Funding Public Health Research in the UK

Janet Valentine

Head of Public Health and Ageing
Medical Research Council

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Presentation Overview

• Context of funding public health research in the UK
• Models of schemes and how they are assessed
• Issues to consider
• Evaluation of research outputs
UK public health research funding organisations

Public Funders

Government Departments
- NHS
- Chief Scientist Office
- NISCHR
- Health and Social Care in Northern Ireland

Research Councils
- MRC (Medical Research Council)
- ESRC (Economic & Social Research Council)

Charities
- Cancer Research UK
- British Heart Foundation
- Wellcome Trust
- Diabetes UK
- Stroke Association
- Alzheimer's Society
Funding for UK primary prevention research

Cancer research analysis 2002

- Aetiology: 16%
- Prevention: 2%
- Early Detection, Diagnosis and Prognosis: 8%
- Treatment: 22%
- Cancer Control, Survival & Outcome Research: 6%
- Biology: 41%
- Scientific Model Systems: 5%

Total UK research spend 2006

Proportion of Combined Total Spend by Research Activity

- Underpinning: 34.1%
- Aetiology: 34.5%
- Prevention: 2.5%
- Aetiology: 34.5%
- Disease Management: 2.3%
- Treatment Evaluation: 8.1%
- Treatment Development: 8.5%
- Detection and Diagnosis: 5.2%
- Health Services: 4.8%
Changing landscape of public health research funding

- Analyses and changing funding remits have led to
  - Multi-funder reviews and joint initiatives
  - New funding schemes by individual funders
  - Capacity building
National Prevention Research Initiative

- First and largest UK Government and Charity funding consortium
  - 16 funding partners - managed by MRC
  - Shared vision by funding partners

- Dedicated scheme for primary prevention of major chronic diseases
  - Aim to influence health behaviours and risk factors
  - Focus on diet, tobacco, physical activity and alcohol

- Four calls for research proposals between 2005-2011
- £33m on diverse portfolio of 74 projects
  - Mixed methods
  - Observational studies
  - Individual and population interventions
  - Natural experiments
Examples of NPRI projects

• Assessing physical activity in older adults

• Impact of alcohol marking on youth drinking

• Smokefree legislation

• Interventions to promote healthy eating
  • Supermarkets, children, school breakfasts

• Weightloss interventions

• Impact of changing environment of physical activity
  • Housing in former Olympic Village
  • Urban regeneration project
UKCRC Public Health Research Centres

Established to strengthen public health research in the UK

- Build capacity across public health research career pathway
- Increase UK public health research infrastructure
- Focus of high quality public health research
- Engage with stakeholders, policy and practice – translation of research

- 8 funder consortium
- 5 centres across the UK focusing on major public health issues
- Two x 5 year funding
  - £20m 2008-2013
  - £16m 2013-2018
Examples of engagement by Centres

Multiple social ties and healthy eating in older people
Findings from the EPIC-Norfolk study

Supporting an ageing population is a key health challenge for the twenty-first century. Around half of those over seventy-five now live alone, and social isolation can affect their health. New research from CEDAR is adding to our understanding about the influence of multiple social relationships on healthy eating. Healthy eating: a critical health priority.

Evidence Brief, October 2013

Full reference and link at wwwCEDARCam.ac.uk/resources/evidence

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Using existing evidence, we can:
• review and summarise existing research
• rapidly assess how current services are supporting your stakeholders
• review your policy documents
• analyse and interpret your data

Creating new evidence, we can:
• develop joint research agendas to meet your needs
• look across your programmes for wider learning
• undertake definitive evaluations of effectiveness
• conduct economic evaluations to assess return on investment
• develop larger scale projects agreed strategically

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Public Health Improvement Research Network
Rhwydwaith Ymchwil i Wella Iechyd y Cyhoedd

MRC | Medical Research Council
Advantages of multi-funder initiatives

- Effective mechanism to achieve common goal on a larger scale
- Funding contributed by all partners = shared ownership
- Collaboration across disciplines and sectors to tackle shared interests
- Funding crosses organisational boundaries
- Build capacity
Considerations with multi-funder partnerships

- Clarity around expectations and goals at the beginning
- Involve partners in all key decision making processes
- Lead funder but must always acknowledge partners
- Time consuming
  - build trust
  - tolerant of other agendas
  - compromise and give up some control
  - less individual profile

Now in the UK
- Many successful multi-funder initiatives
- Achieve more with available funds
- Part of research funding landscape
Models of public health research funding

- Infrastructure and capacity building – training schemes, networks bring expertise together
- Large scale investment in centres of excellence
- On-going funding programmes
- One-off targeted calls

Assessment process needs to be fit for purpose
- Dependent on scale of investment and timing constraints
- Number, disciplines, national and international experts
- Stakeholders - policy, practice, industry or public
- Scientific quality is number 1 criterion
MRC funding in population health

MRC Remit

- Epidemiology, methodology, mechanistic studies and cohorts
- All aspects of global population health

- Units, centres, fellowships, and researcher-led proposals
- Budget overseen by standing Boards
- Membership 2-4 years, meetings 3 times per year, budget
- Responsible for reviewing proposals, large investments, one-off funding calls

Advantage – consistancy, oversee portfolio and developing strategy
The Public Health Research programme

- Funded by the four UK health departments
  - Primary research – evaluate effectiveness and costs effectiveness of public health interventions
  - Evidence synthesis

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<tr>
<th>Types of Research</th>
<th>Who defines the question?</th>
<th>Frequency Per year</th>
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<tr>
<td>Commissioned</td>
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<tr>
<td>PHR</td>
<td>PHR programme</td>
<td>3 closing dates per year</td>
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<tr>
<td>Researcher-led</td>
<td>Researcher</td>
<td>Continuous with 3 closing dates</td>
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<td>Non-NHS Primary research</td>
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The Application Process

Programme Advisory Board (PAB)
- Public health practice or responsible for public health budgets
- Consider outlines for public health relevance – proposal accepted or rejected
- Decide on areas for commissioning research

Research Funding Board (RFB)
- Scientific experts
- Review proposals for scientific quality, feasibility & value for money
The Application Process

**Advantages**
- Funds spent on areas with direct relevance or potential application in public health practice
- Increase the likelihood of translation because of user involvement

**Disadvantages**
- Long slow process
- ~18 months from panel to starting research
- May reject answering important questions that are not of interest to PAB members at the time
Early phase development of public health interventions

**Early Phase Development**
- Instrument development
- Factors that drive recruitment retention
- Estimating sample size and power
- Developing procedures and protocols
- Testing acceptability and compliance

**Feasibility and Piloting**
- Test recruitment and retention
- Calculate effect size
- Pilot procedure and protocols
- Pilot interventions

**Evaluation**
- Assessing effectiveness
- Understanding change process
- Assessing cost effectiveness

**Implementation**
- Dissemination
- Surveillance and monitoring
- Long term follow-up

MRC
NIHR, MRC Global Health Group and Other funders
Public health intervention development scheme (PHIND)

- Low cost means of addressing identified translational gap
- Produce solid theoretical evidence to underpin subsequent development phase
- Increase the success rate and likely effectiveness of studies
- May go on to receive further funding or abandoned - avoid wasting further resources
PHIND assessment process

- Rapid response scheme
- Early phases of intervention development up to pilot phase
- Up to £150K for maximum 18 months
- Short application form
- Light touch review - no external peer review
- Assessed by small panel with range of expertise including policy
- Seeking novel approaches to intervention development
- Panel will take risks
Take Away Messages

- Assessment process needs to be fit for purpose – relative to funding?
- Clarity around assessment criteria, responsibilities and scope to shape
- Value of stakeholder involvement in process – public?
- Ongoing monitoring once funded – milestones and reporting