

Insight Research Programme 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*.

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

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.

Contents

	The Health Foundation	4
1	The Insight Research Programme	5
2	Context	8
3	Priority areas for this call	13
	1: Patient focused audits and registries	16
	2: Accelerating the use of linked data to support future challenges and trends in quality and care or to improve the value of health care	17
	3: Demonstrating and enhancing the impact of NCAs and registries on practice and policy	18
4	Relevant work within the Health Foundation and other research funders	19
5	Types of funding	21
6	Criteria and eligibility	23
6.1	Who can apply	24
6.2	Selection criteria	24
6.3	What we will and will not fund	25
7	Governance, audience and dissemination approach	26
8	The budget	28
9	Application and selection process	30
9.1	How to apply	31
	Stage 1: Outline proposals	31
	Stage 2: Full proposals	32
9.2	Information call	33
9.3	Key dates	34
9.4	Figure 1	35

The Health Foundation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

Further details about the
organisation can be found at
www.health.org.uk



The Insight Research Programme

1

The Insight Research Programme was established in 2013 to support leading research teams to produce knowledge and evidence on what works to improve the quality, accessibility, organisation and sustainability of health services in the UK. Specifically, the programme supports the development, use and analysis of data to improve health care quality in the UK. This programme primarily supports our strategic priority to help organisations use data to improve the quality of care, and also supports our strategic priority to create an infrastructure that enables improvement in care at greater scale.

The Health Foundation's £1.6 million Insight Research Programme 2019 (Insight 2019) is a researcher-led open call for proposals designed to support original research to improve health care quality in the UK. This call is concerned with research to advance the collection and use of data – specifically within national clinical audits (NCAs) and patient registries – as a mechanism for improving health care quality in the UK. The call aims to fund research in the following three priority areas:

- 

Patient focused audits and registries
- 

Accelerating the use of linked data to support future challenges and trends in quality and care or to improve the value of health care
- 

Demonstrating and enhancing the impact of NCAs and registries on practice and policy

Insight 2019 builds upon our existing research programme in this area (Insight 2017), which is supporting five research projects relating to audits and registries. For further information on these projects see www.health.org.uk/funding-and-partnerships/programme/insight-2017

This document sets out our new **two-stage application process** for the Insight Research Programme 2019 awards and invites appropriately qualified organisations to initially submit an *Outline proposal application form* (stage 1).

Applicants should read this *Notes for applicants* document, as well as the *Frequently asked questions (FAQs)* document and the *Outline proposal application form* and *Outline proposal application guidance*. We also encourage all applicants to familiarise themselves with the full application process which applicants will be required to submit if they go through to the next stage of assessment (stage 2). See section 10 for full details of the application and selection process.



Context

2

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is managed on behalf of NHS England, the Welsh Government and in some cases other devolved authorities by the Healthcare Quality Improvement Partnership (HQIP). NCAPOP has 40 speciality-specific national projects including audits and outcome reviews covering a range of medical, surgical and mental health conditions, such as cancer, cardiac, dementia, diabetes and paediatric intensive care. In Scotland, Scottish Healthcare Audits, a division within the NHS National Services Scotland, maintains a wide range of NCAs, many of which are speciality-based and involve a wide range of clinical, government and voluntary sector stakeholders. There also exists a large number of clinical registries both in the UK and internationally.

The registries and NCAs have had far-reaching effects. They facilitate public reporting, retrospective and prospective research, professional development, and service and quality improvement (QI). They reveal variations in practices, processes and outcomes, and identify targets for improvement.¹

In the UK they have been associated with many notable successes, including improvements in the management of cardiovascular disease and stroke, cancer and joint replacement. For example, the NHS in England now has one of the most complete cancer registries in the world. ‘Death certificate only’ rates are now less than 0.2% nationally, and since 2013 the richness of information on individual patients has also improved, with information on different treatments from bespoke datasets and stage of diagnosis being linked to cancer registration.² Registries and NCAs are also an important resource for QI projects, and many of our improvement award holders use these datasets for their own work. For example, as part of our new Q Exchange funding programme,³ which supports improvement projects led by members of the Q community, we are funding a project led by HQIP which is aiming to increase the use of NCA data to drive QI at local, regional and national levels.⁴ While there are examples from both the UK and abroad of innovative uses of clinical audits and registries to improve care, they are yet to realise their full potential. For example, feedback of data to participating centres can be resource intensive and often lags behind actual care; data may be restricted to a small number of uses, rather than being used for multiple purposes; and not all NCAs and registries include patient reported outcomes alongside clinical measures.

There is widespread recognition that clinical audits and registries could be further developed. They are essential to understanding the quality of care provided, particularly with regards to clinical effectiveness, but potentially also other domains of quality. Compared with other NHS datasets, clinical audits and registries contain rich information on processes of clinical care and outcomes, although patient reported outcomes are often

1. Nelson E, Dixon-Woods M, Batalden P, et al. Patient focused registries can improve health, care, and science. *BMJ*. 2016; 354: i3319.
2. Richards M, Thorlby R, Fisher R, Turton C. *Unfinished business: An assessment of the national approach to improving cancer services* in England 1995–2015. The Health Foundation; 2018.
3. The Health Foundation. Q Exchange: Activating ideas together through Q’s funding programme [webpage]. *The Health Foundation*; 2019 (<https://q.health.org.uk/get-involved/q-exchange>).
4. The Health Foundation. Q Exchange: Speed DATAing [webpage]. *The Health Foundation*; 2019 (<https://q.health.org.uk/idea/speed-dataing>).

lacking. They also benefit from a high level of clinical engagement, with data collection extending into front line services and national clinical leadership. This makes them some of the UK's most valuable data assets.

Since our last call on this topic in 2017 there have been several initiatives across the UK, which we outline below, that present new research opportunities to explore the use of NCAs and registries as a mechanism for improving the quality of care.

On 7 January 2019, the NHS published *The NHS Long Term Plan*, which sets out the NHS's priorities for care quality and outcomes improvement for the decade ahead. The plan focuses on making progress on major health conditions including cancer, cardiovascular disease, stroke care, diabetes, respiratory disease and adult mental health, as well as children and young people's health such as learning disability and autism.⁵ The plan also sets out how we can overcome the challenges that the NHS faces, such as staff shortages and the growing demand for services. NCAs and registries will play a key role in supporting the implementation of the long-term plan, and identifying unwarranted variation in the quality of care and supporting decision making by providers, commissioners, clinicians, and patients.⁶ However, in some cases the NCAs and registries need to be developed so that they can help meet the greatest challenges facing the NHS.

One of the challenges is that more people are living with multiple complex conditions. A recent briefing published by the Health Foundation in November 2018 showed that as the number of people with multiple health conditions grows, meeting their needs will be one of the biggest challenges facing the NHS. The analysis of data from 2014 to 2016 showed that one in four adults in England had 2+ health conditions, and 30% of people with 4+ conditions are under 65 years of age. The analysis also showed that people in disadvantaged areas are at greater risk of having multiple conditions. Policies to reduce health inequalities require a focus on improving care for people with multiple conditions, since this group is concentrated in more disadvantaged areas.⁷ Many of the clinical audits and registries are disease or condition specific, presenting a comprehensive view about the quality of somebody's cancer care, but not the totality of the care provided to the patient. It will become increasingly important to link data from different specialties to understand the quality of care provided to patients.

Another feature of the long-term plan is a move to place-based health care. The traditional model of collecting and reporting audit and registry data at a provider level may no longer adequately reflect the delivery of services in a place-based health care system. Furthermore, many NCAs and registries are restricted to specialist care. There is a need for these datasets to be linked with data from primary care, and ideally community and social care, to understand the totality of care provided to the patient.

5. NHS England. NHS Long Term Plan [webpage]. *NHS England*; 2019 (www.longtermplan.nhs.uk).

6. For example, the creation of a national cardiovascular disease prevention audit for primary care will also support continuous clinical improvement in cardiovascular disease (as stated in *The NHS Long Term Plan*).

7. Stafford M, Steventon A, Thorlby R, et al. *Briefing: Understanding the health care needs of people with multiple health conditions*. The Health Foundation; 2018.

In addition to supporting direct care, NCA and registry data has a key role in providing evidence on the cost of care and supporting health care planning and commissioning of services. Given NHS financial pressures, evidence on the cost of care should be one of the main pillars supporting decision makers in maximising value for patients and realising an efficient allocation of resources across different services and pathways. Linking audit and registry data with routinely collected administrative data for the purposes of examining cost of care or for cost minimisation, however, remains relatively uncommon in the UK. The recent implementation of patient-level information and costing systems (PLICS) across the NHS may provide opportunities to link the cost of care with data on clinical processes and outcomes from NCAs and registries.⁸

Making better use of data and digital technology (such as patient portals and apps), another feature of *The NHS Long Term Plan*, will potentially increase patients' access to their health information and facilitate goals of patient centred care. However, little is known about how patients experience the collection and use of this information. Despite the potential for patient reported outcome measurements (PROMs) to enhance understanding of patient outcomes they have not, to date, been widely incorporated alongside clinical measures into NCA datasets in a UK setting. One of our Insight 2017 projects is engaging patients, clinicians and commissioners in routinely collected electronic patient reported outcomes data using the UK Renal Registry.⁹ There is the potential to rapidly scale these approaches, particularly as the NHS moves to a digital-first delivery model in primary care and rolls out the NHS App which is expected to be fully available across England by 1 July 2019.¹⁰ Further research is needed to support the wider adoption of PROMs into NCAs and registries. Determining how to collect and use PROMs, as well as how they are valued by patients (and carers), continues to be an area for discussion. There is also the potential to support the collection and use of other valid and meaningful patient outcomes, for example through electronic platforms from outside the traditional clinical setting, to support clinical decision making and improve self-management of care.

NCAs and registry data help to identify unwarranted variations in service delivery and clinical practice. There are various programmes and tools, which differ in their presentation and use of routine audit and registry data, to support clinicians, health care providers and commissioners in using the data to improve the quality of care. For example, the National Clinical Audit Benchmarking tool launched by HQIP in November 2017 provides a visual snapshot of individual Trust audit data set against national benchmarks and aims to feed back the results of NCAs in an easily accessible and useful format. Techniques such as machine learning and artificial intelligence (AI) are also becoming popular in health care and could be applied to NCAs and registry data to feedback data and produce actionable insights. Our 2017 Insight Research Programme is currently funding a project using machine learning algorithms to more accurately predict patient outcomes after a stroke,

8. NHS Digital. Patient Level Information and Costing System (PLICS) Data Collections [webpage]. *NHS Digital*; 2018 (<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-level-information-and-costing-system-plics-data-collections>).

9. The Health Foundation. OPTimising routine collection of electronic Patient-Reported Outcomes into disease registries (OPT-ePRO) [webpage]. *The Health Foundation*; 2019 (www.health.org.uk/research-projects/optimising-routine-collection-of-electronic-patient-reported-outcomes-into-disease).

10. NHS Digital. NHS App [webpage]. *NHS Digital*; (<https://digital.nhs.uk/services/nhs-app>).

providing valuable learning relating to the use of AI in the health sector.¹¹ More research is needed to better understand how differently performing providers use audit and registry data and best practice guidelines to improve the quality of their services, and the way commissioners and policy makers use this information to support decision making.

In recent years the ability to electronically collect, report and use the data has become more relevant. Many registries and NCAs have not caught up with the digital era, continuing to rely on manual data entry, which is resource intensive. The NHS Global Digital Exemplars are currently leading the way for others to learn by becoming ‘world-class examples of digitised health and care organisations’, and it is hoped these will provide clinicians and patients with more timely access to their records, support service change and improve health for all.¹² It is unclear what the strategy is for developing NCAs or registries in the future, for example as part of an enhanced electronic patient record, however this call is not proposing to address the implementation of NHS IT infrastructure.

Recently several new initiatives have been announced that will help enable large complex datasets to be shared across the system and allow researchers and analysts to analyse and drive insights from that data. In May 2018, NHS England announced five regions to become Local Health and Care Record Exemplars (LHCRES). Health Data Research UK (HDR UK) is also creating three to five Digital Innovation Hubs over the next three years, and recently announced ten Sprint Exemplar Innovation Projects.¹³ In August 2018, the British Heart Foundation signalled its intention to create a new centre for data science to continue ground-breaking research into heart and circulatory disease, in partnership with HDR UK and NHS stakeholders across the UK. The new centre will work collaboratively with research organisations across biology, biomedicine, clinical, social science, data science, analytics and AI including building on existing partnerships and the cardiovascular NCAs, and aligning with the Digital Innovation Hubs programme across the UK. Projects funded under this call may synergise with these broader efforts to establish the data infrastructure to improve the quality of health care.

11. The Health Foundation. Developing and implementing machine learning driven analytics for quality improvement in health care [webpage]. *The Health Foundation*; 2019 (www.health.org.uk/research-projects/developing-and-implementing-machine-learning-driven-analytics-for-quality).
12. Department of Health and Social Care. *The future of healthcare: our vision for digital, data and technology in health and care*. Department of Health and Social Care; 2018 (www.gov.uk/government/publications/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care).
13. Health Data Research UK. Innovations get £3M boost to prove the potential of health data to transform lives [webpage]. *Health Data Research UK*; 2019 (www.hdruk.ac.uk/news/innovations-get-3m-boost-to-prove-the-potential-of-health-data-to-transform-lives).



Priority areas
for this call

3

The Health Foundation's £1.6 million Insight Research Programme 2019 is a researcher-led open call for proposals to support original research to improve health care quality in the UK. This call is concerned with research to advance the collection and use of data – specifically within NCAs and patient registries – as a mechanism for improving health care quality in the UK.

We have identified three priority areas for this grant programme:

- **1** Patient focused audits and registries
- **2** Accelerating the use of linked data to support future challenges and trends in quality and care or to improve the value of health care
- **3** Demonstrating and enhancing the impact of NCAs and registries on practice and policy

We recognise that, although the three priority areas are distinct, they are also intrinsically linked, and we acknowledge that research proposals may seek to address more than one area. Applicants will be asked as part of the application process to identify which area their research will be predominantly addressing. Further details on each priority area is given on the following pages.

We anticipate that some research projects will need to incorporate an evaluation component, especially pilot studies, to help refine or modify the methodology of the study, and to further develop or roll out a larger scale study. However, we do not expect evaluation to be the only focus of the proposal.

We anticipate some research projects will require a strong patient and public involvement element. We encourage *all* research projects to engage and involve patients and the public. Applicants will be asked to outline how the public, patients and/or service users have been involved in developing the project, and how these groups will contribute to the day-to-day design, management, delivery and dissemination of the project. We would also like applicants to consider how they can foster connections with patients and clinicians within formal or informal networks, such as the Families With Diabetes National Network or Royal Colleges.

In addition, we expect research projects applying data-driven technologies, in particular artificial intelligence and machine learning techniques, to adhere to the principles outlined in the *Code of conduct for data-driven health and care technologies* currently being developed by the Department of Health and Social Care.¹⁴

14. Department of Health and Social Care. Guidance: Code of conduct for data-driven health and care technology. *Department of Health and Social Care*; 2019 (<https://www.gov.uk/government/publications/code-of-conduct-for-data-driven-health-and-care-technology/initial-code-of-conduct-for-data-driven-health-and-care-technology>).

1

Patient focused audits and registries

We are interested in research that expands the role of the service user in the design and collection of clinical audit data. In particular, we are interested in the collection of structured information on patient reported outcomes or other patient outcomes, potentially from outside of the traditional clinical setting, which can be used to support clinical decision making and improve self-management. Furthermore, projects that actively work with patients to demonstrate the value of data collection and use, and projects that seek to develop audits and registries as something that patients can use themselves.

Research in this area might seek to:

- conduct ethnographic research on the patient and clinician perceptions of PROMs and additional non-clinical data collection, including data collection from mobile apps and other new or existing technologies – and produce guidance on the role of novel technologies in audit data collection, and develop or inform guidelines on how data should be collected and used
- pilot data collection for the use of PROMs in NCAs and registries (particularly among socio-economically deprived and vulnerable patient groups), identifying the barriers to current usage and developing strategies and infrastructure for their use and feedback
- develop existing patient portals or health apps (possibly linked to the NHS App) that allow patients to access their own health data, clinician notes and experiences and compare these with similar patients – this could help us understand how patients value data use as well as what motivates patients to access their own health data, and help generate patient feedback on the process
- involve patients in determining what data should be collected for NCAs and registries and how this data should be used – for example, digital technologies (such as smart phones, sensors and fitbit) and other tools and techniques may provide opportunities to capture changes in patients' health status.

2

Accelerating the use of linked data to support future challenges and trends in quality and care or to improve the value of health care

We are interested in supporting research that uses audit and registry data and other datasets within and outside the health care system (such as social care) to support challenges such as multiple morbidity and inequalities. We are also interested in linkage projects that consider holistic care and consider the entire patient pathway and different care settings. This theme will also support research which links data on clinical effectiveness and outcome measures with datasets containing data reporting costs or other measures of efficiency and value.

Research in this area might seek to:

- demonstrate the value of data linkages between (single or multiple) audit and registry-type data with other data sources (such as LHCRE)
- demonstrate the value of collecting and linking audit, administrative and clinical data for the purposes of analysing the relationship between clinical quality and cost of care
- evaluate costing methodologies using NCA and registry data in comparison with other currently used techniques
- assess the impact of different pathways of care on quality, cost and resource allocation
- examine the impact of the diffusion of innovative technologies and improvements in the markers of quality on the costs of care.

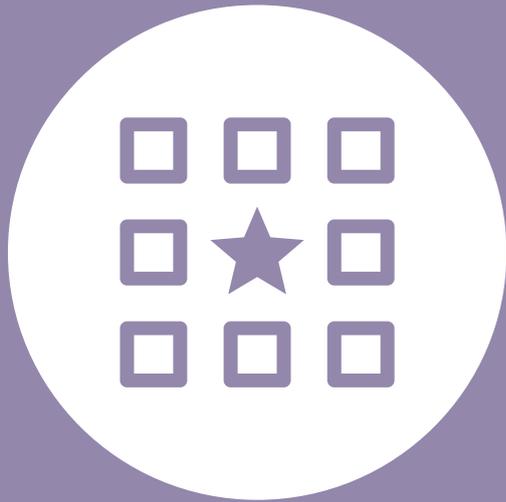
3

Demonstrating and enhancing the impact of NCAs and registries on practice and policy

This theme explores how NCAs and registries can have more meaningful impact on practice and policy.

Research in this area might seek to:

- explore patterns in data using novel methods such as machine learning to identify actionable strategies to improve care
- develop novel methods to pilot NCA and registry data feedback in real time and demonstrate their feasibility
- utilise existing data linkages (such as the cancer registry dataset or renal dataset) to examine the impact of non-acute care on variation in outcomes – for example, the impact of GP care on health outcomes for patients and secondary prevention themes
- develop data visualisation or communication tools and strategies to communicate unwarranted variations in the quality of care identified in audit and registry data to providers, commissioners, patients and the public.



Relevant work within
the Health Foundation
and other research
funders

4

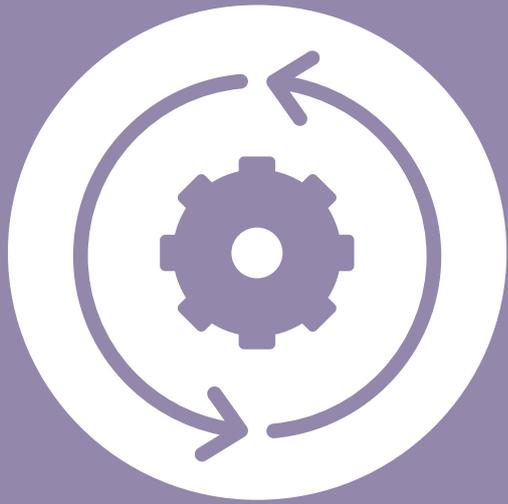
Studies funded under this call should produce outputs of practical use to health care organisations and the commissioners and providers of NCAs and patient registries. Research funded under this call should complement, rather than duplicate, the work of the Health Foundation and the activities of other funders in this area.

Insight 2019 is strongly aligned with a key focus of interest for the Foundation. The programme supports the development, use and analysis of data to improve health care quality in the UK and supports two of our strategic priorities, specifically: helping organisations use data to improve the quality of care; and creating an infrastructure that enables improvement in care at greater scale.¹⁵

Insight 2019 complements our Advancing Applied Analytics programme which is supporting local or regional innovative projects to improve analytical capability in support of health and care services and provide lessons for the wider care system. It also links with our in-house data analytics programme. The call also helps build a valuable resource for many quality improvement (QI) projects which rely on these datasets for their own work, such as our newly funded Q Exchange project.¹⁶ Other Health Foundation supported work that complements this call includes projects from the previous round of our Insight 2014 and 2017 research programmes and our Scaling Up Improvement (rounds 1 to 3), and Innovating for Improvement (rounds 6 and 7) programmes. We intend to share learning between our research programmes and hope evidence from Insight 2019 projects can be reflected in the development of future research programmes at the Foundation.

15. The Health Foundation. *Strategy 2019–2021*. The Health Foundation; 2018 (www.health.org.uk/publications/strategy-2019-2021).

16. The Health Foundation. Q Exchange: Speed DATAing [webpage]. *The Health Foundation*; 2019 (<https://q.health.org.uk/idea/speed-dataing/>).



Types of funding

5

Insight 2019 will support innovative and ambitious research with the potential to transform the use of audit and registry data to improve quality of care. Projects funded under the programme will have a budget in the range of **£300,000 to £400,000** with a **maximum duration of four years**.

Applications for grants are expected to be interdisciplinary, including multiple conceptually linked areas of work and a range of methodologies. Specifically, applications to this stream should be substantive studies that seek to:

- address an issue of significant importance for the quality of health care in the UK, linked to one of the three priority areas, with the cost in line with the significance of the problem to be investigated
- synergise with the broader efforts to help organisations use data to improve the quality of care and establish an infrastructure that enables improvement in care at greater scale
- conduct research across more than one site and/or location
- have the potential for learning to be applied to other conditions or situations outside the immediate area of research.

We are looking to fund projects that are innovative and push the frontiers of what audits and registries can do. We will favour projects that can demonstrate strong collaborative approaches and when considering applications to fund – where relevant to the overarching theme and appropriate to the project aims – we will prioritise those that engage digitally mature providers ideally heading towards integrating audits with other electronic medical records.

The data infrastructure in the NHS is heavily fragmented, with the same data being entered multiple times. By integrating clinical audits and registries with other sources of data, especially the electronic medical record, clinical and patient data could be collected once at the point of care, and used for a variety of purposes including improvement and research. As such, we ask that applicants include in their proposal an indication of the digital maturity of health care partners on the project. Providers in England could include details of their Digital Maturity Assessment scores. Providers in Scotland, Wales and Northern Ireland could 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.



Criteria and eligibility

6

6.1 Who can apply

The programme is an open award programme, available to suitable qualified and experienced research teams based in the UK,¹⁷ and should comprise multidisciplinary teams including audit providers and, where appropriate, the providers, managers and commissioners of health care services.

Project teams will need to demonstrate that they have strong research and analytical skills relevant to the project; adequate systems of information and/or research governance; and experience in project management and delivery. Teams will also need to demonstrate strong clinical engagement. We will also want to see evidence that the team has a thorough understanding of the data requirements for the project, particularly where datasets are required from a third party or when data linkage is required. We expect most projects will need to incorporate a start-up phase in their project plans to allow for staff recruitment, data access (including seeking ethics approval) and data linkage.

6.2 Selection criteria

When selecting proposals to fund, we will look for evidence of the following:

Clearly defined gap in the knowledge that the research is seeking to address.

Strength of case that the research will support the development and use of NCAs and patient registries as a mechanism for improving health care quality in the UK.

A practical and innovative application of robust and appropriate methodology.

A thorough understanding of the data requirements for the project, including a proactive approach to implementing appropriate information governance and data security arrangements.

Usefulness and generalisability of anticipated findings across services, settings and systems.

Appropriate project management approach, including risk management and quality assurance.

Value for money.

Relevant experience and expertise of the research team, and strength of partnerships/collaborations and clinical leadership.

Where applicable, we ask that you also provide details of the current coverage, reach and a clearly defined gap in the knowledge that the research is seeking to address report against the **inclusion criteria for NHS England's Quality Accounts list for 2019/20**,¹⁸ 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.

17. Although research team members may be based abroad.

18. Healthcare Quality Improvement Partnership. Quality Accounts: list and further information [webpage]. *Healthcare Quality Improvement Partnership*; (www.hqip.org.uk/national-programmes/quality-accounts).

We do not require the audit to be part of the Quality Accounts list and 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.

6.3 What we will and will not fund

Insight 2019 will support:

Primary research (secondary research is permissible in support of the study, but it should form a minor component of the project; we expect applicants to have identified a clearly defined gap in the knowledge prior to submitting an application).

Study designs using quantitative or qualitative research methods, and we are keen to encourage studies which include a mixed methods design if appropriate.

The development of research methods and analytical techniques, as long as it is in support of a clearly defined research study and produces outputs of practical use.

Research which spans clinical conditions and settings, where there is a clearly defined benefit in collaborating across pathways and patient groups.



Insight 2019 will not support:

Research which does not address one of the three priority areas.

The cost of product or technology development as a sole purpose the project (we will fund improvements to services, processes and practices supported by IT solutions where there is a convincing case that the technology development is not the primary purpose).

Costs where the main element of the project is supporting professional and personal development to build analytical capability (in this case you may want to consider applying to our Advancing Applied Analytics programme).

The commission and set-up of NCAs or registries not already in existence.

Basic scientific or epidemiological research on the causes of disease, including biomedical or genomic research.

Clinical or drug efficacy research, including clinical trials.

Proposals which are solely or mainly service developments or needs assessments.





Governance, audience and dissemination approach

7

The audience for this research is broad and includes systems stewards, including 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, formal or informal networks of clinicians and patients, and leaders at the front line of care delivery. We expect research funded through this programme to be widely disseminated, especially through leading peer review journals and conferences. 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.

In line with Health Foundation policy, we are exploring whether the existing 2017 Insight Research Programme advisory group can be broadened to provide oversight of the 2019 programme. The advisory group helps ensure consistency of process and shared learning across both programmes, and is beneficial in helping raise the profile of how NCA and registries can offer insights into the quality of care provided and improving it, as well as their awareness of some of the difficulties. The group currently includes system leaders from NHS England and HQIP, as well as patient representatives and relevant academic experts. We may extend an invitation to additional members to join the programme advisory group depending on new research topics. 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 a project advisory group to guide and steward delivery of the project against agreed milestones. 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 academic journals and to present their work at meetings and conferences or through social media. We expect the research funded through this programme to be widely disseminated both during and beyond the formal end of the award agreement. The Health Foundation has a policy of supporting open access publication fees for strategically relevant publications. These are decided on a case-by-case basis and therefore should not be part of the budget proposal. The Foundation will also support dissemination of the research findings, if appropriate.

Where appropriate, the Health Foundation will explore ways to synthesise and disseminate learning across the programme in line with our wider organisational objectives. For example, we would like to continue hosting Insight Research Programme events so previous and current grant holders can meet our new grant holders and they can share knowledge, insights and experiences with each other.



The budget

8

The Health Foundation currently has £1.6 million allocated to fund our ambitions for the Insight Research Programme 2019.

We anticipate funding four to five projects with budgets in the range of £300,000 to £400,000 with a maximum duration of four years (including start-up phase).

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.

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.



Application and selection process

9

To assist in preparing your application, a *Frequently asked questions* document has been prepared and is available to download at www.health.org.uk/insight2019. Further details of the application process are provided below.

9.1 How to apply

This call is a **two-stage application process**. A summary of the application process is shown in Figure 1 on page 35.

Stage

1

Outline proposals

Applicants must initially submit an *Outline proposal application form* using the Word template that can be downloaded at www.health.org.uk/insight2019. All outline proposals should be sent to InsightResearch@health.org.uk.

The deadline for submission of the *Outline proposal application form* is **12 noon, Thursday 16 May 2019**.

Outline proposals will be reviewed by staff at the Health Foundation against the following criteria:

- alignment with the programme aims
- appropriateness of the proposed research methods, and
- value for money of the proposal.

Outline proposals rated most highly against the selection criteria will go through to the next stage of assessment, and applicants will be invited to submit a full proposal (stage 2).

Full proposals

Full proposals to Insight 2019 must be submitted through our online application portal (stage 2). We encourage all applicants to familiarise themselves with the full application process as early as possible.

Applicants will be informed as to whether they have been invited to submit a full proposal during week commencing 24 June 2019.

Applicants invited to submit a full proposal will be sent a link to our online application portal and the user manual.

The deadline for full applications (stage 2) is 12 noon, Monday 22 July 2019.

Each full proposal will be externally peer reviewed to assess the proposal against our full selection criteria:

- a clearly defined gap in the knowledge that the research is seeking to address
- strength of case that the research will support the development and use of NCAs and patient registries as a mechanism for improving health care quality in the UK
- a practical and innovative application of robust and appropriate methodology
- a thorough understanding of the data requirements for the project, including a proactive approach to implementing appropriate information governance and data security arrangements
- usefulness and generalisability of anticipated findings across services, settings and systems
- appropriate project management approach, including risk management and quality assurance
- value for money
- relevant experience and expertise of the research team, and strength of partnerships/collaborations and clinical leadership.

Peer reviewers' comments will be anonymised and fed back to applicants, who will be asked to provide a written response to the comments. Applicants will have approximately one week to provide a written response to comments.

Full proposals will then undergo an assessment by a panel comprising internal staff and external experts. The panel will review the application in conjunction with the peer reviewers' comments and develop a ranked list of applications. Applications deemed of sufficient quality and value for money will be invited to the Health Foundation for an interview. Following the interviews, the panel will produce a final ranked list of applications and make recommendations for funding to the Health Foundation. The ranked list will consider the technical merit of the proposal but also the fit with the strategic aims of the programme. A final decision to commit funds should be made by early November 2019.

9.2 Information call

We will hold an **information call from 15.00 to 16.00 on Monday 15 April 2019**. The call will last for one hour and you may submit questions in advance. If you would like to attend, please register your interest to join the Insight 2019 information call on our **Insight Research Programme 2019** website page at www.health.org.uk/insight2019. Joining instructions will be sent to you in advance of the call.

Information calls offer applicants the opportunity to hear more about the programme and ask questions to clarify understanding. Please note that we will not be able to answer specific technical questions about individual applications. **You are strongly encouraged to participate in the information call.**

9.3 Key dates

The **deadline to submit outline proposals (stage 1) is 12 noon, Thursday 16 May 2019**. We will not accept outline proposal application forms submitted after this time. Other key dates are provided in the table below.

If you have queries about the application process which have not been answered in our FAQs, please email InsightResearch@health.org.uk in the first instance. We will endeavour to reply within five working days and, if appropriate, will also update the FAQs document.

Activity	Date
Information call	15.00 on Monday 15 April 2019
Deadline for outline applications (stage 1)	12 noon, Thursday 16 May 2019
Internal review by staff completed and selected applicants invited to submit full application (stage 2)	Week commencing 24 June 2019
Deadline for full applications through our online application portal (stage 2)	12 noon, Monday 22 July 2019
External peer review completed	end August 2019
Panel meeting for interview selection	Week commencing 7 October 2019
Interviews at our London office	23–24 October 2019
Recommendations for funding ratified by the Health Foundation and applicants to be informed of final decision	Early November 2019

9.4 Figure 1 Insight Research Programme 2019 application process

