Frequently asked questions

Insight Research Programme 2019

April 2019

A Health Foundation call for innovative research on the use of national clinical audits and patient registries to improve health care quality in the UK

The deadline for outline proposal submissions is 12 noon, Thursday 16 May 2019.

This call is a two-stage application process.

Stage 1: All **outline proposals** should be submitted using our Outline proposal application form.

Stage 2: Applicants successful at the outline stage will be invited to submit a **full proposal** through our online application portal .

We advise all potential applicants to familiarise themselves **as early as possible** with the application process.

All application documents can be downloaded at: www.health.org.uk/insight2019

Contents

Eligibility

Q1. Who is allowed to submit proposals? Is it just universities?

The Insight Research Programme 2019 is an open award programme. Any organisation that can demonstrate the necessary skills and experience to carry out high quality research within the remit of the programme can submit a proposal.

Q2. Does the lead applicant need to be UK-based?

Yes, the lead applicant must be from a UK-based organisation. However, we will accept proposals which include collaborations with non-UK based researchers, providing sufficient justification is given for the international collaboration.

The national clinical audit (NCA) or patient registry that you are working with must also relate to health care services delivered in the UK.

Q3. Can my proposal have partner organisations?

Yes, applicants can collaborate or subcontract, where appropriate, with partner organisations. Please specify what role any partners will have and indicate the current level of progress in developing the collaboration in your application.

Q4. Does my proposal have to have an audit/registry provider and/or a health care provider as a partner?

We are keen to support multidisciplinary teams. While we are not stipulating the composition of each team, the outline proposal application form asks you to provide details of the project team, as well as identify the partner organisations you will be working with on the project and key stakeholders. We are unlikely to fund a project that does not engage key partners and stakeholders.

Q5. Can two individuals, working for separate institutions, act as co-principal investigators?

We welcome applications from multidisciplinary and multisite teams with one or more co-principal investigator(s). However, for the purposes of the outline proposal application form and our award contracting processes, we require you to have only one named primary/lead contact, and that person must be ultimately responsible for the delivery of the research.

Budgeting and research costs

Q6. How long will the Health Foundation's funding last for this research?

We anticipate the projects will last a maximum of 48 months. We anticipate this will include a start-up phase to allow time for staff recruitment, data access (including seeking ethics approval) and data linkage.

If your research idea will take slightly longer, we would still welcome an application. You will, however, need to be explicit in your application about why you need more time and what additional value it would bring.

Q7. Will the funding begin from grant announcement or from the start of the research programme?

Funding will begin once the research starts and upon signing of a mutually agreed award agreement. Subsequent payments will be made contingent on agreed outputs, normally by way of annual reports and a final award report. It is anticipated that projects supported through these grants will begin in quarter four of 2019.

Q8. What is the funding that I can apply for?

We anticipate funding four to five projects with budgets in the range of £300,000 to £400,000. You may submit an application below £300,000, but you should be able to justify how your project will support our objectives for this programme to make a significant contribution at that scale. In exceptional circumstances we may consider funding a research idea beyond our maximum of £400,000. You will, however, need to present an excellent case for this, based on the additional value and impact of the proposal.

Q9. What costs can be included as 'research costs'?

You should include what you expect to be the items of direct expenditure required to carry out your research. Items commonly covered include travel costs for meetings, relevant conferences, data analysis support, transcription of interviews and focus groups, venue hire/refreshments for research meetings/focus groups, and travel costs for patients and health and social care staff to attend focus groups. You can include 'honorarium' payments for patient participants and some backfill payments for health and social care staff to participate in specific research activities but not where this would constitute covering the cost of the research team, or for any length of time beyond a few days.

Please note that as a charity we will fund only the full directly incurred costs of the research. We do not fund overheads. Furthermore, the research will be supported as a charitable grant and as such is not liable for VAT.

Q10. Can we include salary costs for academic staff working on the project, salary costs that are directly allocated not directly incurred?

We expect that the majority of funding will be spent on the direct costs covering academic and/or researcher time spent on projects, which can include staff who are already employed at the institution or new staff (directly allocated cost and directly

incurred cost). However, we do not provide the funding for academic backfill or teaching replacement time in addition to the direct cost.

Q11. Will the Health Foundation fund overheads?

No. As a charity we will fund only the full directly incurred and directly allocated costs of the research.

Q12. Can we include inflation in our costing?

All costs would need to be covered as part of the overall budget, including any inflationary increases. However, as a charity we ask that future inflationary increases be based on the Retail Price Index as of April 2019. Please confirm in your application that this is the assumed inflation rate adopted in your budgeting.

Q13. Do you pay VAT?

No. The research will be supported as a charitable grant and as such is not liable for VAT.

Q14. Would you be prepared to part-fund a research project?

Yes, we have no objection to joint funding with an existing project or joint funder. You will need to provide details of when and from whom the rest of the funding is likely to be secured in your proposal. Prior to any funding decision we would need clarity about where responsibility lay contractually in terms of research governance issues, intellectual property, publication and dissemination and so on.

Q15. Are proposals for grants required to be accompanied by matched funding contributions from service partners?

We will favour proposals that can demonstrate a strong commitment to the research from service partners, including a matched funding contribution. It is not, however, a requirement that all proposals have matched funding.

Scope and focus of the research

Q16. How do you define a patient registry?

We define a patient registry as a database detailing the care provided for specific client groups, the incidence and outcome of specific conditions and procedures, and organisational responses and treatments provided for specific conditions. Patient registries contain routinely collected uniform data on patients' diagnoses, care processes and outcomes, enabling systematic comparison and analysis across multiple patients and sites. A registry is characterised by an intention to explore what is happening to patients with a particular condition or health need, and in the context of the Insight Research Programme 2019, a key function of a patient registry would be to support improvements in the quality of treatment and care provided to patients and service users.

If you have any questions about the eligibility of the data or patient registry involved in your study, please contact us at InsightResearch@health.org.uk.

Q17. Will the Insight Research Programme 2019 fund the development of a new NCA or patient registry?

The programme aims to advance the use of existing or recently commissioned NCAs and patient registries. As such, we expect projects to utilise the infrastructure and networks that surround existing national audits or registries. We will, however, support the development of specific aspects of the audit/registry as long as you can demonstrate it is in clear support of the research study and produces outputs of practical use.

Q18. Will the Insight Research Programme 2019 fund methodological research?

Yes; however, you must demonstrate how the methodological development can lead, directly or indirectly, to improvements in the use of NCAs and patient registries to improve health care quality. We do not expect methodological research to be the only focus of the proposal and would expect to see methodological research accompanied by an applied component within your research programme.

Q19. Our research idea aligns closely to more than one of the Health Foundation's priority areas – is this okay?

Yes, we welcome research ideas that cross-cut areas of interest, and we would expect that work of this scope would touch on more than one of our priority areas. You will be asked to select only one priority area on the outline proposal application form, though, so please be clear as to which one of the three areas your proposal mainly focuses on.

Q20. Do I need to address all three priority areas or would it suffice to address just one?

The research does not need to focus on all three of the priority areas set out in the guidance, but proposals must be strongly relevant to at least one of the three areas. You will be asked to select one priority area on the outline proposal application form so please be clear as to which one of the three areas your proposal mainly focuses on.

Q21. Does my research need to address one of the research areas listed under the priority areas in the *Notes for applicants* document?

The research areas listed under the priority areas in the *Notes for applicants* are illustrative examples only, to indicate some of the issues and questions that we are interested in. We do not require proposals to address any or all of the topics in the *Notes for applicants*. We welcome applications addressing different questions related to our priority areas of interest, where they have the potential to make a strong contribution to health care improvement.

Q22. Do I have to include details of health care providers' digital maturity in the outline proposal application form?

The outline proposal application form restricts the outline of your proposed programme of research to a maximum of five pages, but please try to include high-level details of health care providers' digital maturity in the form if relevant for your research. If you are invited to submit a full proposal (stage 2) on our online application portal then yes, if a health care provider is included as a partner on the project we will ask that details of provider's digital maturity are included in the proposal. Providers in England should provide details of their Digital Maturity Assessment scores. Providers in Scotland, Wales and Northern Ireland should use the most appropriate metric or a narrative summary to provide details of the extent to which their services are supported by the effective use of digital technology.

Q23. Do I have to provide details of the 'completeness' of the audit/registry data we propose to use in the study?

The *Outline proposal application form* restricts the outline of your proposed programme of research to a maximum of five pages, but please try to include high-level details of the 'completeness' of the audit/registry data relevant to your research. If you are invited to submit a full proposal (stage 2) on our online application portal then yes, where practicable, and applicable to the overarching priority and the aim of the study, we ask that you provide details of the coverage, reach and reporting of the audit/registry data included in the study. For consistency, we ask that you report against the inclusion criteria given in the NHS England Quality Accounts list for 2019/20, even if the audit is not part of the Quality Accounts. If you are unable to provide details, or it is not applicable, please indicate why in your proposal.

Q24. Does this mean that the national clinical audit(s) I am working with have to be part of the Quality Accounts list to be eligible for funding?

No, we do not require the audit to be part of the Quality Accounts list. We will accept proposals that work with any NCA or registry based in the UK. Details on the coverage, reach and reporting of the audit/registry data will be used as an indication of 'maturity'. It is not a primary selection criterion, but we will favour proposals that are working with audits and registries that demonstrate robust data collection and reporting, particularly for large-scale awards.

Q25. Do I need to have obtained ethical and data access approvals for my proposal prior to submitting my application?

No, not at the time of submitting your outline proposal (stage 1) or full proposal (stage 2) applications. However, you should allow time to obtain the relevant approvals in your project timelines. The *Notes for applicants* document asks that you consider including a start-up phase in your project timeline to allow time for data access, staff recruitment and ethics approvals.

Q26. I'm very clear about the outputs from my research in the early part of my proposed programme but there may be a number of different options and avenues of investigation that may emerge as the research progresses – is this okay?

Yes, we expect that some research programmes, outputs and trajectories for investigation will be contingent on emerging findings from the initial stages of the research. You should be clear in your proposal where this is likely and illustrate in as much detail as possible the range of potential lines of inquiry that may emerge. We believe that such flexibility allows us and the researchers to maximise the impact of their work. Successful applicants will be required to attend a Health Foundation assembled advisory group and this will be your opportunity to present your case for refining lines of investigation during the grant period.

Q27. Are you looking to fund clinical research?

No, we do not fund clinical or drug efficacy research, including clinical trials.

Q28. Will you fund the development of health ICTs, or technology development through this programme?

The focus of the Insight Research Programme 2019 is to fund original research that supports the development, use and analysis of data to improve health care quality in the UK. As such, we will not fund the cost of product or technology development *as a sole purpose* of the project, although we will fund improvements to services, processes and practices supported by IT solutions that are part of a clearly defined research study.

The application process

Q29. I've applied to the Health Foundation for funding before and have not had to submit an *Outline proposal application form*. Can I submit a proposal any other way?

No, only *Outline proposal application forms* using the Word template provided will be considered for assessment.

Please note that if you are invited to submit a full application (stage 2) then only applications submitted through our online application portal AIMS.health.org will be considered for assessment. We would ask that you familiarise yourself as early as possible with the application process.

Q30. Who should be the primary contact on the application?

The principal investigator on your *Outline proposal application form* will be the person who will receive all future communication and correspondence with regards to your application. We are advising that irrespective of who submits the outline proposal, the primary contact (and their email address) should be the principal investigator. It is critical that this person has the capacity to check and respond to their emails in a timely fashion as this is the way in which the Health Foundation will communicate the progress of your application.

Q31. Can I submit more than one proposal?

Yes, you are welcome to submit more than one *Outline proposal application form*; however, you will need to clearly demonstrate that you have the capacity to undertake more than one research programme if successful. In this case, an application will have the same organisation but may have the same or different lead applicants.

Q32. I'm having problems completing my outline proposal application form – what should I do?

If you have queries about the actual programme or the application process which have not been answered in these *Frequently asked questions* (FAQs*)*, please email InsightResearch@health.org.uk and we will aim to reply within five working days and, if appropriate, will also update the FAQs document.

Q33. Some of the questions have a character limit. Do these character limits include or exclude references?

The character limit refers only to the question response box, and excludes references.

Q34. Do you have a preferable referencing style?

The Health Foundation uses Vancouver style; however, you are free to use a style of your choice. The references relate directly to the preceding section of the form so please ensure that it is clear which references relate to which copy.

Q35. Can we include additional material, such as consultation papers or toolkits, as an appendix?

No. In the interest of fairness, we discourage applicants from submitting applications of different volume and therefore no appendices are allowed.

Q36. Will I be able to get feedback on my *Outline proposal application form* if it has been unsuccessful?

Unfortunately, as we expect interest to be high in this call, we do not have the resources to provide feedback to unsuccessful applicants at stage 1.

Management and communication

Q37. If successful, when is it expected that research will begin, and when is the earliest that funds would be made available?

We expect projects funded through the open call to begin, at the latest, by the end of quarter one of 2020. We will come to an agreement with each research team on the exact scheduling of the award payments as part of finalising the research protocol and contracting process; generally speaking the first payment for a grant agreement is made soon after signing of the grant agreement.

Q38. What is the Health Foundation's approach to the management of the research grants, and requirements for reporting and engagement while the research is being carried out?

We are an engaged funder, and are interested in working with the successful research teams to understand and support their work while it is ongoing. Staff from our Research Directorate and elsewhere in the organisation may be interested in meeting with the successful research teams, and will be available to support and advise on the write-up of the findings. We expect successful research teams to keep us updated on their progress, including through annual and final grant reports.

In line with Health Foundation policy, an advisory group will be established to support the stewardship of the Insight Research Programme. Awardees will be expected to attend board meetings which will be held at least twice a year throughout the life of the programme. Each project team will be expected to establish an advisory group to guide delivery of the project against agreed milestones.

Q39. Who owns the intellectual property rights from the research?

Our grant agreements are constructed so that you would own the rights to the intellectual property but you would license the Health Foundation to be able to use the intellectual property. This is so that we can, in partnership with the researchers, help support dissemination of the research and maximise impact in line with our charitable objectives.

Q40. What are the Health Foundation's expectations regarding publication and dissemination of the findings from this research?

The audience for this research is broad and includes systems stewards, including the National Clinical Audit and Patient Outcomes Programme (NCAPOP), the Royal Colleges, NHS England, NHS Improvement, NHS Scotland, and Health and Social Care in Northern Ireland. It also comprises clinical commissioners, NHS Trusts and Health Boards, the NCA and research communities, and leaders at the front line of care delivery. We expect research funded through this programme to be widely disseminated both during and beyond the formal end of the award agreement. We would also encourage researchers to consider innovative methods of dissemination where appropriate.

We will be encouraging successful research teams to communicate the progress of their work from an early stage, and will be actively seeking to build linkages and share information where appropriate between the teams funded through this programme.

The formal outputs from each project will be an annual award report, an end of award report and a final research report. We would also expect grant holders to publish their work in leading peer review and academic journals and to present their work at meetings and conferences or through social media. The Health Foundation has a policy of supporting open access publication fees for strategically relevant publications. These are decided on an individual basis and as such, we ask that applicants do not include the cost of open access publishing in their proposals.