

HTA Programme

What is it, and how to make a good application to it?



The HTA Programme

Today we are covering both researcher led and commissioned calls in this webinar.

We will cover areas common to both, but will take specific questions on Commissioned calls in the Q&A session at the end.

We will also circulate these slides via email.

HTA Programme

- Where HTA fits into UK medical research funding
- What will HTA fund?
- What won't HTA fund?
- The HTA Programme vision
- The application/funding process

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HTA Programme

- Where HTA fits into UK medical research funding

MRC/NIHR clinical research: the Managed Translational Pathway



HTA Programme

- Where HTA fits into UK medical research funding

In simple terms:



HTA Programme

- Where HTA fits into UK medical research funding
- What will HTA fund?
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HTA Programme

- What will HTA fund?

- Research where some evidence already exists to show that a technology can be effective, and this needs to be compared to the current standard intervention to see which works best.
- Research where an intervention is already widely used without good evidence of effectiveness, where there is the opportunity to reduce unnecessary or potentially harmful interventions.
- Research can evaluate any intervention used in the treatment, prevention or diagnosis of disease, provided the study outcomes lead to findings that have the potential to be of direct benefit to NHS patients.
- Studies using novel or infrequently-used study designs which increase the value of a study, by maximising the chances of demonstrating the benefit of an intervention, or increasing the knowledge that can be gained.

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- What will HTA **NOT** support?

- Research to determine proof of clinical efficacy, size of effect or safety of an intervention.
- Research that does not have the potential to be of direct benefit to patients.
- Confirmatory studies or minor modifications.
- Research into areas where the health need is identified primarily outside the UK.

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HTA Programme

- The Programme Vision

- To continue to fund ambitious projects which include new ways of delivering clinical studies that could:
 - Maximise the potential gain from the research.
 - Reduce the time or cost to determine the effectiveness of interventions.
 - Increase the breadth of the programmes portfolio in terms of the types of interventions being investigated and the methodologies being used.
 - Increase the number and extent of collaborations, acknowledging that there is a potential for very large and ambitious studies.

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- The application / funding process (with hints and tips for getting it right)
- Send in a PICO for further advice

PICO stands for:

- **P**atient/**P**opulation – Who or What?
- **I**ntervention – How?
- **C**omparator – What is the main alternative? (if appropriate)
- **O**utcome – What are you trying to accomplish, measure, improve, effect

Signal of efficacy

All applications to HTA must demonstrate evidence that the intervention can work. This data usually comes from pilot or smaller scale studies.

HTA Programme

- The application / funding process

Current commissioned calls

- Areas where we have identified a research gap

Researcher-led call

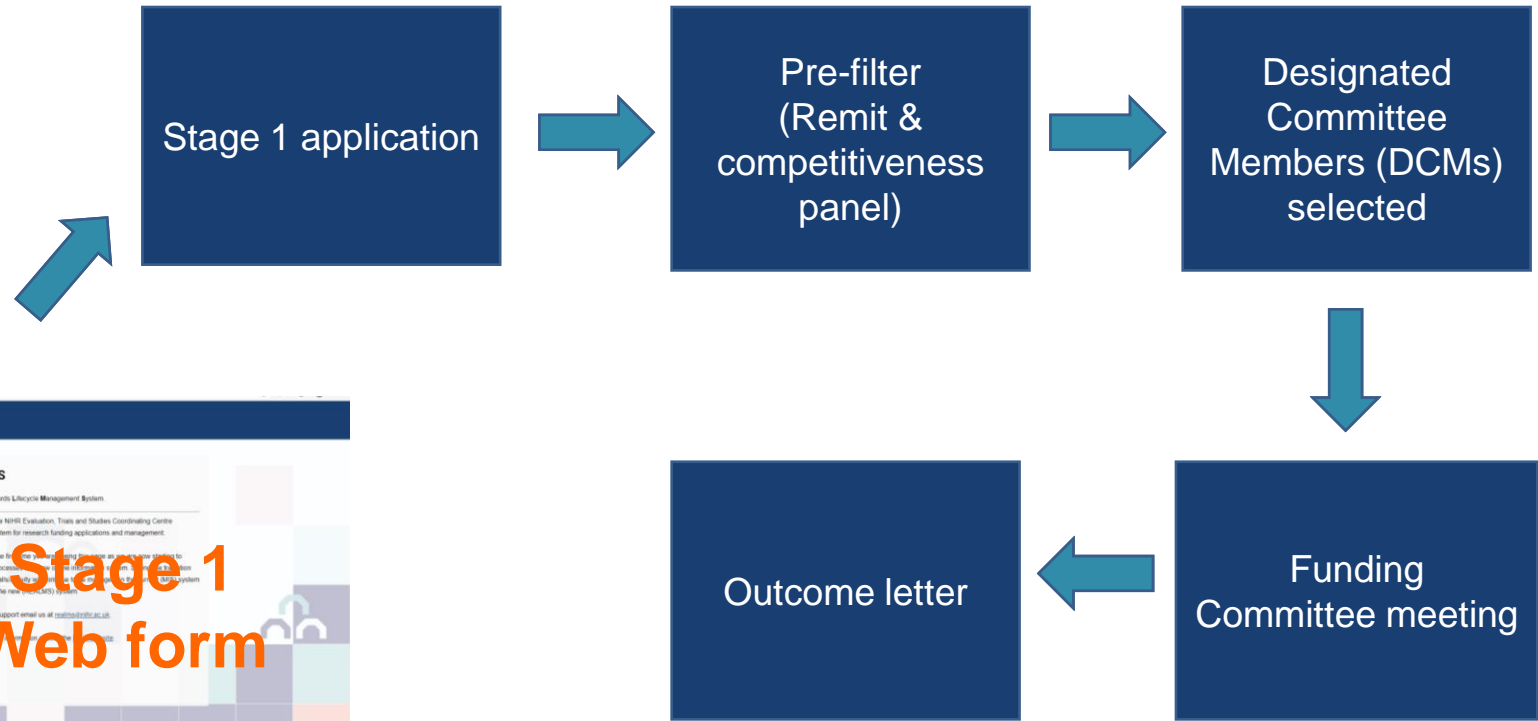
- Rolling call, three meetings a year
- Covers all topics that are within the HTA remit, including the Brain Tumour highlight notice

Further details and individual close dates are available on our [website](#)

HTA Programme

- The application / funding process

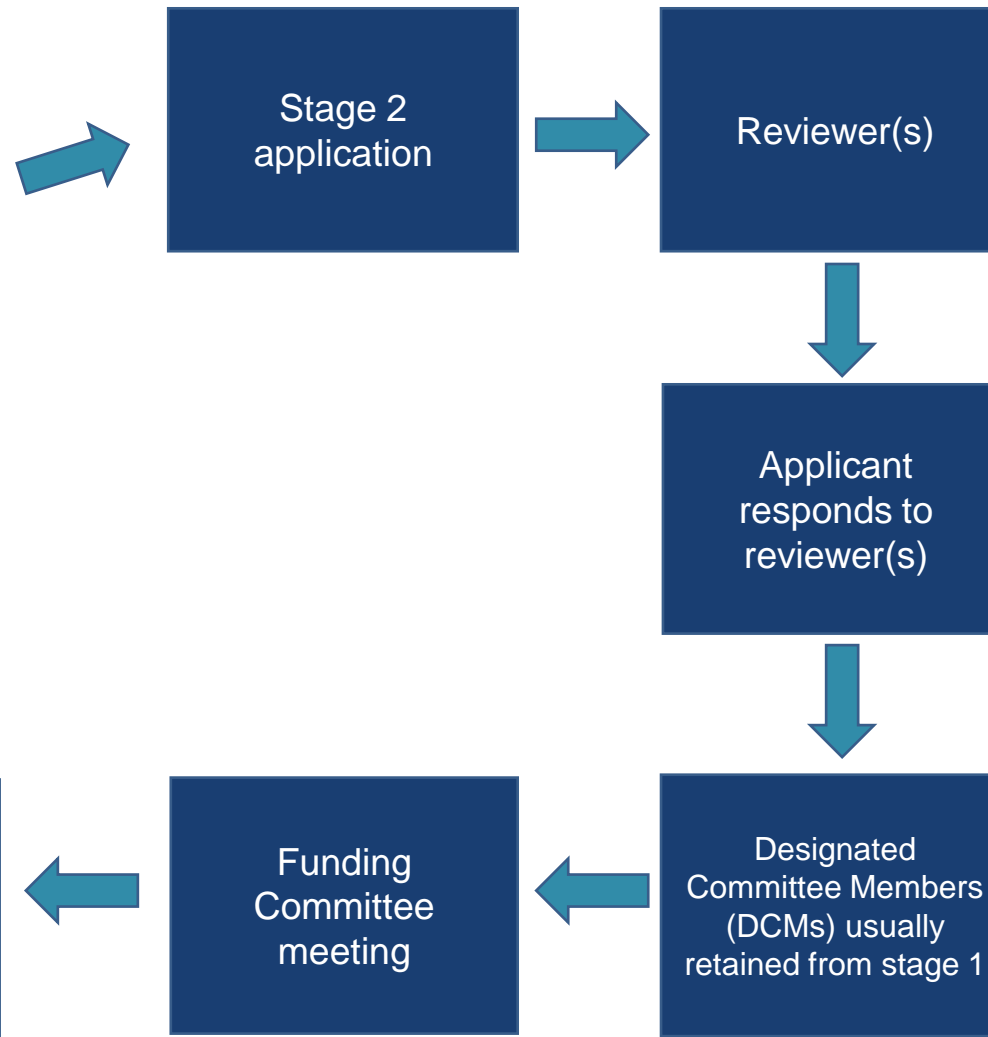
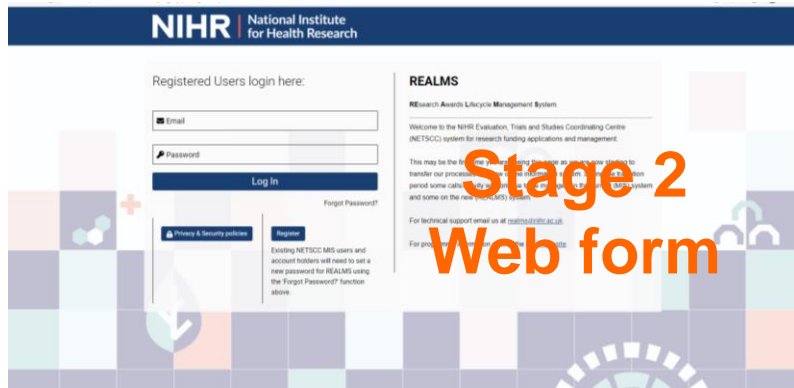
Stage 1 Application Process



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- The application / funding process

Stage 2 application process



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- Hints and Tips

Research Question:

- Is it the most important question, clearly defined in simple terms, ideally in one sentence?
- Has the question already been answered?
 - Look at our online portfolio
- Has a similar project already been funded by the funders?
- Does it matter to patients/public?
 - Include PPI work and ensure the plain English summary is clear
- Is it timely and will it make a difference?
- Can it be delivered by the NHS/Social Care?

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- Hints and Tips

Study Design:

- Is the design optimised to answer the question?
- Use existing support, e.g. RDS, CTU
- Choose the most robust research method and describe it clearly and fully.
- Ensure your choice of primary outcome, and any secondary outcomes are clear.
- Statistical input: can your sample size/power calculation be replicated?
- Explain the dose and any side effects of the intervention.

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- Hints and Tips

Multi-disciplinary team:

- Do you have the expertise you need?
- Ensure the roles are clearly defined and appropriate
- Consider the level and range of expertise required; use your CTUs
- Ensure that PPI is demonstrated at all stages
- We would usually expect at least two of the following organisation types to be involved: NHS, academia and industry

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- Hints and Tips

Deliverability:

- Have you ensured your research is credible?
 - Recruitment: have you made a convincing case that your recruitment plan is realistic?
 - Is your timeline manageable?
 - Does your application provide value for money, and are the costs correctly allocated?
See the AcoRD guidance for how to allocate treatment costs

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- Hints and Tips

Research Dissemination and Impact:

- Is there a clear pathway to dissemination and impact?
 - What are the next steps involved after the project has completed?
 - How will the research impact current practice?

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- Hints and Tips

Feedback:

- Have you followed the feedback, or made a robust defence for why you disagree?
 - External Reviewers
 - Funding Committee Members

Tips for a good application

- Hints and tips document available at
 - <https://www.nihr.ac.uk/documents/hta-tips-for-applicants/12130>
- Common problems
 - Technical jargon in your Plain English Summary
 - Making your application too complicated for a broad audience to understand
 - Failing to proof read your application after it has been changed
 - Failure to justify decisions for parameters chosen with evidence
 - Sample size, primary outcome measure, choice of MCID, choice of dosage/administration etc
 - Forgetting important expertise – eg if you are delivering in primary care, should you have a community nurse / GP / practice nurse etc
 - Recognising that PPI is a longitudinal process – should happen at all stages from shaping application through to delivery and dissemination, and needs funding appropriately
 - Need to think about EDI – and how you can recruit and deliver in a range of ethnic backgrounds and economic circumstances
 - Costs inappropriately attributed
 - Pilot often too short, or not really testing the things that need to be considered beyond recruitment (retention, adherence etc)
 - Failing to check for existing funded studies in the same area / patient group
 - Need to justify differences and what your study will add – may still get turned down if too similar.

The HTA Programme

Contact us

htafunding@nhr.ac.uk

Useful resources

<https://www.nhr.ac.uk/explore-nhr/funding-programmes/health-technology-assessment.htm>