

# Notes for applicants

*Behavioural Insights Research Programme 2017*

**September 2017**

**A Health Foundation call for research on behavioural interventions to improve efficiency and reduce waste in health care services**

**NOTE: All applications to this research programme have to be submitted through our online application portal <https://aims.health.org.uk>. We advise all potential applicants to familiarise themselves as early as possible with the application process. The process is outlined in the accompanying FAQ document as well as in the AIMS user manual.**

**The deadline for applications is 12:00 on Friday 20 October 2017.**

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## Contents

1.0	About the Health Foundation .....	3
2.0	About our open call grant programmes.....	3
3.0	Context .....	3
4.0	Behavioural interventions and health care .....	4
5.0	Knowledge gaps and opportunities for impact .....	5
6.0	Aims and objectives of this call .....	6
7.0	Rationale, priorities and focus.....	7
8.0	Selection criteria and eligibility .....	9
9.0	Audience, communication and spread.....	10
10.0	The budget and timeframe .....	11
11.0	Application and selection process.....	11
12.0	Key dates .....	12

## 1.0 About 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](http://www.health.org.uk).

## 2.0 About our open call grant programmes

The Health Foundation's £1.8 million Behavioural Insights Research Programme is a researcher-led open call for proposals designed to support original research into behavioural interventions that have the potential to increase efficiency and reduce waste in UK health care services.

Our research grants 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. This is the second round of the Behavioural Insights Research Programme and it forms part of the Health Foundation's portfolio of work on efficiency and funding. This portfolio of work aims to support policy makers to make improvements to the NHS; in addition to the Behavioural Insights Research Programme it includes in-house research and analysis undertaken by our Economics Team and our biennial [Efficiency Research Programme](#).

The first round of the [Behavioural Insights Research Programme](#) was highly competitive and resulted in the Foundation funding five long-term research projects totalling £1.5 million. Our programme aims to generate learning on whether and how behavioural insights can be applied within the UK health care environment to 'nudge' professional behaviours in a way that leads to reduced inefficiency and waste. The projects funded through the first round of the programme aim to provide a number of real world exemplars of how to apply behavioural insight interventions in a practical way that can contribute to greater health service efficiency.

## 3.0 Context

The policy and practice landscape, and the fiscal challenge facing the NHS, remains largely unchanged since we launched the first round of the Behavioural Insights Research Programme in 2015.

The NHS is facing significant future funding shortfalls. At the same time, demand for health care services is rising as people live longer and more people are managing multiple health

conditions. Years of austerity have left the NHS in an increasingly perilous financial state; funding is not keeping pace with demand and cost and as a result, vital services are under serious strain. Our latest long-term projections<sup>1</sup> show that if the NHS is to be well-equipped to meet the estimated future growth in need, a funding gap of £31 billion would emerge by 2026/27. This would rise to £68 billion in 2031/32.

Policy responses have increased over time with not just the Five Year Forward View, but also the Carter Review, the Vanguards, the CQC being asked to look at use of resources, and Lord Prior being appointed Minister for NHS Productivity. But despite securing significant savings from ongoing programmes of productivity improvement, it is recognised that current policy levers – such as freezing pay and bearing down on the tariff – are not sustainable over the longer term.

#### **4.0 Behavioural interventions and health care**

Behavioural insights or ‘nudge theory’ combines lessons from behavioural economics, psychology and neuroscience to better understand how humans behave and make decisions in everyday life.

There are two ways of thinking about changing behaviour. The first – the ‘rational’ or ‘cognitive’ model – is predicated on the belief that people analyse information and incentives, and then act in predictable ways. In contrast, the ‘context’ model recognises that people are sometimes seemingly irrational and inconsistent in their choices, and that this is often because they are influenced by surrounding factors.

‘Behavioural insights’ is rooted in this latter ‘context’ model of behaviour change. While there is no precise, operational definition, it is recognised as an approach to understanding and changing people’s behaviour by analysing, improving, designing and offering free choices for people, so that their decisions are more likely to produce helpful outcomes for those people and society generally.

Often the ‘rational’ or ‘cognitive’ model dominates traditional policy interventions. Policy and quality improvement interventions guided from behavioural insight thinking, however, aim to bring about behaviour change through ensuring that systems align more closely with people’s automatic and, often, emotional motivations. It focuses more on changing behaviours without changing minds.

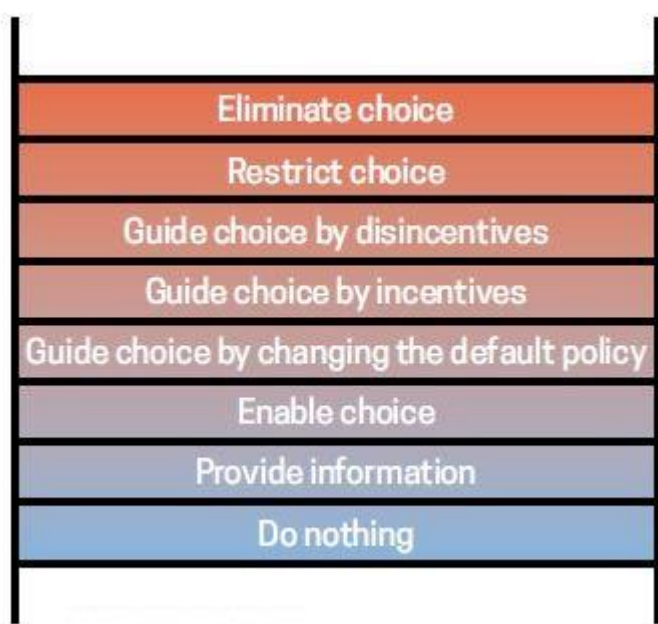
The Nuffield intervention ladder<sup>2</sup> – see Figure 1 – provides a useful way of thinking about the different ways that policy can affect people’s choices in this way, and is one possible starting point for thinking about what behavioural interventions or ‘nudges’ are.

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<sup>1</sup> Charlesworth A, Thorlby R, Roberts A, Gershlick B. *Election briefing: NHS and social care funding – the unavoidable challenges*. London: The Health Foundation, May 2017.

<sup>2</sup> <http://nuffieldbioethics.org/report/public-health-2/policy-process-practice/>

Figure 1: The Nuffield intervention ladder



This framework suggests that a behavioural intervention may be viewed as a sub-category of non-regulatory and non-fiscal measures that aim to bring about behaviour change.

Importantly, ‘behavioural insights’ do not attempt to replace traditional behaviour change methods; rather, they offer potential to extend and enhance them, adding new dimensions that reflect fundamental, but often neglected, influences on behaviour.

There is growing momentum and traction around the world in behavioural insights and policy making. This year the OECD published [Behavioural Insights and Public Policy: Lessons from Around the World](#) that showcased the application of behavioural insights to public policy around the world. In addition to this, the report from last year’s World Innovation Summit for Health Behavioral Insights Forum 2016, [Applying Behavioral Insights: Simple Ways to Improve Health Outcomes](#), made the case for using behavioural insights to improve health and health care worldwide.

Closer to home, the potential of behavioural insights was put firmly in the spotlight in the 2014 [NHS Five Year Forward View](#), where changing individual behaviours was identified as a crucial component of change to bring about improved health and care. The Five Year Forward View stated [p35] that “... work will also be undertaken on behavioural ‘nudge’ type policies in health care” as a way to accelerate innovation in delivering care.

By better understanding how people respond to different contexts and incentives, policymakers and health care professionals can be better equipped to design and implement better policies and services that have the greatest potential to improve individual and population health, wellbeing, social welfare and, specific to our focus, care quality.

## 5.0 Knowledge gaps and opportunities for impact

There is still much uncertainty when it comes to what makes for effective intervention design. Even for interventions and techniques for which there is a good evidence base there is still much to be done to understand how to optimise these intervention types. Very few (if

any) existing behavioural interventions in health care services have been evaluated for the ability to achieve sustained behaviour change of the kind needed to prolong impact.

Equally important, research into behavioural interventions needs to focus more on what works, and should adopt a more realist position – what works, for whom, in what circumstances, and for how long? This requires research design that compares the effects of different types of behavioural interventions in different circumstances and contexts, while recognising the UK's regulatory environment. This will develop a better understanding of the 'active ingredients' of an effective behavioural intervention, and the mechanisms by which desired outcomes come about – something vital for successful scale-up and spread.

There is also a need for better understanding of what the unintended consequences are of behavioural insight interventions on groups of the study population that are already demonstrating the behaviours that the intervention is seeking to influence. Does the intervention have no impact or does it result in unexpected behavioural change that is damaging to the overall goal of the proposed intervention or upon another domain of quality such as equity or access?

The Behavioural Insights Research Programme is interested in learning that goes beyond demonstrating efficacy. We are therefore encouraging applicants to think deeply about some of the challenges outlined above and how their proposals can begin to generate new insight into them.

## **6.0 Aims and objectives of this call**

The aim of this open call is to support research over a two- to three-year time frame into behavioural interventions or 'nudges' that have potential to increase efficiency and reduce waste in UK health care services.

The focus of this programme is on health care services, not population or public health. The domain of quality that is of primary interest is efficiency – this includes inefficiency and waste – but proposals should also look to capture impact on other domains of quality.

The focus of this programme is on ways in which health care professionals may be 'nudged' through behaviourally informed interventions. This excludes behavioural interventions targeted at 'nudging' patients and the population, but includes those where the behavioural change is targeted at the health care professional, which in turn leads to behaviour change in patients and the population in a way that reduces inefficiency and waste in a health and social care setting.

We recognise that often changes in the health care system can bring about improved efficiency and reduced waste in social care and vice versa. In this research call we are predominantly interested in research ideas where the behavioural intervention is targeted at professionals in the health care system, and as such are interested in projects which operate at the interface between health and social care. Proposals should be clear about where efficiencies will accrue and how they would be measured.

We welcome applications for projects across the four countries of the UK and from across a range of care settings and pathways (eg primary care, mental health, acute or community services).

Successful research proposals supported through this programme should aim to generate new knowledge that:

- provides an increased understanding of whether and how behavioural interventions motivate people to act in more efficient and less wasteful ways in health care services;
- designs new behavioural interventions (including adaptations to existing proven interventions) that may ultimately improve efficiency and reduce waste in health care services; and
- provides insights on how best to implement and then diffuse proven behavioural interventions that improve efficiency and reduce waste in a UK health care services context, and understands how other domains of quality are simultaneously impacted upon.

The programme aims to support research ideas from multi-disciplinary and collaborative teams made up of suitably qualified academics and researchers, psychologists and behavioural experts, health care professionals, allied health professionals and other front-line decision makers and those with design expertise.

Overall, the programme should strengthen understanding of the potential for low-cost behavioural insight interventions in improving quality. It will provide the opportunity to extend the breadth and depth of our understanding by testing different approaches, across different settings and services to ask not only if the intervention worked, but for whom, in what circumstances and (possibly) for how long.

## **7.0 Rationale, priorities and focus**

We recognise that behavioural insights and the projects funded through our Behavioural Insights Research Programme are not a ‘silver bullet’ solution for the many inefficiency and waste challenges facing the NHS. Rather, our investment aims to provide generalisable lessons on how behavioural insights could be applied in health care settings alongside robust exemplars of practical, low-cost and implementable solutions. In other words, we view behavioural insights as a complementary approach in a suite of methods designed to reduce inefficiency and waste, therefore leading to much needed savings.

### **Priority areas of focus for the Behavioural Insights Research Programme 2017**

This call for proposals is framed in a way that aligns our interests in improving quality – with a focus on efficiency – with critical system priorities. To ensure that the programme has the greatest impact, research proposals are directed to focus on one or more of the three areas identified in Table 1 below.

Table 1

Priority area	Explanation
Patient pathways	Here we mean research proposals that are focusing on things such as improving patient flow within the system, improving coordination and transfer of care, as well as expediting discharge.
Procurement, pharmacy and medicines optimisation	Here we mean research proposals that are focusing on things such as minimising cost and waste in procurement and prescribing, as well as improving medication adherence.
Care best practice	Here we mean research proposals that are focusing on things such as encouraging attendance and uptake of screening and health promotion by making every contact count, reducing unnecessary or ineffective care, better demand management, and reducing harms.

The type of research proposals that we expect to fund should comprise:

- **Proof of concept:** The proposal should demonstrate in principle that the challenge it is seeking to address has a critical behavioural component to it; that behavioural science has a role in designing appropriate behavioural interventions; and that these interventions are feasible and have potential to significantly improve efficiency and reduce waste in health care services;
- **Design and testing of new behavioural interventions:** The proposal should demonstrate a robust approach to designing, implementing, testing and evaluating new behavioural interventions or existing proven interventions in new ways and settings, where there is potential to improve efficiency and reduce waste in health care services; and
- **Spread of proven effective behavioural interventions:** The proposal should demonstrate a well-considered and embedded approach to generating knowledge on the tactics and best practice for spread beyond implementer sites of those behavioural interventions that are being tested or have shown to have successfully improved efficiency and reduced waste in health care services – see pages 10-11 for further information on this.

In addition to this, we encourage applicants to focus proposals on either (1) an existing model or configuration of health care service delivery that has large and demonstrable potential to significantly improve efficiency and reduce waste through behaviour change interventions, or (2) a new model of care where behavioural change interventions have the potential to significantly increase the likelihood of that model improving efficiency and reducing waste in health care services.



Through our scoping work, the most promising (and implementable) behavioural intervention types that are likely to have impact in changing the behaviour of health care professionals in ways that improve efficiency and reduce waste in health care services are:

- **Information redesign:** The emphasis here is not on starting from scratch but adapting existing sources of information such as guidelines, appointment invitations (eg screening or health checks), patient focused communications (such as decision aids or information booklets), and information patients have to interact with (eg prescription charts). This is about structure, appearance and usability, as well as content, where specific types of behaviour change technique (such as framing, social comparison, action planning or some other planning variant) may be particularly useful.
- **Prompts, cues and reminders:** Prompts, cues and reminders have a substantial, credible evidence base, but there is untapped potential in terms of how they might be optimised whether this is in terms of content, timing and delivery or for changing behaviours of staff and patients.
- **Feedback:** Like reminders, (audit and) feedback interventions have a significant, highly credible evidence base and, perhaps more importantly, an existing agenda for future research. Furthermore, there are clear opportunity areas with significant scalability potential for both staff and patient behaviour change such as provision of cost feedback and use of social or peer comparison.
- **Defaults:** The evidence base for the application of defaults to health care is not as strong as for other types of intervention and there may be the potential for a lack of acceptability. However, it seems likely that opportunities exist throughout the health care system and that these are likely to be best identified by staff and patients.

Our scoping has identified that many of these behavioural intervention types can be built into existing paper-based and electronic processes.

## 8.0 Selection criteria and eligibility

Research proposals will be assessed against the following key criteria:

- strength of case that the research can lead to interventions that will reduce inefficiency and waste in health care services – including a clear statement of the problem and justification for why behavioural insights can generate a viable solution
- the potential size of, and/or the likelihood of, generating impact on inefficiency and waste
- usefulness and generalisability of anticipated findings across services, settings and systems, including lessons on spreading proven interventions
- robust research methods appropriately grounded in behavioural insight thinking
- 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 and collaborations.

We believe that in many cases multi-disciplinary research teams working collaboratively with key stakeholders are often the most likely to deliver impactful research. Our intention in this call is to favour teams that demonstrate strong collaborations between academics and

researchers in psychology and behavioural economics, health care professionals, support staff and managers, patients and those with design expertise. In addition to this, multi-disciplinary research teams should have a good connection to their relevant community of practice.

## **9.0 Audience, communication and spread**

### **9.1 Audience**

The audience for this research is broad, and includes system leaders, policy makers, clinicians, managers and researchers. We expect research funded through this programme to be widely disseminated both during and beyond the end of the formal grant agreement, including through appropriate research journals and conferences. We also expect that successful research teams will actively communicate early findings and lessons arising from the research, for example through participating in seminars and writing of blogs, etc. We would also encourage researchers to consider innovative methods of dissemination as part of their proposals.

### **9.2 Communication**

We will be actively looking to build relationships and share information where appropriate between the research teams funded through this programme. For example, we may host seminars and/or collaborative learning events that the successful research teams would be required to attend where possible. In addition (and if appropriate), successful research teams may be invited to participate in meetings of the Health Foundation's Efficiency Research Programme Advisory Group.

The Health Foundation is committed to supporting the communication of research findings from this call wherever possible, both during and after the completion of the research work. As stated in section 9.1 above, we expect research funded through this programme to be widely communicated through leading peer review journals and conferences. We would also encourage researchers to consider innovative methods of communication where appropriate.

For tips and guidance on how to effectively communicate your research, including how to write a comprehensive communications plan, which will be required as part of your application, please see our toolkit 'Communicating your research' on our website.

### **9.3 Spread**

As noted in section 7.0, we are particularly interested in supporting the scale-up and spread of proven interventions through this call.

Successful applicants will be required to attend a workshop where we will assemble the research teams to think more broadly about impact and approaches to spread. We will be working with our Insight & Analysis Unit to host this and expect all successful research teams to then revise and build into their research protocols a well-defined communication and impact plan that includes tactics for spread. In terms of spread, the workshop will support researchers to develop their proposals further to (1) implement a proven (or adapted) intervention in multiple sites using a spread method or (2) implement an untested (or newly designed) intervention in one (or more sites) and report on how other teams would go about replicating this in their specific context.

## 10.0 The budget and timeframe

The Health Foundation has £1.8 million to fund our ambitions for this second round of the Behavioural Insights Research Programme. We anticipate funding between five to eight research projects through the programme, with budgets in the range of £150,000 to £350,000. You may submit an application below £150,000, 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 £350,000. You will however need to present an excellent case for this based on the additional value and impact of the proposal.

We anticipate making grants for research projects lasting between two and three years. 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.

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.

For more information please refer to the FAQs [here](#).

## 11.0 Application and selection process

Applicants must complete an **online research proposal application form using AIMS**. We would ask that you familiarise yourself with the online application portal at the earliest possible stage of your application as we may not be able to respond in a timely fashion to any technical queries as the deadline for applications nears. As such, we strongly encourage early proposal submission to avoid any disappointment.

To assist in preparing your application, an 'Application form guidance' document and a list of responses to frequently asked questions are available for download [here](#). Please ensure that you read both these documents in addition to these 'Notes for applicants' before you begin your application.

The deadline to submit proposals is **12:00 on Friday 20 October 2017**. The online application portal will not accept proposals submitted after this time.

Longlisting of proposals will be completed by 30 November 2017. Longlisted proposals will then be externally peer reviewed.

Shortlisting will be completed by 19 January 2018. Shortlisted proposals will be invited to attend an interview at our London offices.

Interviews for research grants will take place on Monday 19 or Tuesday 20 February 2018. Please ensure that you are available for interview on these dates, as we are unable to offer applicants alternative interview dates.

If you have queries about the application process which have not been answered in our FAQs, please email [behaviour@health.org.uk](mailto:behaviour@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.

## 12.0 Key dates

Activity	Date
Deadline for applications	12:00 on Friday 20 October 2017
Longlisting completed	30 November 2017
Peer review and shortlisting completed	19 January 2018
Applicants informed of interview	31 January 2018
Interviews	19 or 20 February 2018
Applicants to be informed of final decision	21 February 2018
Scale-up and spread workshop for successful applicants	28 February 2018