

# COVID-19 Research Programme (2020)

## General feedback on unsuccessful applications

December 2020

### 1. Introduction

We are very grateful to all teams who submitted applications for funding to the Health Foundation's COVID-19 research programme. We recognise the time and effort that goes into preparing a research proposal. We received nearly 400 applications and as such we are unable to provide individual feedback to applicants.

The overall quality of applications was high and selecting the successful proposals was a challenging process. We know feedback is incredibly important to researchers and is especially valuable to researchers earlier in their career and to those who may not have applied to The Health Foundation for funding before. We were delighted to receive so many applications from early career researchers and those new to the Foundation. We have prepared this document, which details reasons why applications were unsuccessful, in the hope this may be useful to team and aid preparation for any future research applications.

### 2. Please note

This document highlights common/recurring weaknesses identified in proposals. Any one (or more) of the points below may have been a factor in the rejection of your application. This document is provided as a general reference for unsuccessful applications. The reasons below may or may not be applicable to your own application.

Applications were reviewed on their own merit and the same criteria used for all applications.

### 3. Why was my application rejected?

When assessing proposals, we considered the wider funding landscape, emerging priorities and the balance of the programme portfolio. In individual applications we looked for evidence of the following:

- A strong alignment with the priority areas of this call.

- Addressing a pressing COVID-19 related knowledge gap, with findings that will be relevant to policy/service delivery decisions.
- A strong, robust research methodology that is feasible and well-planned.
- A researcher or team with the right strengths, expertise and credibility to deliver the research.
- Value for money.

Ultimately, applications were rejected because they were not in remit or not competitive. Below, we have provided further information regarding these high-level reasons for rejection.

#### 4. Not in remit/out of scope

- A number of applications were rejected because they did not fall within the remit of the call's two priority areas.
- Some applications were not for research (eg service improvement projects, standalone staff surveys, community empowerment projects).
- We received a significant number of applications seeking to implement and test interventions (eg apps, behaviour change).
- Some applications were seeking to undertake projects at insufficient scale (eg they were significantly short in duration and under the specified budget range).

#### 5. Not competitive

##### The application form did not contain enough detail

- It was difficult to identify the key focus of some projects. Applications that were not clearly written were more likely to receive lower scores from reviewers.
- Some applicants did not provide clear, well framed research questions.
- A very small number (<5) of applications framed race, ethnicity and other characteristics in a manner that was not acceptable to the Foundation and its commitment to inclusion.
- A number of applicants used a disproportionate amount of the research plan section for 'describing the problem' rather than providing details about how they would operationalise their plans. This meant reviewers were unable to see how the research would work in practice and thus scored lower.

##### The application duplicated existing research or did not seek to address an urgent knowledge gap

- Proposals that were unsuccessful failed to show sufficient distinctiveness/originality in their study from others funded elsewhere.
- Applicants which scored highly made a compelling case within their application on how their work would complement existing studies or addressed a novel area.
- We encouraged applicants to consider to what extent there may be merit in forming a collaboration with a team already working on topics in another area (eg either geographically, or looking at the same problem in another part of the health system). Applications which were actively collaborating with others working in this space were more likely to be seen as competitive than those working alone.

- We received a vast number of applications seeking to study remote consultations in healthcare. A number of these applications failed to demonstrate awareness of existing work in this area.
- Many applications failed to make the case for how the study would address current, urgent knowledge/evidence gaps.
- Proposals failed to highlight the importance of their study or how it would contribute to policy/practice change.
- Proposals failed to draw upon relevant existing literature. In areas where there is a lack of existing evidence, this may not have been clearly explained and framed as an important knowledge gap/need.

## The application raised significant methodological concerns

- Applications that lacked sufficient detail on their methods were less competitive.
- Applications which selected inappropriate methods for the type of study proposed, or those without a clear rationale for using that method were not competitive.
- Applications seeking to conduct surveys/questionnaires often failed to account for weighting, consider recruitment challenges in the current context or address representativeness.
- Applications proposing to conduct secondary analysis failed to identify the weaknesses of existing datasets. Particularly, the lack of representation of ethnic minorities or people with other protected characteristics (where applicable) and provide sufficient mitigating circumstances or acknowledgement.
- Those that were proposing to conduct qualitative research failed to clarify recruitment approaches, sampling frames, methods or assure the involvement of the relevant participants. Unsuccessful applications showed a lack of clarity on the proposed sample of interviewees or focus group participants (e.g. which specific 'health professionals' or staff within local authorities) and no mention of strategies for recruiting participants in a time of crisis.
- Some applications were overly ambitious and led reviewers to question feasibility. Eg practicality of performing/analysing a large number of interviews/focus groups (in addition to other data collection) within the 12-month period.

## Team's roles/expertise unclear or inappropriate

- Some applications included team members who appeared to not have appropriate expertise or experience to carry out their role in the project.
- Lack of clarity on the distribution of work between team members ie who is doing what?
- The amount of time that would be spent on the project by team members was not clear. This led to concerns about appropriate management of the project, supervision, value for money and feasibility of data collection.
- The strongest applications included patients or people with lived experience as part of their research teams. Their roles in the project were clear and it was evident their contribution was integral to the project. Many unsuccessful applications lacked meaningful patient and/or community involvement or engagement where reviewers thought it could add real value to the project
- Teams failed to supplement areas of expertise they may've benefitted from (eg clinical, local authority) via engaging collaborators or additional stakeholders.

## Concerns over budget

- We wanted to fund projects between £100k-200k but were open to funding projects falling marginally below or above this range, provided a strong rationale was given. Some projects did not provide this.
- Applications significantly under £100k were not of sufficient scale to be competitive.
- Some applications did not allocate sufficient funds for dissemination. This gave reviewers cause for concern that impact would be harder to achieve.
- Many applications did not request sufficient costs for PPIE or co-production, this led reviewers to question whether this would lead to poor quality engagement and involvement.

## The application's intended outputs, impact and dissemination plans were weak or lacked sufficient detail

- This call was seeking to fund research where findings would have an impact on policy and/or practice. Many applications failed to describe *how* their findings would achieve impact. Applications listed dissemination activities but did not go on to describe how these activities would lead to an impact on policy/practice.
- Many applications were scant on detail of the intended audience for their findings and how they would seek to engage or influence them (eg 'the findings of this study are relevant to DHSC'). Some outputs seemed solely relevant to an academic audience, and did not make a strong case for the relevance/suitability of their outputs to those working in policy/practice (eg decision makers in the NHS, local authority commissioners).
- There were a number of projects whose main activities and outputs were providing training, producing training guides/material. Whilst we value training delivery or materials as an output of a project intended to change practice, unsuccessful projects failed to demonstrate a significant research component to their project.
- Single site service evaluations which failed to make a case for the importance of their relevance or for how findings may be generalisable were deemed as having limited opportunity for impact under the expectations of the call.
- Where studies had a very local focus, it was unclear how findings and learning could be applied or translated into other contexts (eg to other areas). Where findings were likely to have local or regional impact, applicants failed to make the case for *why* it was important to fund a study in that particular locale (eg it being an area of high deprivation, or an area which is particularly unique in its demographics or in the way its services are arranged).
- For local case studies, or studies focused on specific localities or communities, the context was not described, or described in insufficient detail.
- Given the rapid and fast-moving nature of the pandemic, reviewers felt that some applications did not demonstrate the ability to produce timely findings to support the particular policies and practices they aimed to support.