



NCRI Supportive and Palliative Care (SuPaC) Research Collaboratives

Call for Proposals for the Capacity Building Grant Scheme

Purpose:

In response to the recommendations of the NCRI's Strategic Planning Group on actions to strengthen research into Supportive and Palliative Care (SuPaC) in the United Kingdom, two NCRI SuPaC research Collaboratives have been established and funded through a competitive bidding process.

It is however recognised that the expertise within the Collaboratives will not completely address some of the under-researched areas and other needs identified by the Strategic Planning Group (SPG) and the NICE Supportive and Palliative Care Guidance for Adults with Cancer. In order to attract investigators with potential into these research areas and add value to the two established Collaboratives, the Management Committee has set aside funds for a **Capacity Building Grant Scheme (CBGS)** aimed specifically at supporting isolated or new investigators in achieving their research potential and addressing some of the gaps in the evidence base. It is hoped that, by linking isolated researchers with the funded Collaboratives which could provide the necessary scientific and/or infrastructure support, the Scheme will help to meet the goals of the SPG to link small individual groups, to develop appropriate skills for SuPaC research and to build sustainable capacity.

Funding:

The funding will be flexible to suit the research needs of individuals and can be used to support short-term exchanges or sabbaticals, or an individual's salary and justified running costs for up to a year. Applicants will be expected to undertake studies in collaboration with one of the established NCRI SuPaC Collaboratives between 2006 and 2010. There may be more than one call for applications during this period, depending on the numbers of grants awarded in the first round of applications.

It is anticipated that each award will be in the region of £80,000 or less and a total sum of £800,000 is available.

Eligibility:

The funding is intended for clinical and non-clinical investigators outside the established Collaboratives who wish to develop research of relevance to supportive and palliative care. Those investigators who have joined the funded Collaboratives as collaborators but are not grant holder members (named co-applicants of the funded

Collaboratives) are eligible to apply as lead applicants. Lead applicants are encouraged to include a grant holder member of the funded Collaboratives in support of their proposals. Details of the funded Collaboratives can be found in the Appendix.

Assessment process:

Applications will be assessed by an Independent Review Panel for the potential of the candidate, the scientific merit, the importance of the topic and the capacity building potential of the project. Whilst proposed studies may relate to any aspect of SuPaC, priority will be given to studies that address areas which are currently under-represented by the members of the two Collaboratives, for example, physical symptoms in cancer and rehabilitation.

Application Procedure

The NCRI SuPaC Collaboratives are funded by Department of Health, Marie Curie Cancer Care, Macmillan Cancer Relief, Cancer Research UK and Medical Research Council. Marie Curie Cancer Care, on behalf of all the NCRI funding partners, manages the Collaborative Programme and will manage the Capacity Building Grant Scheme.

Candidates should, in the first instance, refer to the report of the NCRI Strategic Planning Group on Supportive and Palliative Care <http://www.ncri.org.uk/publications/index.cfm?NavSub=20> and **contact the NCRI SuPaC Secretariat** to discuss their research plans and the appropriate link with the funded Collaboratives.

Dr Teresa Tate, the Medical Adviser of Marie Curie Cancer Care

Tel: 020 7599 7252,

E-mail: teresa.tate@mariecurie.org.uk (quoting 'NCRI SuPaC Career Development Grant Scheme'); or

Dr Gek Kwan-Lim, the Project Manager for the Research Collaborative

Tel: 020 7599 7246

E-mail: gek.kwan-lim@mariecurie.org.uk

Application forms for the Scheme are available through the Secretariat. Once completed, applications should be submitted to Dr Teresa Tate, NCRI Supportive & Palliative Care Research Collaboratives, Marie Curie Cancer Care, 89 Albert Embankment, London SE1 7TP.

The closing date for applications for this round is **31 August 2006**.

Appendix

The grant holder members and summary of their proposed research together with the strategy of research of the two funded Collaboratives are:

The Compass Collaborative

Dr Mike Bennett, Leeds Pallium Research Group, St Gemma's Hospital
Mrs Julia Brown, Northern and Yorkshire Clinical Trials Unit, Leeds
Dr Elizabeth Davies, King's College London
Dr Marie Fallon, Edinburgh Cancer Centre, Western General Hospital
Professor Irene Higginson, King's College London
Professor Matthew Hotopf, King's College London
Dr Scott Murray, University of Edinburgh
Professor Amanda Ramirez, King's College London
Professor Alison Richardson King's College London – Corresponding Applicant
Professor Peter Selby, Cancer Research UK, Leeds
Professor Michael Sharpe University of Edinburgh – Corresponding Applicant
Professor Aziz Sheikh, GP section, University of Edinburgh
Mr John Sitzia, Worrthing & Southlands NHS Trust
Dr Daniel Stark, Cancer Research UK, Leeds
Dr Galina Velikova, Cancer Research UK, Leeds
Professor David Weller, University of Edinburgh

The COMPASS collaborative will unite researchers from 12 UK universities and create a strong research grouping that can effectively research the development, evaluation and implementation of supportive and palliative interventions. The collaborative has expertise in researching all stages of illness from diagnosis to death, and all settings from hospital to primary care to hospice. We have special expertise in complex non-drug interventions. The work will be coordinated in three interrelated strands:

Assessment and measurement

What are the best ways of assessing patients? We will agree a standardised core set of assessment and outcome measures and determine their utility for different stages of illness. In order to achieve efficient assessment we will further develop existing clinic based computer touch-screen delivered methods and explore home-based telephone delivered assessment.

Development and evaluation of interventions

What are the best treatments? Based on our current clinic-based trials examining the effect of providing symptom assessment information to clinicians and of supplementing this with nurse-delivered interventions, we will develop and evaluate new interventions and explore how they can be applied in hospices and in primary care.

Implementation of interventions in practice

How can we change practice? We will build on our studies of training health professionals to deliver supportive and palliative care and develop and evaluate better ways of doing this. We will also examine how to improve the mental health of the cancer workforce that, in turn, will improve the quality of care of cancer patients.

Using this coordinated and staged approach we will address a range of patient problems. We will establish joint working by studying emotional distress and then study other problems including fatigue, breathlessness and care planning in general. The aim is to create the evidence base for a patient-centred, planned and deliverable system of care appropriate to the individual's needs, illness stage and setting.

Our aim is to establish a science-based, inclusive, focussed, well managed collaborative that offers research expertise in the development, evaluation and implementation of treatment in Supportive and Palliative Care (SuPaC). We have special expertise in complex interventions (interventions that have multiple components such as education, psychotherapeutic case management, rehabilitative and complementary and alternative medicine).

Aims:

- Enhance research in SuPaC by developing a shared research expertise and sustainable critical research mass.
- Increase research capacity by providing much needed administrative support, high quality methodological expertise, research mentorship and education, and user involvement.
- Build and maintain long-term relationships with service user groups to achieve effective user involvement.
- Develop methodologies for the development and evaluation of complex interventions so that they are appropriate for different settings and stages of illness; from diagnosis to death.
- Create a robust platform for multi-centre studies, including randomised trials.
- Maximize outputs in high impact journals.

Objectives:

- Deliver a standard set of assessment and outcome measures appropriate for stage of illness.
- Develop and evaluate information technology to improve clinic and home based assessment.
- Develop management strategies of proven effectiveness for a range of patient problems starting with emotional distress that have been tested in definitive multi-centre trials.
- Develop recommendations on improving the mental health of cancer professionals in SuPaC and identify what leads to burnout in staff delivering SuPaC and methods to avoid it.
- Have solved methodological problems that are barriers to research in this area.

Cancer experiences Collaborative (CECo)

Professor Julia Addington-Hall University of Southampton – *Corresponding Applicant*

Dr Ziv Amir, University of Manchester

Professor David Clark, Lancaster University

Professor Jessica Corner, University of Southampton

Dr Claire Foster, University of Southampton

Dr Katherine Froggat, University of Sheffield

Dr Anne Grinyer, Lancaster University

Professor Mari Lloyd-Williams, Liverpool University

Professor Karen Luker, University of Manchester

Professor Alexander Molassiotis, University of Manchester

Professor Sheila Payne, University of Sheffield

Professor Jane Seymour, University of Nottingham

Dr Carol Thomas, Lancaster University

Professor Chris Todd, University of Manchester

Mr Roger Wilson, Cancer Survivor, Chair of the NCRI Consumer Liaison Group

We aim 1) to work together to make substantive progress in research capacity and the quality of research in supportive and palliative care over the next five years 2) to do so in a way that ensures that progress is maintained beyond this period. We will address three inter-related research themes: innovative approaches to complex symptoms; planning for the care of older adults towards the end of life; and narratives of cancer and other life limiting illnesses. These will provide platforms on which to build our research capacity-building activities.

We recognise that experiences of serious and advanced illness are shaped by a wide range of physical and social factors and this makes consumer perspectives vital to their understanding. We therefore adopt user involvement as a key strategy. We will look afresh at challenging problems, develop new conceptual and theoretical frameworks and add analytical depth to interpretation of the evidence-base. We will build research capacity, support emerging researchers and seek to improve the quality and impact of our own research.

Firmly rooted in clinical realities and problems, we will create a vibrant community of collaboration to build capacity, raise research standards, leverage new resources, publish in high impact journals, encourage emergent ideas, support relevant organisations, develop new methods and bring about a ‘step change’ in both research capacity and the quality of supportive and palliative care research, such that service development becomes knowledge rich and clinical innovation is evidence based.

The aims and objectives of our collaborative are as follows:

Aims:

1. To work together to make significant and substantive progress in both research capacity and the quality of research in supportive and palliative care over the five years of the Collaborative
2. To do so in a way that ensures that progress is maintained beyond this period.

Objectives:

1. To bring together a Collaborative of researchers with established track records in SuPaC from a range of health and social science disciplines in five different academic centres of SuPaC research, to work together with users and clinicians to become a vibrant research community that is recognised as an international centre of excellence and which is greater than its existing parts, thereby creating synergy and a stimulating scholarly environment, enabling the sharing of infrastructure and resources, preventing the duplication of effort, providing attractive and supportive learning environments for junior and novice researchers, and leading to overall improvements in both research capacity and the quality of research.

2. To work with academics outside SuPaC with expertise relevant to the Collaborative's three research themes so that the Collaborative's work is informed by and integrated with contemporary theory, policy and research in relevant health and social science disciplines, and thus to enhance the excellence of its research when compared to other work in these disciplines, not just within palliative and supportive care.
3. To have close dialogue with a range of clinicians within cancer and non-cancer palliative and supportive care, to ensure the work of the Collaborative is firmly rooted in clinical realities and problems
4. To establish and support a Partnership Group and other mechanisms to ensure users' views influence the Collaborative's work, whilst seeking other methods for including people affected by cancer and other life-limiting illnesses through participatory, user-led and action research projects.
5. To use the Collaborative's research themes as platforms to develop and test common methods of negotiating research ethics and research governance submissions, data capture and handling, and of enhancing recruitment in multi-site qualitative and quantitative studies.
6. To establish excellent communications between Collaborative members, including full use of web, telephone and video-based technologies.
7. To increase research methods expertise within SuPaC, at basic and advanced level, via the provision of web-based materials, workshops, mentorship, and access to statistical and health economic expertise.
8. To attract and retain high quality clinical researchers to SuPaC care research by providing scholarships of three months for non-medical clinicians and mentoring to clinicians with developing interests in and by enabling more experienced researchers (both clinical and non-clinical) to develop their own independent research programmes and to become Principal Investigators with sustained research programmes.
9. To provide support to organisations within palliative care (especially independent hospices) that currently lack a well-developed research culture, enabling them to develop research appreciation and expertise and to become research active.
10. To publish the findings of Collaborative research studies in high impact academic journals, as well as in appropriate professional and lay publications.
11. To obtain peer-reviewed research funding to enable substantial progress to be made in the Collaborative's three research themes,.
12. To bring about a 'step change' in the quality of SuPaC care research, such that service development becomes knowledge rich and clinical innovation is evidence based.
13. To manage the resources of the Collaborative efficiently, effectively and fairly in order to meet its overall aims.

Our Collaborative has two particular defining features.

First, our focus is on the experiences of people affected by cancer, by which term we refer to those with the disease; their family, friends and companions; health and social care professionals; volunteers and members of advocacy and self-help groups; and the wider public. We recognise these experiences to be multi-faceted and shaped by a wide range of physical and social factors. User involvement is therefore a key strategy in the Collaborative and will be a major research focus underpins all three research themes. We will also extend understanding of the impact of cancer, investigate how variations in experience are shaped, and ensure that clinical and service interventions are informed by and appropriate for all people affected by the disease, in the context of providing optimal treatment and care.

Second, we will act collectively as a 'critical friend' to those providing and commissioning SuPaC services, by looking afresh at challenging problems in a questioning and analytical manner. We will develop new conceptual and theoretical frameworks to illuminate issues, to lend analytical depth to interpretation of the evidence-base, and to enable us to generate and evaluate creative and innovative responses to the challenges of providing care. Our skills and expertise are drawn from palliative medicine, nursing, health services research, health

psychology, sociology, primary care, gerontology, psychiatry, complementary therapies, social policy, social work, public health, statistics, health economics, epidemiology, and oncology. The Collaborative also includes service users and health and social care professionals to ensure our work is grounded in the day to day realities of living with cancer, and of service provision.