Better Care Programme Opportunity – Partnership

18 December 2019

Guidance Notes for Applicants

This document is for those interested in applying for the Better Care Partnership. A separate document is available for those interested in applying for a Better Care Catalyst Project.

Part 1 - Background and overview

1.1 Better Care

The **Health Data Research UK (HDR UK) Better Care Programme**, one of our six Science Priorities, seeks to improve people's lives by equipping health and care professionals and patients in the UK with the best possible information with which to make decisions about their care. Our vision is that by 2030, patients across the UK will benefit from health and care decisions informed by large scale data and advanced analytics to identify what will work best for them.

To help achieve this vision, we are introducing two new opportunities to add further capabilities to HDR UK's existing Better Care programmes – the establishment of a **Better Care Partnership** and **Catalyst Projects**.

The overarching aim of the HDR UK Better Care programme is to **support the application of advanced analytics to large-scale, real world datasets** to enable continuous, scalable quality improvement in individual health care decisions, in a way that is trusted by patients, health and care professionals and the public. It is research that uses real world data about patients' treatment, experience and outcomes within the setting of routine care to focus on:

- Applying advanced analytics to existing datasets to derive generalisable evidence and critical insights that translate directly into the delivery of care
- Developing data-driven tools that make these insights actionable by health and care professionals and patients taking decisions in the course of routine care
- Implementing and evaluating such tools in their support of personalised decision-making by health and care professionals and patients during the course of routine care
- Gathering data to manage the quality, safety and efficiency of care delivery, underpin research, and generate new insights that can continuously improve decision making by health and care professionals and patients
- Ensuring robust data governance processes that maintain and enhance patient, public and practitioner (health and care professionals) confidence in how data is being accessed and used.

The HDR UK Better Care programme is also designed to accelerate the development of a more efficient, collaborative and open health data research ecosystem. This includes:
- Community building and open events to widen the circle as far as possible to involve health and care professionals, patients, and developers who have an interest and want to work with us
- Open, collaborative data analysis platforms, linked to the [Health Data Research Innovation Gateway and part of the UK Health Data Research Alliance](#)
- The open sharing of methods and code (e.g. through [HDR UK on GitHub](#))
- Collaborative development and use of open standards to represent data, measures, analyses
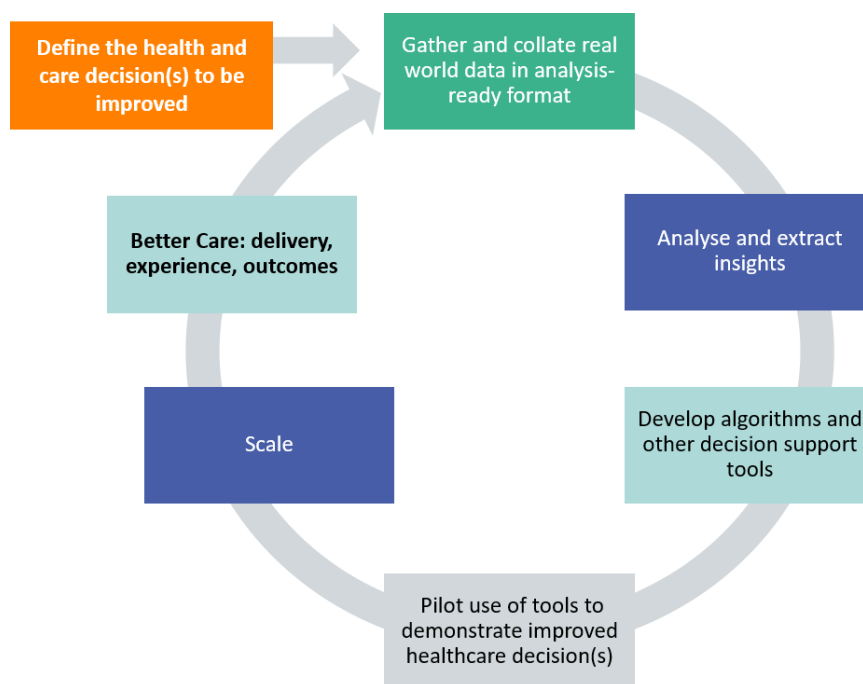
Figure 1 - Better Care Loop
We are drawing on the conceptual framework of Learning Health and Care Systems and have developed a 'Better Care loop' to demonstrate continuous improvement for achieving better care for patients through data-driven health and care decisions.

1.2 The two opportunities for proposals

Over the last six months we have engaged with researchers, health and care professionals, research charities, patients and the public to define an ambitious schedule of activity for the programme over the next three years. We have concluded that HDR UK can make a distinctive contribution to Better Care by having a sharp focus on novel uses of data and their application to real-life settings and by working in partnership with other organisations across the UK, paving the way for others to further develop and adopt at a bigger scale.

To strengthen the institute's existing capabilities, we are supporting two complementary initiatives: **Catalyst Projects** and creation of a **Better Care Partnership.**

- **Catalyst Projects** will commence on 1 May 2020 and will continue for 12 months. They will deliver rapid learnings on the development and implementation of individual elements of the Better Care loop, i.e. where there are gaps in the loop
- The **Better Care Partnership** will commence on 1 May 2020 and will be funded for an initial period of three years. It will develop solutions and methodologies to scale Better Care loops across multiple health and care settings and to transfer Better Care innovations across multiple health and care decisions. It is expected that the Partnership will become a key activity for HDR UK and will be an ongoing part of the HDR UK core funded activity into our next five-year funding period. This adds to and will play a leadership role in the existing Better Care network that HDR UK has established

through its existing six Substantive Sites (see figure 3) and will become fully integrated within that system.
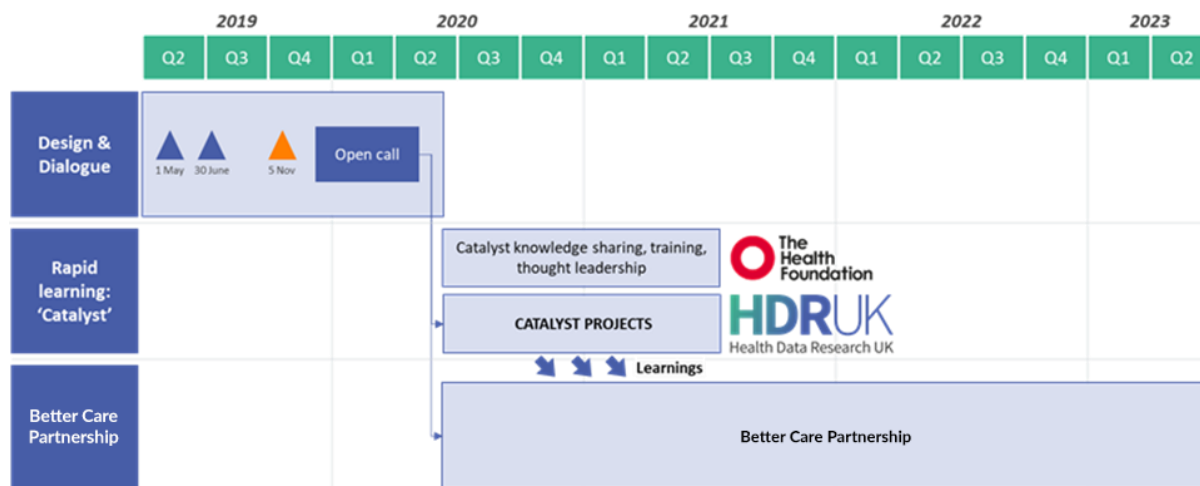
Figure 2 - Timeline for these activities

We anticipate that additional Catalysts will be added over this timeframe in order to accelerate learning and the implementation of Better Care loops more generally. For example, HDR UK is also working in partnership with the British Heart Foundation to deliver additional opportunities with a specific cardiovascular focus (more information will be available in early 2020).

1.3 Catalyst Projects

This opportunity has been developed in collaboration between HDR UK and the Health Foundation. Projects will be co-funded by both organisations and led by HDR UK. The objectives of the Catalyst Projects are to deliver rapid learnings about the Better Care Loop (see figure 4 for more detail).

For further information about the Better Care Catalyst Projects, read the dedicated Guidance for Applicants [link will be added].

1.4 Better Care Partnership

The Better Care Partnership is an opportunity for organisations, to work together to develop and scale Better Care loops, answering key research questions and generating learnings that can be generalised across health and care systems in the UK. The organisations in the Partnership will form a new HDR UK Substantive Site, and therefore join a network of existing partnerships comprising the six existing Sites in HDR UK (see figure 3). Together these will form a national network of digitally-mature learning health systems. The Partnership will commence in parallel with the Catalyst activities. It will be expected to use the learnings that will emerge from the Catalyst Projects and from other sources and adapt its approach accordingly, with a focus on developing scalable solutions that can be transferred across health and care settings and health and care decisions. We will look to engage and work in the context of external

organisations such as the Academic Health Science Network, NIHR Applied Research Collaboratives and the UK-wide NHS community.

Section 2 of this document details the requirements for the Better Care Partnership opportunity, including the objectives, eligibility, and evaluation criteria, and instructions on how to apply for funding.
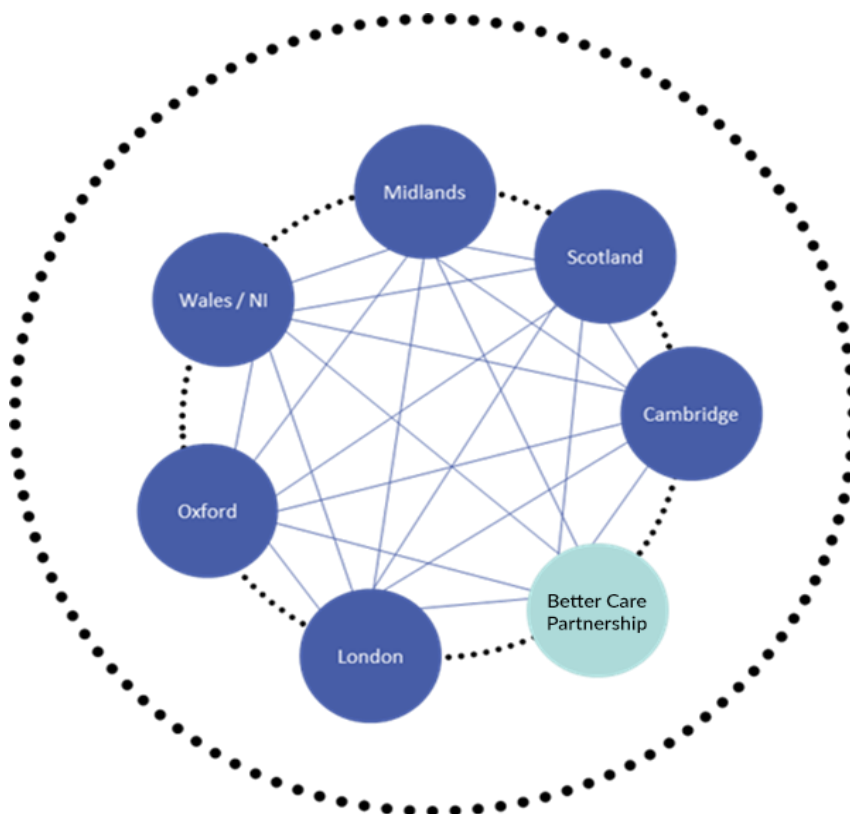
Figure 3 – The porous HDR UK Better Care network

1.5 Patient, public and practitioner engagement and involvement

HDR UK is committed to earning, building and sustaining the trust and confidence of people who are producers and consumers of data and the users of the health and care system. The needs, interests and values of patients, the public and practitioners (health and care professionals) should shape the quality of health data research. This requires state-of-the-art approaches to engagement and involvement of patients, the public and practitioners at every stage of the innovation pathway. All researchers involved in the Better Care programme are expected to support this commitment by demonstrating how patients, the public and practitioners will be involved in identifying the priorities to be addressed and in informing the direction, planning and delivery of projects and programmes.

1.6 Key features and timelines of the opportunities

	Catalyst Projects	Better Care Partnership
Key features		
Full details	Information in a separate '*Guidance for applicants*' document which is available from the HDR UK website	Subject of this document
HDR UK Science Priority	Better Care	Better Care
Leadership of awards	HDR UK	HDR UK
Funding source	The Health Foundation[1] and HDR UK[2]	HDR UK[2]
Funding available	up to £200,000 each (applicants are expected to provide matched funding)	£1.2m (applicants are expected to provide matched funding)
Awards available	3-4	1
Eligibility	Open to all organisations in the UK (including but not restricted to those already involved in HDR UK or in receipt of funding from the Health Foundation)	Only those ***outside*** of the six current HDR UK Substantive Sites
Timings		
Opportunity opens	18 Dec 2019	18 Dec 2019
Deadline for applications	11 Mar 2020 at 16:00	11 Mar 2020 at 16:00
Shortlisting announced	17 Mar 2020	17 Mar 2020
Interviews	23/24 Mar 2020	23/24 Mar 2020
Outcomes announced	Apr 2020	Apr 2020
Awards commence	1 May 2020	1 May 2020
Awards duration	12 months	3 years (initially)

---

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

[2] HDR UK is funded by the UK Medical Research Council, Engineering and Physical Sciences Research Council, Economic and Social Research Council, Department of Health and Social Care (England), Chief Scientist Office of the Scottish Government Health and Social Care Directorates, Health and Social Care Research and Development Division (Welsh Government), Public Health Agency (Northern Ireland), British Heart Foundation and the Wellcome Trust

Part 2 - Better Care Partnership opportunity

2.1 Scope and objectives of the Partnership

The Better Care Partnership is a 3-year programme designed to demonstrate scalable patient benefit from research that implements Better Care loops and generates learnings that can be generalised to other health and care systems in the UK. This partnership enhances the existing network of HDR UK Better Care partnerships. We aim to make **one award of up to £1.2m**, and applicants should provide **matched funding**, which may include in-kind contribution. The programme must start by **1 May 2020** and will initially run until the end of HDR UK's first five-year funding period on **31 March 2023**. The partnership will be expected to establish clear milestones with outcomes being generated through the course of the programme to inform and underpin HDR UK's five-year funding renewal.

It is anticipated that the programme will be carried out by a partnership of organisations and must include at least one digitally-mature NHS organisation. The organisations in the Partnership will become one of the HDR UK research sites. The lead organisation within the partnership will act as the coordinating research organisation for the site, and will manage the award on behalf of all the partners.

The objectives of the Partnership include:
- Demonstrating use of health and care data for research and innovation building on existing digital investments for care in primary, secondary or tertiary NHS care settings
- Identifying and selecting health and care decisions for which patient benefit can be provided by the Better Care loop (see figures 1 and 3).
- Developing the Better Care loop for these decisions in a health and care setting, successfully combining health and care data and health data science research with implementation science to deliver patient benefit.
- Solving problems and developing methodologies to: a) scale Better Care loops from pilot to routine practice and from one health and care setting to another across HDR UK or other learning health and care systems (e.g. from Catalyst projects); b) transfer solutions and learnings from one health and care decision to other decisions across HDR UK or other learning health and care systems.

The Partnership will need to form strong links with existing members of the HDR UK Better Care network and across the field, both in the UK and internationally. The Partnership will work with HDR UK to maintain alignment and ensure complementarity with existing programmes, including the Academic Health Science Network, NIHR Applied Research Collaboratives and the UK-wide NHS community and other activities across the UK. It will assimilate learnings as they become available and adapt its approach accordingly; and rapidly extract and disseminate learnings as they are developed. The first set of Catalyst Projects will run alongside the Partnership and we would anticipate that numerous learnings will emerge from the Catalysts that will feed into the HDR UK Better Care network.

The approach taken by the Partnership must align with HDR UK's commitment to practitioner, patient and public involvement and engagement. The work of the Partnership must build trust amongst patients, the public and practitioners in the secure use of health data science to deliver patient benefit.

2.2 Applicant eligibility

The Better Care Partnership will be a new HDR UK Substantive Site. Therefore, this opportunity is only open to organisations that are <u>not</u> currently a member of an existing HDR UK Substantive Site. Co-applicants need not be co-located, or within the same region of the UK. Organisations involved in other HDR UK initiatives (e.g. Fellowships, Health Data Research Hubs, Sprint Exemplars) remain eligible. Organisations applying for Catalyst Projects may also apply for the Better Care Partnership.

The UK Research and Innovation (UKRI) – Research Councils eligibility criteria will be followed for this competition. In summary, the following organisations are eligible:

- **UK Higher Education** All UK Higher Education Institutions that receive grant funding from one of the UK higher education funding bodies.
- **Research Institutes** The Research Councils have established a long-term investment as major funder to a number of research Institutes, all of which are eligible for grant funding.
- **NHS Bodies** with research capacity (NHS Trust or hospital Executive Board, NHS Clinical Commissioning Group, NHS Special Authority, NHS Trust, NHS Foundation Trust, NHS Local Health Board)
- **Other Organisations** may also be eligible if they have been set-up as an UKRI Independent Research Organisation (IRO) and if they possess an existing in-house capacity to carry out research that materially extends and enhances the national research base and are able to demonstrate an independent capability to undertake and lead research programmes. They must also satisfy other criteria related to their financial and legal status as set-out by UKRI. Charities are eligible partners.
- **Business** If an industry partner is included, they must be UK-based and there is a maximum they can receive from the award (€200,000 over three years[3]).

The Partnership must include a digitally-mature NHS health and care organisation, with an Electronic Health Record system that is collecting data for care purposes, either as lead organisation or as a member. The application should have an academic partner and it may also have an industry partner. The Lead Applicant can be either the NHS organisation or academic partner, with a preference for the former. If led by the academic partner, strong and demonstrable links with the NHS organisation must be evidenced in the application.

The Lead Organisation will be required to adopt the current HDR UK Institute Agreement (Annex B) and HDR UK Standard Terms of Funding (Annex C). To ensure consistency across all Substantive Sites, the Institute Agreement is not negotiable. The Partners will agree a Consortium Agreement which will embody the principles laid out in the Institute Agreement. HDR UK expects this to be the sole agreement required to work in partnership with all other HDR UK Sites.

The members of the Partnership must provide matched funding, which is expected to include in-kind contribution, and the Partnership must be ready to commence work on 1 May 2020.

---

[3] For further information on this limit, please see
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/443686/BIS-15-417-state-aid-the-basics-guide.pdf

2.3 Programme eligibility

While applicants will not be expected to set out a detailed programme of work covering all three years, they will be expected to set out in detail the programme of projects for the first 12-18 months, identifying any projects that they foresee extending through the entire three years of the Partnership, and an overview of how these and other potential projects will form a coherent programme of activity designed to achieve the aforementioned objectives. They will be expected to set out in detail the roles required for the effective and efficient management and delivery of the Partnership. Please note:

- **Start date** An initial project or projects must commence by 1 May 2020. If initial projects require research and development ethical approval, this must have been sought already to ensure that the projects can start by this date. If the project involves the use of an existing medical device or app the applicant must ensure that it has CE marking or MHRA approval, if this is required.
- **Duration** All projects carried out by the Partnership must be completed by 31 March 2023. A final report on each project must be submitted within 3 months of completion.
- **Scope** All projects within the programme must be designed to achieve one or more of the objectives outlined in Section 3.1 and come together to present a complementary programme of research. Ideally, projects would also apply skills, tools or insights related to HDR UK's other health data science priorities and national programmes of research. Information on these can be found at https://www.hdruk.ac.uk/research/
- **Programme milestones** The programme will be assessed against a number of milestones. Milestone 1 will 30 July and is the completion of the contracting, recruitment of any key staff, and set up of all administrative requirements. Further milestones will be agreed as part of the application process.

Applicants for the Better Care Partnership can also choose to submit one of these projects independently as a Catalyst project.

2.4 How to apply

The application should be submitted by a single Lead Applicant. If the application is successful, the single Lead Applicant will be recognised in the award letter and will manage the award on behalf of all applicants involved.

The application should follow the structure set out in Annex A. The Lead Applicant will be required to submit one bookmarked PDF, comprising all the following details and documents (each document should start on a new page), plus an Excel spreadsheet of the budget (using the template provided). Text should be single-spaced, with page margins of at least 2cm, using Arial 11 Font. Please note that any documents that exceed the guidelines on length, as indicated in the Annex, may be automatically truncated before being submitted for consideration.

All applications must be made by email to enquiries@hdruk.ac.uk

If shortlisted by the Panel, the Lead Applicant, and up to four members of the team, will be invited to interview. Applicants must be available on the interview dates.

2.5 Evaluation criteria and selection

The selection of the Better Care Partnership will be via open competition between eligible proposals, with an independent expert Panel administered by HDR UK. The Panel will advise HDR UK, who will make the final decision, which will not be open to appeal. Applications will be assessed by the Panel against the following criteria:

2.5.1 General

a. Capability
   - To what extent do the organisations demonstrate the required expertise and national/international standing in health data science applied to better care in the NHS?
   - How well established is the health and care data system (including Electronic Health and Care Records, or equivalent) and how well set up is it to be part of a learning health and care system (where a third party provider is used, please provide evidence of their commitment to the Partnership objectives)?
   - To what extent does/do the health and care member/s of the Partnership demonstrate a successful track record of quality improvement, and to what extent do the members of the Partnership collectively demonstrate the capabilities required to combine health data science with implementation science to achieve scalable patient benefit in routine care?
   - To what extent does the partnership collectively demonstrate the ability to assimilate learnings from other sources and adapt to their implications, and effectively drive rapid improvement cycles in a health and care environment?
   - To what extent will the Partnership provide opportunities to develop and assist in the delivery of HDR UK's training activities, building the health data science skills and interdisciplinary career pathways required to achieve the ambitions of the Better Care programme?

b. Programme
   - To what extent do the initial projects and further potential activities constitute a coherent programme of work designed to achieve the objectives of the Partnership?

c. Patients, Public and Practitioners
   - What information governance processes are in place to ensure trustworthy access and use of data throughout the projects and how will these be evidenced?
   - How will the Partnership involve and engage patients, the public and practitioners (health and care professionals) at all stages of its work and how will this be evidenced and measured?
   - How will the Partnership build trust and understanding amongst patients, the public and practitioners in the use of health data science to improve patient care, and how will this be evidenced?

d. Scaling, Dissemination and Partnership
   - How will the Partnership integrate effectively into and contribute to the HDR UK Better Care Network?
   - How will learnings developed by the Partnership be disseminated?
   - How will the Partnership adopt lessons from the Catalyst projects and other members of the HDR UK Better Care network?

e. Team
- o To what extent does the leadership team from the partner organisations demonstrate that it has the necessary skills and experience to deliver the objectives of the Partnership?
- o To what extent has the team demonstrated that they will successfully capitalise on complementary strengths within and across the Partnership?

f. Alignment with HDR UK's values and ambitions
- o How will the Partnership support HDR UK's values, ambition and strategy?
- o What distinctive contribution can the Partnership make to advancing HDR UK's One Institute Strategy?
- o Applicants from organisations that are data custodians will be expected to join the UK Health Data Research Alliance, and as such, embrace the principles for participation and make tools and data discoverable through the Innovation Gateway.

g. Financial contribution
- o What level of contribution in cash or directly attributable in-kind funding will the members of the Partnership provide?
- o How will the Partnership demonstrate outstanding impact from all funding available?

2.5.2 For projects that have been outlined in detail

a. Impact
- o What **unmet health and care need** is the project addressing? Are other researchers already working on the research question and/or the unmet health and care need, and if so, in what ways does this project provide a distinctive and necessary contribution to resolving it?
- o What type of **benefit** will the project deliver **to patients** and how is it anticipated that their care and outcomes will improve?
- o How will this benefit be **measured**?
- o What is the **scope of impact**: how many patients will benefit from the project itself and how many could benefit if the Better Care loop were scaled up to a national level?
- o How **sustainable** is the Better Care loop? What would need to happen for it to be embedded as routine care outside study conditions?
- o How will the learnings from the project be **disseminated**?

b. Technical Quality
- o What **health and care decision** is the project applied to and what **health and care data** (including EHR, or equivalent) will the project use? [Please state the system and summarise its current capability to provide confidence of a digitally-mature systems]
- o How well defined is the **research question**? And to what extent does the project have a **robust methodology** to answer the research question?
- o How well have **health and care staff** been involved in the design and delivery of the project?
- o To what extent are **implementation and change management** requirements integrated into the approach to ensure that solution of the research question will translate into a change in frontline practice?
- o How have **health systems been engaged** in identifying the priority being addressed?

c. Patients and Public:

- o What **information governance** processes are in place to ensure trustworthy access and use of data throughout the project and how will these be evidenced?
- o How have **patients and the public** been involved in the design of the project and how will they be involved in its delivery and how will this be evidenced and impact measured?
- o How will the project build **trust and understanding** amongst patients, the public and health and care professionals in the use of health data science to improve patient care, and how will this be evidenced?

d. Team and partnerships:
- o To what extent can the proposed project team demonstrate that it has the necessary skills, experience and partnerships in place to deliver the project as scoped, including involvement of frontline health and care professionals, patients and the public?
- o What are the names, roles and planned dedicated time, for each team member for this project?

2.6 Payment and end of grant reconciliation

Awards will be made to the Lead Organisation, in the name of the Lead Applicant.

Successful applicants will receive an award letter, setting out the value of the award and duration. Research Organisations and the Lead Applicant will be required to sign and submit an Award Acceptance Letter within 10 days of receipt of the Award letter confirming their acceptance of the funding and responsibility for the project.

Payment of funds will be made quarterly in arrears on submission of an invoice against incurred spend. The total value of all claims may not exceed the total value of the award.

Extensions or supplements will not be made to the Awards. Any recruitment must be appropriately planned into the project. All recruitment approvals must be in place before 1 May 2020. Recruitment delays will be automatically rejected as a reason to request an extension.

Applicants will be required to submit an End of Grant Reconciliation form, documenting spend on the project within once month of the end date of their project.

Please note that following milestone 1, a steady state expenditure is expected to 31 March 2023. Any variations to this are expected to be explained in the application.

The final quarterly payment will be withheld until the Final Report has been received and the End of Grant reconciliation completed.

2.7 Communications and branding

In outputs relating to the Partnership, all team members must be acknowledged, the patient data citation must be used where relevant and all code etc must be made available on GitHub, as set out in the HDR UK Attribution Policy.

The announcement of the successful Partnership will be managed by HDR UK in partnership with the lead organisation. The Partnership will follow HDR UK's brand guidelines and will ensure that HDR UK is acknowledged in press releases and other communications materials.

The successful Partnership will follow the HDR UK Attribution Policy.

Part 3 - Further information relating to opportunity

3.1 What we will do with your information

In accordance with the General Data Protection Regulation 2018, the personal information that you provide within the application will specifically be used for administering this opportunity. The information will be viewed by HDR UK staff, staff of the Health Foundation, HDR UK funders and selection panel members, and your information will not be used for any other purpose without your specific consent.

3.2 Open access to project results

Outputs (e.g. publications, algorithms, software) must be made **open access** (e.g. code via HDR UK on GitHub) and **attributed** according to HDR UK's Open Access and Attribution Policies.

Applicants from organisations with data custodian responsibilities will be expected to join the **UK Health Data Research Alliance**, and as such, embrace the principles for participation and make tools and data discoverable through the **Innovation Gateway**.

3.3 Outputs, monitoring and reporting

Better Care Insight Sharing days Successful applicants will be required to attend quarterly Better Care Insight Sharing Days, which will be for all funded Catalyst Award Projects and representatives from the HDR UK Better Care network, providing an opportunity for progress updates and cross-project dissemination. At each Insight Sharing Day all funded projects will be required to give a progress update presentation. The lessons learnt from all of the projects will be used to inform the HDR UK Better Care network. Participation in the Better Care Insight Sharing Days is a condition of funding.

Researchfish Applicants will be expected to report outputs via Researchfish, an online reporting system during the submission window in Spring 2022. Further information will be issued to successful applicants.

Final report Applicants will be required to submit a Final Report (no more than 10 A4 pages) within one month of the end date of their project. This should cover:
- Description of their project outputs
- Description of the likely impact of their project and how this contributes to the Better Care network
- Description and evidence of the use of resources on the project
- A case study written for a public audience that describes the benefits to patients

3.4 Additional Information

For further information about either of the Better Care opportunities **visit** www.hdruk.ac.uk, **email** enquiries@hdruk.ac.uk or **call** 020 3371 1393.

A **webinar** will be held on Monday 13 January 2020 (16:00-17:00 GMT), to provide an overview of the current Better Care opportunities for proposals and answer any questions. Please click this link to join the webinar: https://zoom.us/j/401671577. Alternatively use iPhone one-tap (+442039663809, 401671577# or +441314601196,401671577#) or phone into the webinar on +44 203 966 3809, +44 131 460 1196, +44 203 051 2874 or +44 203 481 5237. Webinar ID: 401 671 577. International numbers available: https://zoom.us/u/aevBPdruH

Please also check the HDR UK website for **FAQs**, which will be added to periodically until 11 March 2020.

Annex A – Structure for Partnership proposal

A1. For the Partnership

A1.1 **Title** (max 150 characters)
Name of Organisations (Coordinating Organisation and Associate Organisations clearly indicated)

A1.2 **Executive Summary** (max 400 words)

A1.3 **Lead Applicant** (Research Director, from the Coordinating Organisation)
- Name
- Post Held
- Department
- Institution
- 2-page CV as appendix

A1.4 **Co-Applicants** (Associate Director/s; Name, Institute and Department; 3 page combined total limit for CV highlights of Associate Directors)

A1.5 **Case for support** (up to 4 pages)
For detail of what to include here, please see section 2.5.1. To include:
- Capability
- Programme
- Patients, public and practitioners
- Scaling, dissemination and partnership
- Team
- Alignment with HDR UK's values and ambitions
- Financial contribution

A2. For each proposed specific project

Please duplicate the whole of section A2, as required, for each proposed project. Around 3-5 projects may be listed.

Applicants for the Better Care Partnership can also choose to submit one of these projects independently as a Catalyst project.

Please include the following sections:

A2.1 **Applicants' Details and Project Summary** maximum 1 page
Applicants' details: Please detail the name of the Lead Organisation, Lead Applicant, team Members or Collaborators. The named people should include a lead for each sector included (e.g. NHS, academic and industry etc).

Project Summary: Please provide the title, start and end dates, and total funding request for the project. Please note that successful projects must start no later than 1 May 2020.

A2.2.   **Lay Summary and Scientific/Technical Abstract** maximum 200 words each
Please provide a Lay Summary of your project with a clear statement of the relevance and benefits to patients and populations, suitable for a general audience. Please provide a Scientific/Technical Abstract of your project, suitable for expert review. If your application is successful, these abstracts may be used may be used in communication materials for the Better Care Programme.

A2.3.   **Response to the selection criteria**
For detail of what to include here, please see section 2.5.2 in the main Partnership Guidance document. To cover:
a.   Impact (2 pages)
b.   Technical quality (2 pages)
c.   Patients, public and practitioners (1 page)
d.   Teams and partnerships (1 page)
e.   Gantt chart (1 page)
f.   Risk register with mitigation activities (2 pages)

Additional 1 page technical annex permitted, if required.

A2.4   **Budget** (using the Excel template provided)
Please provide financial details of the project, with the following individual expense lines shown:
- Direct staff costs (e.g. staff salaries, employers NI, subcontractors or seconded staff). Indicate dedicated project time for all staff, and name of staff where known. All roles must be listed and individuals costed.
- Travel and subsistence expenses (identify the meetings/travel planned)
- Computing costs (e.g. data access costs, hardware/software purchases)
- Other (please specify)

Direct costs of the project can be applied for, including directly attributable indirect costs. Details of directly attributable indirect costs should be included in the 'other' section of the Excel template). Applicants cannot apply for costs that are already covered by public, or other funding sources.

A2.5   **Applicants' CVs**
Please combine the CVs of all investigators and collaborators, in the following order: Lead Applicant (maximum two pages); other investigators (maximum 1 page each).

A2.6   **Ethics/Data Approval** maximum 1 page (an additional single page appendix may be included for a data flow diagram if needed).
All patient data that is to be used must operate in line with robust governance and ethical standards that satisfy (amongst others) guidance provided by the Health Research Authority, Information Commissioner's Office and National Data Guardian. Please identify the lead contact, with responsibility for data governance on behalf of the

consortia. Provide details of the status of your governance arrangements, with clarity and assurance that the necessary approvals are in place to deliver the proposed project on time. A statement is required to confirm that you have considered and agreed within the consortium how to manage ethical, legal and governance issues relevant to the project (e.g. data protection, research approvals and meeting Information Governance standards), and that the responsibilities of each consortia member are clearly established. Where relevant, a data flow diagram should be included to demonstrate that these legal, ethical and governance issues have been identified and will be robustly managed. Please note that proposals must utilise existing data and should not be reliant on new data collection.

A2.7   **Letter from Employing Organisation** maximum 1 page
Please upload a letter of support from the individual in your organisation (e.g. CEO and financial director) authorised to confirm that they have read this application, have approved the costs submitted, and are willing to host and manage the project should this application be successful. Each letter must confirm that: if not already covering the entire period of the project, then the contract of employment for the Lead Applicant will be amended and/or extended as necessary to enable the successful completion of the project; the project will be given full access to the facilities, equipment and personnel as required by the application; the indicative costs included in the application have been correctly calculated with the support of the finance department, the letter signatory is authorised to approve the submission of applications for funding, and the application has met all internal approval procedures. Please note that letters from collaborators are not needed.

A2.8.   **Declarations of Interest** maximum 1 page
Please outline any private, personal or commercial interest relating to the application that the Lead Applicant, Co-applicants or any Collaborators have. Please specify how any potential conflicts are being managed.

Annex B - HDR UK Institute Agreement

Downloadable from HDR UK website

Annex C - HDR UK Standard Terms of Funding

Downloadable from HDR UK website