anticipated research outputs

Importance of research in terms of policy, strategy and/or service

Urgency of research need

Relevant current research

Additional information

References

## Annex B

### Terms of Reference for the R&D Strategic Advisory Group

The R&D Strategic Advisory Group will advise the Director of Research & Development on:

- developing and implementing an R&D Strategy for the HSC with the aim of improving the health and social wellbeing of the population of Northern Ireland and elsewhere, and encouraging an evidence-based approach to health and social care across the HSC
- ensuring that the Strategy maximises the use of HSC R&D resources to meet the needs of the wider HSC, and takes account of views from a wide range of persons and organisations with an interest in HSC R&D activity, including those expressed through the Northern Ireland Forum for Health and Social Care Research
- new developments affecting HSC R&D.

#### Membership

Director of the HSC (Chair)	Professor Bernadette Hannigan
Operational Director for R&D Office	Dr Michael Neely
Chief professional advisors at DHSSPSNI	
- Chief Medical Officer	Dr Michael McBride
- Chief Nursing Officer (nominee)	Professor Martin Bradley
- Chief Dental Officer (nominee)	Mr Michael Donaldson
- Chief Pharmaceutical Officer (nominee)	Mr Joe Brogan
- Acting Chief Social Services Officer	Mr Sean Holland
R&D Lead DHSSPS	Dr Elizabeth Mitchell
Director of R&D, Belfast HSCT	Professor Ian Young
Director of R&D, Western HSCT	Dr Maurice O'Kane
Director of R&D, Northern HSCT	Dr Des Rooney
Director of R&D, Southern HSCT	Dr Peter Sharpe
Pro Vice-Chancellor for Research, QUB	Professor James McElnay
Pro Vice-Chancellor for Research & Innovation, UU	Professor Norman Black
HSS Board Representative	Dr Paula Kilbane
MRC Representative	Dr Catherine Elliott
ESRC Representative	Mrs Joy Todd
Health Research Board Representative	Mr Enda Connolly
Institute of Public Health Ireland Representative	Dr Jane Wilde
Department of Health (London) Representative	Dr Russell Hamilton
Research Charities Representative	Mr Simon Denegri
Consumer Representative	Mr Robert Marshall

## **Glossary**

CSA	Central Services Agency
DHSSPS	Department of Health, Social Services & Public Safety
ESRC	Economic & Social Research Council
HRB	Health Research Board
HSC	Health & Social Care
HSC R&D Office	Health & Social Care Research & Development Office
MRC	Medical Research Council
NCI	National Cancer Institute
NIHR	National Institute for Health Research
OFMDFM	Office of the First Minister & Deputy First Minister
RPA	Review of Public Administration
SAG	Strategic Advisory Group
SCIE	Social Care Institute for Excellence
UKCRC	United Kingdom Clinical Research Collaboration