

Feedback from HTA: Common issues and problems with grant applications

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Health Technology Assessment

a type of applied health research
....and a funding stream
...which funds projects costing £1m +

“The NIHR Health Technology Assessment (HTA) Programme provides the scientific information on clinical and cost-effectiveness that is required to determine whether technologies should be encouraged into, or discouraged from, routine clinical practice.”

Studies funded by the HTA are intended to provide information upon which decisions to change policy and practice can be based

- so they must be well designed*
- evidence of efficacy should usually already be established*

“Technologies assessed by the HTA programme include medical devices, equipment, drugs, procedures, talking therapies and rehabilitation measures.”



Funding Streams:

- Commissioned programme (1993 -)
- Investigator driven programme (2006 -)
- Themed calls (2007-)



Types of research funded

Primary research

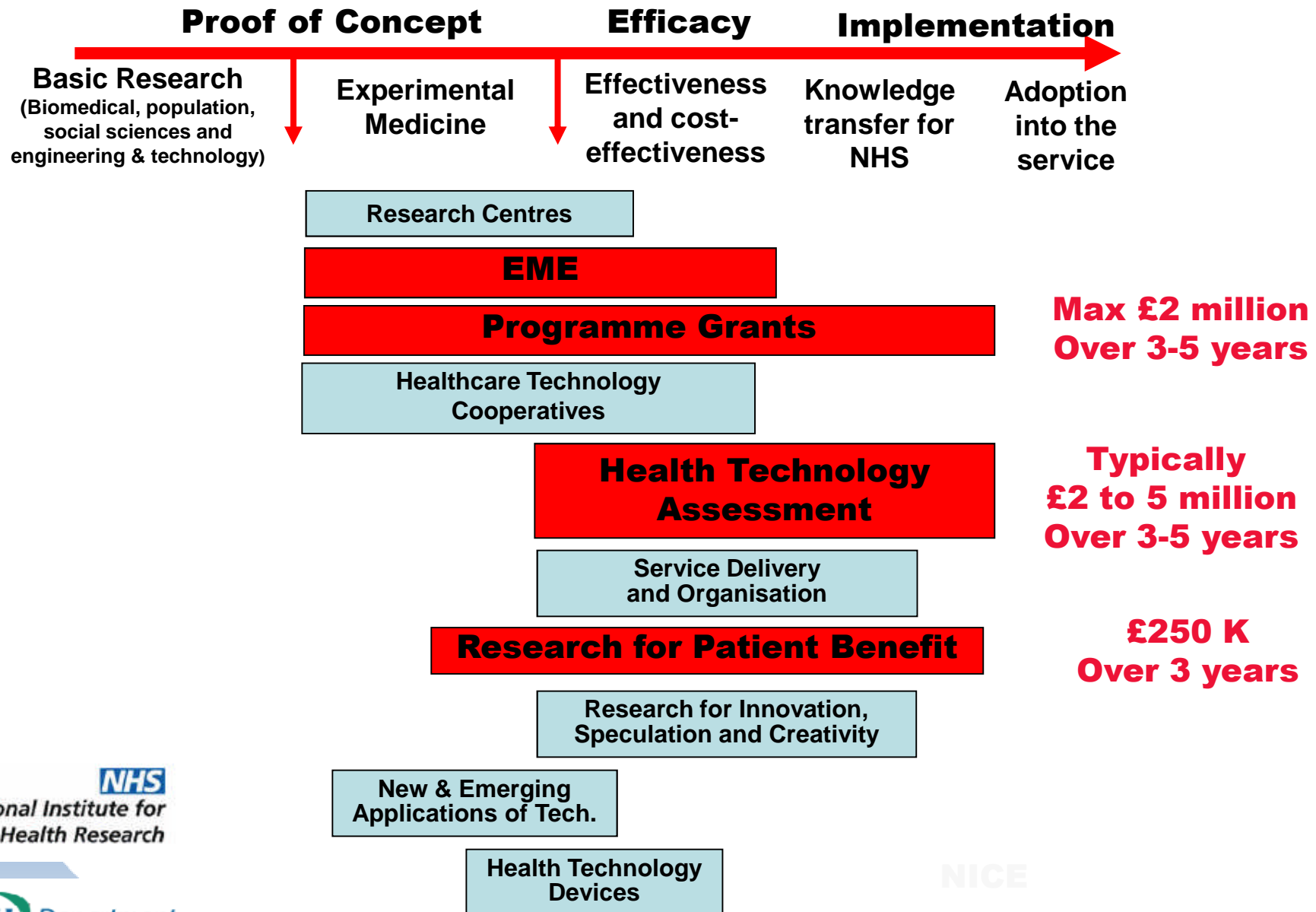
- Pragmatic RCTs (NIHR now the only public sector body funding these)
- Studies of diagnostic tests
- Other well designed studies

Evidence synthesis

- Systematic reviews/evidence synthesis
- Modelling, including economic modelling



Translating research evidence into NHS practice



Types of research not funded?

- “Discovery science”
- Studies of *efficacy* as distinct from *effectiveness*
- *Explanatory* trials
- Studies that are not about people
- Technology in search of a question (“big scanners”)

.....**So choose your question wisely.**

.....Check if in doubt.





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Funding opportunities

The HTA programme commissions research in three different ways: by advertising standard calls for research proposals that address specific topics, by advertising special calls for research proposals that address themed areas, and by funding HTA clinical trials and evaluation studies that are proposed directly by researchers.

For details about the new NIHR/MRC joint strategy for translational research and the launch of the EME programme visit our [new opportunities zone](#).

Calls for proposals

Standard calls
Standard calls for research proposals are advertised four times a year. **A call for proposals is open**

Themed calls
Themed calls for proposals are one-off calls for research in areas where a particular need has been identified.

HTA Clinical Evaluation and Trials

HTA Clinical Evaluation and Trials
The remit has expanded and grants are available for evaluation studies as well as the normal clinical trials on topics proposed directly by researchers. **Research proposals on diabetes mellitus are particularly welcome.**

Troubleshooting
View frequently asked questions about our three funding routes

Standard Calls
funding open

Clinical Evaluation & Trials
funding open

Make a research suggestion

Planning Patient Involvement

Search this site
[Advanced search](#)

- Latest news**
- 11 March 2009
NCCHTA is changing its name to NETSCC, HTA in April 2009
 - 10 March 2009
Technology Assessment Reviews - New contracts available for tender
 - 23 February 2009
Exercise to aid smoking cessation during pregnancy
 - 22 January 2009
Research investigates the effectiveness of CBT
- [More news stories...](#)

- What's related:**
- [Suggest a research topic](#)
 - [Prioritisation Strategy Group \(PSG\)](#)
 - [Planning patient and public involvement in HTA](#)

Useful downloads:
[Funding, supporting and publishing HTA research leaflet](#)



HTA news service:
[News feeds](#)



HTA Commissioned Research Programme

The HTA ask the question and provide a Commissioning Brief.
And if you don't like their question, and think yours is a better question?

Apply somewhere else!

Upfront changing the question doesn't work, and subterfuge doesn't either.



HTA Themed Calls and Investigator Driven Programme (CETB)

- Exactly the same types of work funded as under Commissioned Programme
- But you get to choose the question
- Strategic uplift for Themed calls – greater chance of full invitation, reviewed in open competition at full stage

Problem first, methods second

Not all questions need to be, or can be, answered with a trial

- Would a trial be ethical?
- Would a trial be feasible?
- Would another design be more appropriate, e.g. a study of test accuracy?



Methods

- *If an RCT, do you need individual or cluster randomisation?*
- *Do you need to allow for therapist effects*
- *What patient reported outcomes are most widely used, when and how should they be measured?*
- *How much does this therapy cost to provide?*

.....Collaborators never encountered these kinds of questions before?

Allow plenty of time for them to learn, because HTA mindset is very different from that needed by “upstream” biomedical researchers, as well as by those completely new to trials.

- keep doing *reality checks*.

- If your initial question is not answerable, even with help from a team of experts, then you need to modify the question.

Iterate until you find a specific (relevant) answerable question.



Process of decision making

- Outlines and full proposals
- Who sees them?
 - HTA Secretariat
 - Clinicians, commissioners and managers, to assess importance of topic to NHS (half or more bids fail this “relevance” screen, i.e. they never get to the Board)
 - Methodologists
 - Peers
 - Other disciplines
 - Service users

Conclusion: a lot of different people have to be pleased

Best places to spot inexperience? #1

- Inclusion/exclusion criteria (*too narrow*)
- Identification and numbers of eligible people (*too optimistic*)
- Consent and numbers consenting (*vague; too optimistic*)
- Follow up rate (*unrealistically high or unacceptably low*)
- Effect size (*much too large*)
- Number and type of sites (*too narrow; willingness asserted*)
- CTU and network involvement (*missing, or token*)



Best places to spot inexperience? #2

- Cluster design (*but (much) too small ICC*)
- Cluster design (*but no discussion of post randomisation consent bias*)
- Multiple arms (*but no clear plan for analysis*)
- Factorial design (*but no discussion of interaction*)
- Data collection (*too many measures, too often*)
- Analysis plan (*absent, or uses fraction of data collected*)
- Outcome measures in unblinded studies (*especially process outcomes that are under patient/clinician control*)



Best places to spot inexperience? #3

- Patient centred outcomes (*or VERY good reason why not*)
- Specification of intervention (*vague or unrealistic – or both*)
- Delivery of intervention (*ditto*)
- Treatment of population diversity (*ditto*)
- Estimates of time for set up, etc (*ditto*)

In all the above: any EVIDENCE of feasibility, acceptability etc?? Any pilot studies? Where did figures come from? Working backwards?



- Description of any qualitative component (*tacked on*)
- Approach to PPI (Patient and Public Involvement) (*ditto*)
- Assertions regarding behaviour of health care professionals and other staff not employed on the project, for example:
“GPs will (*enter a long list of tasks*)....”



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.....**Oh no they won't!!!**



Implications for composition of project team?

- All components of research have to be strong, not just bits of it familiar to Chief Investigator.
- DIY qualitative research or health economics likely to be just as fatal as DIY statistics, or DIY cardiology.
- Methods and project management
- Multidisciplinary team is key

• Remember: a lot of people have to be pleased before an application can get funded.

- Palliative Care Themed Call

- Deadline April 13th 2010
- HTA Board July
- Decision by October
- Full application in by December

- Palliative and Supportive Care
 - Any disease areas
 - Interventions for symptom relief
 - Promotion of general well being for patients and carers

Three take-home messages

1. Choose your question very carefully.
2. Pay a lot of attention to methodology.
3. If your submission does not come from a multidisciplinary group, you may very well be WASTING YOUR TIME.

For further information, and plenty of worked examples, visit:

www.hta.ac.uk





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