

Examples of projects not suitable for Research Capability Funding (RCF)



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| What: | Professor/Senior Academic time to write a grant application, build a team of co-applicants or present findings |
| Why: | HEI funding covers these activities and we will not use RCF for these tasks as this could be deemed as double-funding. |
| Alternative: | Use RCF to employ a Research Assistant/Associate to support a Professor by coordinating the writing of the grant application. |

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| What: | Early stage research (lab based work) |
| Why: | We work on behalf of health commissioners and practitioners and we are interested in supporting practical ideas which could lead to more immediate benefits to our commissioners/practitioners. |
| Alternative: | Funding for the early stage research tends to come from MRC, condition specific charities or other Research Council funding. |

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| What: | Purely mechanistic research |
| Why: | We work on behalf of health commissioners and practitioners and we are interested in supporting pragmatic research ideas which could lead to more immediate benefits to our commissioners/ practitioners. |
| Alternative: | Funding for mechanistic research could be sourced from Elizabeth Blackwell Institute, EME, MRC, specific Charities or other Research Council funding. |

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| What: | Researcher time to work on already funded grants |
| Why: | Using RCF to support already funded grants is in breach of RCF spending remit. |
| Alternative: | Request further funding from the grant funder. The NIHR are interested in funding projects fully, and in understanding the true cost of research. We find that if a funder is willing to support a project, they tend to want to ensure it is properly delivered and are open to requests for further funds if justified. |

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| What: | Research investigating hospital based interventions |
| Why: | Each Trust has its own Research Office and RCF spending plans. It could be outside of our remit to fund research within Trusts, and then subsequently host that research grant. This may also clash with the Trust's own RCF spending strategy. |
| Alternative: | Approach the Trust Research Office as it would be more appropriate for the Trust to support and host the proposed research. |

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| What: | Health topics that do not align to local or national priorities set by health organisations (e.g. Public Health England, NHS England or CCGs) |
| Why: | We are committed to advancing evidence based practice and evidence based commissioning within the healthcare environment, and we have to be very aware of the constraints of limited resources faced by all healthcare commissioners and practitioners. Tight budget mean that investment has to be strategic and focused. The research we support should be able to demonstrate awareness of these considerations and support the local or national health agenda. |
| Alternative: | Charity funding, or other research council funding. |

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| What: | Service development with embedded evaluation |
| Why: | RCF is only available for research (as defined by the HRA) not evaluations. Service development and evaluation can feel like research, but we aren't able to use RCF to support work outside of the HRA definition. We are happy to discuss ideas if that would be helpful. |
| Alternative: | The funding needs to be provided from the provider service/relevant commissioners. |

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| What: | Interventions that are unrealistically resource heavy |
| Why: | The NHS and Public Health are looking to increase the effectiveness or service provision. This can mean an initial increase in spending in order to save money in the longer term. However, every £1 of investment in one area does mean at least £1 of reduced budget from another. With ever reducing budgets, and ever increasing demands on health care services, the likelihood of resource heavy interventions being commissioned is low, unless an extremely strong case can be made. Research supported by us should not add unreasonable financial burdens on already over-stretched budgets unless there is good reason to suggest that this is a wise use of public funding. |
| Alternative: | DH subvention is one possible alternative, discussing ideas with commissioners is essential, and obtaining their support would go a long way in convincing the RCF review panel that this project has potential. |

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| What: | Methodological questions |
| Why: | We are looking to invest in pragmatic, applied research which could deliver more immediate patient/population benefits. Although methodological research is vitally important to the integrity of research, it is deemed outside of the remit of our RCF spend. |
| Alternative: | MRC funding, or contact Conduct II for further information. |

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| What: | Grant applications to non-NIHR funders |
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| Why: | Our RCF investment is made in support of the RCF virtuous circle. This is both a local policy, and in line with the national policy for spend of RCF. |
| Alternative: | MRC, other Research Councils, Elizabeth Blackwell Institute or condition specific charities. |

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| What: | Projects that aim to produce evidence which an already funded NIHR project will produce. |
| Why: | The NIHR will not fund a second project to investigate the same issue, until the first has concluded and shown a need for further evidence. Therefore, we will not use RCF to support an application that might not be successful. |
| Alternative: | Check the NIHR website before considering an RCF application, they have a database of all funded projects: https://www.nihr.ac.uk/research-and-impact/research/nihr-studies/ And all completed projects: journalslibrary.nihr.ac.uk |

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| What: | Research which does not clearly demonstrate that the evidence produced will be of direct use to the health services. |
| Why: | We support research which has a real-world impact, and although many research topics are interesting, we can only justify investing public money in research that has potential to improve services and patient experience. |
| Alternative: | Other funders, such as research councils and/or special interest charities. However, we would encourage you to shape your interest into a project which could directly benefit commissioners and/or practitioners and/or patients, and invite the potential “end-user” to shape the project proposal so that any findings will be of practical use. |

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| What: | Service Evaluation |
| Why: | RCF can only be used to support research as defined by the HRA http://www.hra.nhs.uk/documents/2016/06/defining-research.pdf |
| Alternative: | Evaluations can seek resource from various sources, including the commissioning budget or the provider of the service, as well as external funders. |