

Frequently asked questions

Evidence into Practice 2019

A Health Foundation call for innovative approaches to translate research findings into practical action for policy and practice

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Eligibility

Q.1 Who is allowed to submit proposals?

To be eligible to apply for the Evidence into Practice 2019 (EiP) programme funding, applicants must be current or recent Health Foundation award holders. Any organisation or group whose work has resulted in actionable findings that are applicable to health and social care practice and/or policy can apply, but the work must have been funded by the Foundation.

In addition, the projects for which EiP funding is being sought must have finished, or be due to finish, in the 24 months from June 2018 to June 2020.

Applicants will also need to demonstrate that they have the right to use the intellectual property invested in the research for further development into tools/resources and have the necessary expertise and experience within the proposed project team to do so.

Q.2 Do I need to be UK-based?

Yes, we expect the lead applicant to be based within the UK. We will accept collaborations with non-UK based researchers/developers for the materials, but there must be a compelling case.

In addition, the dissemination of the developed tools/resources must be to UK based health and care services.

Q.3 The information states that projects for which EiP funding is being sought must have finished, or be due to finish, in the 24 months from June 2018 to June 2020 – do the project findings need to have been published at the time of application?

By stating that the projects must have 'finished' we mean that the analysis has been completed, written up, peer reviewed and revised in response, so that there is no further research activity required to review the findings.

The findings may have been published or might still be 'in preparation' at the point of application.

From a practical point of view, the findings need to be at a stage where they are ready for translation into practice and the proposing team must be confident that there are no intellectual property issues or potential for hold up due to awaiting publication, which will delay any development of tools/resources from commencing by end of June 2020.

Q.4 Can my proposal have partner organisations?

Yes, applicants can collaborate or subcontract, where appropriate, with partner organisations. We believe that in many cases the sort of tools and resources that we are seeking to be developed through this call will benefit from the involvement of partner organisations with different areas of expertise, and for these partners to work collaboratively with stakeholders on the best routes and approaches to encourage take-up and implementation.

Q5. Could two individuals, working for separate institutions, act as co-leads on the application?

As above, we encourage partnerships and collaborations. However, as the funding supports current or recent Health Foundation award holders we would expect a single lead applicant, who should be a senior member of the team funded by the original award.

Budgeting and research costs

Q 6. How long will the Health Foundation's funding last for these projects?

We anticipate making grants for projects lasting for up to 15 months. We will confirm funding decisions by the end of 2019 and are keen that all the successful projects are ready to start work on developing their tools/resources no later than end June 2020. We will ask for end of award reports to be submitted by Autumn 2021.

Q 7. What is the amount of funding that I can apply for?

We anticipate funding projects with a budget of up to £50,000. You may submit an application below £50,000 if the project plan demonstrates that you will be able to produce the tools/resources within this budget.

In exceptional circumstances we may consider funding a project idea beyond our maximum of £50,000. You will, however, need to present an excellent case based on the additional value and impact of the proposal.

Q 8. Can we include salary costs for staff working on the project, salary costs that are directly allocated not directly incurred?

We expect that a significant amount of project budgets will be spent on the direct costs of staff working on the project work. However, we do not provide the funding for academic or clinical backfill or teaching replacement time in addition to the direct cost.

In addition, we would expect many project budgets to include day rate fees paid for a range of external expertise (eg website developer, graphic designer) involved in producing the tools/resources.

Q 9. Is there a maximum day rate that the Health Foundation stipulates for professionals who operate using a day rate business model?

We expect that for organisations which operate using a day rate business model that the weighted mean day rate is no more than £1,200 inclusive of all staff related expenses/costs to the organisation. Please note that proposals will be assessed against 'value for money' criteria.

Q 10. Will the Health Foundation fund overheads?

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

Q 11. Can we include inflation in our costing?

For these small awards on a short time frame we will not cover any budget related to inflationary increases.

Q 12. Do you pay VAT on top of the budgeted project costs?

No. The projects will be supported through charitable grants and as such these are not liable for VAT.

Q 13. What costs can be included as 'project costs'?

You should include what you expect to be the items of direct expenditure required to carry out your project. For this programme, the type of items costed will vary greatly depending on the approach taken and the format of the tools/resources to be developed. We will fund the direct expenditure on materials and professional time required to develop prototypes, test these and produce final versions for dissemination. In addition, we will also fund costs such as venue and logistics support for stakeholder meetings and focus groups, travel costs for patients and health and social care staff to attend meetings and focus groups, 'honorarium' payments for patient participants and some backfill payments for health and social care staff to participate in activities to develop and test the resources developed – but this cannot constitute more than a few days per staff member, over the period of the project funding.

Q 14. Would you be prepared to be a joint funder of a project?

Yes, we have no objection to joint funding with an existing project or joint funder. However, we would need an idea of when and from whom the rest of the funding is likely to be secured in your proposal. As above, we are keen that all projects funded through this programme are ready to start no later than the end of June 2020 and to be completed by autumn 2021. Prior to any funding decision we would need clarity about where responsibility lies for project delivery, clarity on legal issues around intellectual property, project governance issues, etc.

Q 15. Are proposals for grants required to be accompanied by matched funding contributions from service partners?

There is no requirement for matched funding or matched resources from service partners for this programme. However, we will favour proposals that can demonstrate a strong working relationship with service partners who are representative of the intended users of the tools/resources to be developed. This relationship may be demonstrated through a commitment to providing resources and staff time to the project.

Scope and focus of the projects

Q 16. Can aspects of the EiP project be based on non-health care or non-UK experiences?

We are seeking to support the development of actionable findings/tools that have the potential to improve health and care service delivery in the UK.

We recognise that many innovative approaches for these tools may derive from sectors other than health and care, or from outside the UK. We welcome projects seeking to use creative ideas to present research findings in new and attention-grabbing ways, but they must be applicable to delivery in the UK.

Q 17. What areas is the call focusing on – is it just health care services or is social care included, as well as public health?

The EiP 2019 programme will allocate funding to suitably qualified and experienced teams whose work has resulted in actionable findings that are applicable to health and care, including social care, practice and/or policy.

The call is therefore open to projects that have produced translatable findings in each of our strategic priority areas:

- Healthy lives for all.
- Understanding the quality of health and care.
- Supporting health care improvement.
- Making health and care services more sustainable.

Your project will already have a focus on one or more of these areas, and we particularly welcome proposals that can demonstrate the potential for cross sector benefits.

Q 18. Will this programme fund tools to enable the translation into practice of clinical research?

No, for this programme we are looking to fund the development of tools and resources arising from research in health and/or care, or more broadly from health services research. We will not support projects focused on the development of tools and resources to support change in clinical treatments, though many of the tools and resources developed will be designed for use within a specific clinical setting.

Q 19. Will you fund the development of health ICTs, software or systems through this programme?

It is likely that many of the proposals will relate to tools/resources which have a strong emphasis on data and/or technology. We will assess the feasibility of such developments within the funding constraints and timescale for the programme and will want to be assured that the development time and resources budgeted are realistic. We would consider supporting projects that apply already developed technologies in an innovative way to support improvement of service delivery.

We will also welcome proposals that help researchers use/reuse data generated by their work, for example by creating data visualisations or open source repositories; or allow the research outputs to be shared in real time (or near-real time), for example using open lab notebooks.

The application process

Q 20. Do you have a preferred referencing style?

The Health Foundation uses Vancouver style, however you are free to use a style of your choice.

Q 21. Will I be able to get feedback on my application if it has been unsuccessful?

Proposals that are successful in progressing to the interview stage of assessment will have the opportunity for verbal feedback. Unfortunately, as we expect interest to be high in this call, we cannot provide feedback to unsuccessful proposals.

Q 22. Can we include additional material, such as consultation papers or prototype tools, as an appendix?

No, we will not accept appendices to the *Application form*. In the interest of fairness and to conserve assessment time, we discourage the inclusion of additional supporting materials as part of the application. It may be possible to include excerpts from the most appropriate material within the word-limited sections of the *Application form*.

Q 23. Can an applicant submit more than one proposal?

Yes, an applicant is welcome to submit more than one proposal; however, they will need to clearly demonstrate that they have the capacity to undertake more than one project if successful.

Management and communication

Q 24. If successful, when is it expected that the project will begin, and when is the earliest funds would be made available?

We expect projects funded through the call to begin no later than end of June 2020. We will agree a project plan with successful teams as part of the award agreement, which will also include a payment schedule for the grant. It is usual for the first payment of a grant to be made after receipt of the signed award agreement.

Q 25. What is the Health Foundation's approach to the management of the grants, and requirements for reporting and engagement while the project is being carried out?

We are an engaged funder, and are interested in working with the successful teams to understand and support the work while it is ongoing. We would expect to keep in touch with projects through three-monthly telephone meetings. Each project will be required to provide an interim progress report at six months after the project start and a final end of award report no later than September 2021 (depending on the start date).

Q 26. Who owns the intellectual property rights from the projects?

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 teams, help support dissemination of the resources and maximise impact.

Q 27. Will the Health Foundation help to disseminate the tools and resources produced?

We will aim to provide support for communications activities to publicise the successes of project teams through media such as Twitter and blogs on the Health Foundation website and thus facilitate wider take-up of the tools and resources. However, our capacity to do this is necessarily limited.

We expect successful teams to develop communications plans for their projects.

The Health Foundation has developed several resources and guides to support with communications planning and dissemination activities and these can be found on our website:

Using communications approaches to spread improvement (Quick guide):

<https://www.health.org.uk/publications/using-communications-approaches-to-spread-improvement>

Communications in health care improvement – a toolkit:

<https://www.health.org.uk/publications/communications-in-health-care-improvement-a-toolkit>

Communicating your research – a toolkit:

<https://www.health.org.uk/publications/communicating-your-research-a-toolkit>