

Reviewing funding applications:

An example of tangible patient involvement at the proposal stage

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Introduction

Patient and Public Involvement has become an important part of research activity that is supported by government and health policy and is a core focus in our aim to develop a user-informed approach to research. PPI contributions to the research process may include providing a “lay” perspective through membership of steering groups, the development of relevant research questions, and reviewing research proposals, funding applications and participant information literature. However there are few tangible examples of involvement (Boote *et al*, 2002). To address this problem the NIHR Royal Brompton Respiratory Biomedical Research Unit (BRU) ensures that all requests for funding are reviewed by patients. To make this a worthwhile exercise we have developed a system that is both patient friendly and useful for researchers.

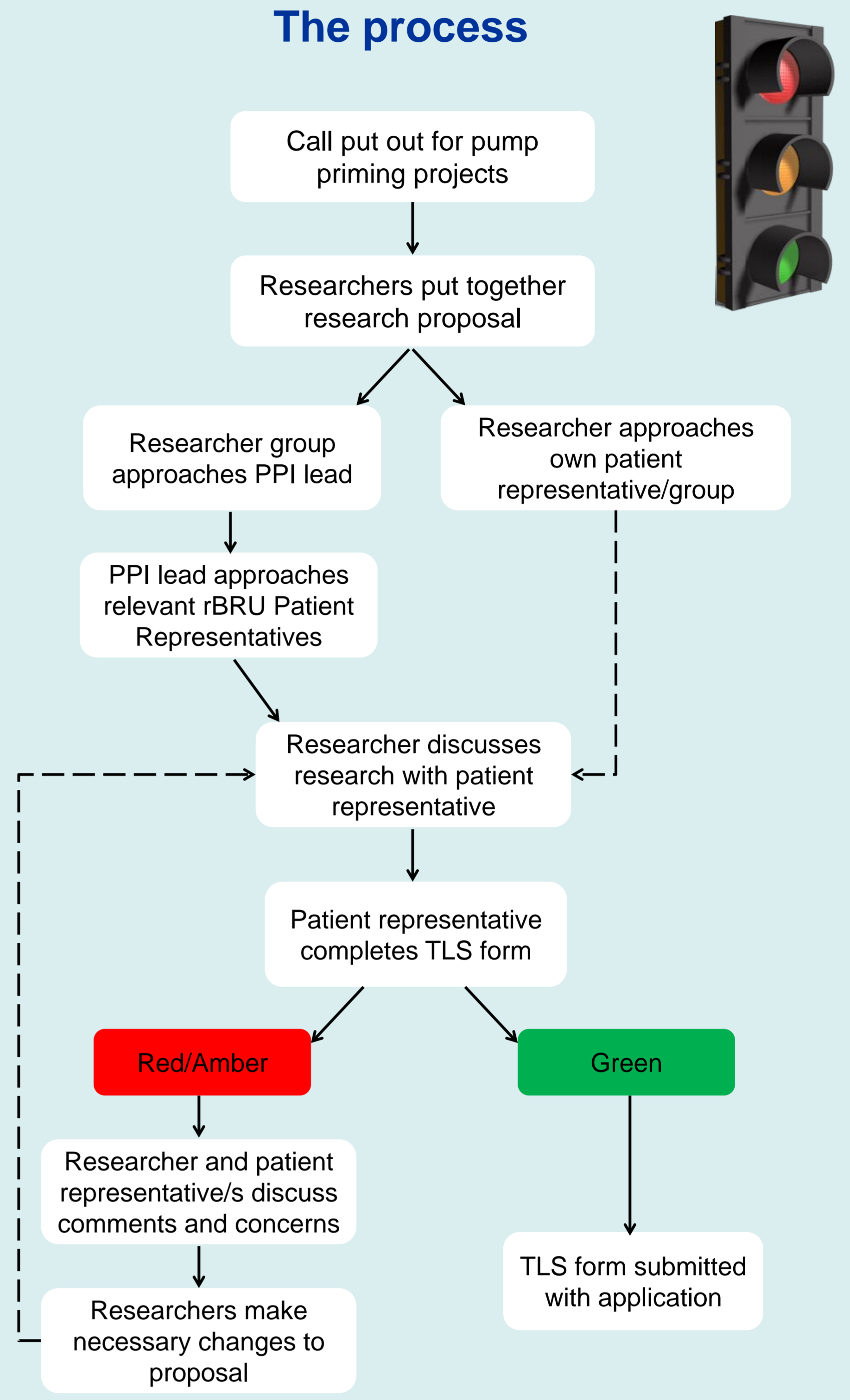
Traffic Light System (TLS) form

BRU Patient representatives designed a template form enabling them to review research proposals in a standardised format. The form follows a traffic light system (TLS) to indicate whether the research should be funded or not (red, amber, green) (Fig.1). Prior to submitting applications, researchers discuss their project with a patient representative using the form to guide discussions in terms of aims/objectives, impact, methodologies and patient involvement. The patient grades the proposal according to the TLS and provides feedback comments for the peer review panel.

Project Title:	Lay Review Stage 1 – Date:
Example	Comments/issues/questions identified regarding strengths & weaknesses of project
GREEN Excellent research aims & objectives likely to have a significant impact on clinical practice.	Excellent research aims & objectives likely to have a significant impact on clinical practice.
GREEN Very well designed project. No concerns regarding clinical team, methodologies used or patient involvement.	Very well designed project. No concerns regarding clinical team, methodologies used or patient involvement.
AMBER Overall good research aims & objectives. Likely to have some impact on clinical practice.	Overall good research aims & objectives. Likely to have some impact on clinical practice.
AMBER Overall good design and planning with some identified questions/concerns regarding staff, methodology used or patient involvement.	Overall good design and planning with some identified questions/concerns regarding staff, methodology used or patient involvement.
RED Potentially useful from some aspects, but some major concerns regarding overall impact on clinical practice.	Potentially useful from some aspects, but some major concerns regarding overall impact on clinical practice.
RED Major concerns identified regarding design, planning, methodology or patient involvement.	Major concerns identified regarding design, planning, methodology or patient involvement.

Fig 1.

The process



The BRU has made it mandatory for all pump priming applicants to speak with a BRU patient representative prior to submission and complete a TLS form. Any application that has not involved a patient representative, or receives a negative score (red), is automatically rejected by the peer review committee.

When is it being used?

Currently the forms are used for pump priming funds from the BRU. This is a call for research proposals in early phase, patient centred translational research. Funding can be used to either generate pilot data for an external grant application, or to fund projects that are unlikely to be attractive to external funding bodies. As this is funding from the BRU the TLS is a requirement. The form is available for other external funding but is not compulsory. It is hoped that with researchers using this system during pump priming they will be encouraged to use the same or similar method for all research proposals.

References

J. Boote, R. Telford, C. Cooper. 2002. *Consumer involvement in health research: a review and research agenda*. Health Policy. Issue 6, pp 213–236