



Frequently Asked Questions (FAQs)

21 December 2017: New FAQs have been added at the end of this document addressing queries received about the current UKPRP funding call which closes on 18 January 2018.

PURPOSE & SCOPE

1) What is the purpose of UKPRP?

The purpose is to:

- fund research and network building to prevent non-communicable diseases (NCDs);
- build and support research teams, containing a range of relevant disciplines and non-academic partners, that are focussed on addressing a specific NCD prevention research question(s);
- fund research and network building to develop, implement and evaluate generalisable and scalable preventive policies/interventions;
- support interventions which will enable change within complex adaptive systems;
- foster solutions that are impactful at a population level and cost-effective;
- deliver improvements that meet the needs of providers and policy makers.

2) What will be the scope of the research?

- The UKPRP will examine the best ways of modifying common risk factors and upstream determinants of NCDs, and reducing inequalities in these through population level actions.
- It will develop and build on basic research in a number of relevant disciplines (e.g. social, biomedical, engineering, environmental and computing sciences), use and develop appropriate methods for evaluating the effectiveness and value of existing or novel preventive strategies.

3) How is UKPRP different to other initiatives on prevention?

- The funding is longer-term and large-scale.
- It is designed to support highly interdisciplinary groups, extending disease prevention research into areas like engineering and physical sciences and brings in experts from these areas that have not typically worked on disease prevention before.
- Research can be done across regions and sectors (e.g. NHS and non-NHS) and there is no one dominant methodological model (e.g. epidemiology or trials).
- Co-production of research with policy makers and practitioners is mandatory and can include industry (i.e. the commercial/business and profit-making private sector), if relevant to the research question(s).
- The research will not focus on individual behaviour(s) but look at the antecedents of NCDs that exist in the physical and social environment.

- UKPRP is a managed programme and the funders will continue to engage to help ensure the success of the research effort and maximise its impact.

Some of these requirements are shared with other research initiatives but UKPRP is the only one that requires all of these, as well as the focus on systems and upstream determinants.

4) Why is the focus of the call on primary prevention?

Primary prevention is one of the biggest gaps in prevention research. Secondary and tertiary prevention; and research on communicable disease prevention are relatively well covered. What we need to know much more about are the causes of poor health that arise in everyday life, before people develop chronic illnesses, and the interventions or solutions to prevent people becoming ill. The aim is to take pressure off of the NHS and to increase healthy life years.

5) What does ‘population level prevention’ mean? Must the research only be relevant to the general population; can it focus on at-risk groups?

The UKPRP target is population-level health improvement delivered through systemic change; we would expect individual-level interventions to be funded in other ways. However, population does not necessarily mean the whole UK population and the UKPRP will support a ‘precision prevention’ approach where populations would include a community, a workplace or a school. Researchers who want to employ individual-level interventions targeting high risk groups, to enhance a UKPRP study, should contact the UKPRP Secretariat (UKPRP@headoffice.mrc.ac.uk) to discuss their approach.

6) Are there particular priority areas the UKPRP must address?

We do not want to inhibit innovative thinking by being prescriptive about areas, approaches or the required disciplinary mix/partnerships. However, the review of the National Prevention Research Initiative (NPRI)¹ identified mental health as a neglected priority. Health inequality is another priority because it is a major and growing issue – particular care should be taken to ensure that UKPRP activities do not exacerbate inequalities.

7) What is a ‘complex adaptive system’ and why are we placing such emphasis on this aspect of the initiative?

A complex adaptive system is one where an understanding of the individual parts does not automatically convey an understanding of the system as a whole. Many public health interventions are grounded in linear models of cause and effect. Experience has shown that this approach is too simplistic and likely to fail if applied to the complex, adaptive systems within which most public health interventions have to operate. If you do not fully understand the system within which an intervention operates it is likely that the intervention will not work, or that it may appear to work when it is not in fact the agent of change. It also makes it very difficult to assess the wider generalisability of the intervention. Therefore, defining and refining the system model within which interventions are developed is a key challenge for this initiative.²

PARTNERSHIPS

8) What do we mean by the term a ‘user’?

Users are any individual or body who might use the research findings, and/or be the ultimate beneficiaries of evidence that helps them, for example, develop new policies or evaluate

¹ <https://www.mrc.ac.uk/research/initiatives/national-prevention-research-initiative-npri/>

² For further information see for example, Rutter et al. (2017) The need for a complex systems model of evidence for public health. *Lancet* [https://doi.org/10.1016/S0140-6736\(17\)31267-9](https://doi.org/10.1016/S0140-6736(17)31267-9)

existing ones, or implement interventions, services or design programmes. This includes policy makers/practitioners in national and local government, the third sector, industry, and, importantly, the public. Users can contribute to framing the research questions, the design of research projects as well as dissemination and translation of the research findings.

9) What evidence of engagement with users will be required?

In the outline application, you will need to say how engagement with users will influence or is likely to impact upon the translation of the research evidence into policy and practice. You will need to name the key user(s) groups and specify their role in the co-production and conduct of the research. Letters of support from each consortium collaborator will be required at the full application stage.

10) Which policy makers and/or practitioners should be engaged?

The answer depends on the relevance of the research question to policy and what the policy maker/practitioner can contribute (with careful management this can be a virtuous circle). Some policy makers carry out policy research 'in house' or have their own policy research units; these activities can provide a gateway for engagement with policy makers and appropriate linkages should be considered when developing applications. For some health researchers, this may involve reaching out to public sector partners, like Public Health England, the NHS, Local Authorities and equivalents in the Devolved Administrations or to non-traditional policy partners (for example, the Department of Justice, Transport or Education, amongst others). User engagement not only improves the quality and deliverability of the research but can also improve the chances of implementation.

11) Can staff from Public Health England (PHE) and equivalent organisations in the Devolved Administrations be an applicant/partner? What about other government departments/bodies?

Staff from PHE and equivalent organisations in the Devolved Administrations can be a Co-Investigator, as can members of other public bodies like the Met Office.

12) Will the UKPRP consider applications from an academic-industry collaboration?

Applications including collaborations with charities or industry will be welcomed where these add value to the project, for example in terms of access to expertise, technologies, materials or funding and enable translation into policy and practice. In this call, it is expected that applications will be made in collaboration with research users and providers, e.g. local public health specialists, experts in the third sector; and industry partners. If a proposed academic collaborator is to be a recipient of support, they should be included as a co-investigator on the application, rather than as a collaborator.

Academic-Industry Collaborations

Where the collaboration involves an industry partner, the lead applicant must be the academic partner. When establishing a collaboration with an industrial partner(s), you and your potential collaborator(s) must refer to the [UKPRP principles for working with industry](#).

At the full application stage, applicants working with industry partners will be required to complete the UKPRP Industry Collaboration Agreements (UKPRPICAs) and declare any conflicts of interest. Further guidance on these additional documents will be provided to those who are invited to submit a full proposal. Clear governance arrangements and agreements are also mandatory for the full application stage.

13) Can/must research consortia and networks funded by the UKPRP work across institutions/have multi-disciplinary partners?

They don't have to but they probably will. The disciplinary mix will be dictated by the needs of the research. We expect existing consortia and networks to bring together a wide range of disciplines (including population health science, the built environment and architecture, engineering, design, town planning, retail and marketing, economics, political science, mathematical sciences, data science and computer science) and make linkages to users. This will likely result in consortia and networks operating across institutions.

FUNDING

14) Who are the core funding partners?

Currently they are the British Heart Foundation (BHF), Cancer Research UK (CRUK), Chief Scientist Office (CSO) Scottish Government, Engineering and Physical Sciences Research Council (EPSRC), Economic and Social Research Council (ESRC), Health and Social Care Wales, Health and Social Care Public Health Agency Northern Ireland, Medical Research Council (MRC), Natural Environment Research Council (NERC), National Institute for Health Research (NIHR), The Health Foundation, Wellcome Trust. Together we have amassed a funding pot of £50m for primary prevention research on NCDs.

15) Will there be one decision point for awards?

Yes. There is an outline and a full application stage for the first call but each will be a single decision point.

16) Will the awards attract Full Economic Costing (fEC); at what rate?

Yes. Under fEC, applicants from Higher Education Institutions (HEIs) need to show the full costs of a research project. The UKPRP will meet 68% of these costs (unless there are exceptions). The percentage of fEC is determined by a formula which takes into account, in a weighted average, the proportion of fEC which is notionally recovered by universities from charity funding (55%), the rate paid by Government Departments (80%) and the rate paid by Research Councils (80%), in proportion to their respective contributions to each "common funding pot". Further income may be recoverable via the Higher Educational Institute's arrangements for charitable support.

17) Who is eligible to apply for funding?

This is set out in detail in the call guidance for the consortium and network awards, respectively. In short, the UKPRP will consider proposals from any UK-based researcher who can demonstrate that they will direct the proposed research or network and be actively engaged in carrying it through. Researchers from overseas institutions may be included in a consortium proposal as a Co-Investigator where this adds value to the research or network.

Eligible research organisations are defined at: <http://www.rcuk.ac.uk/funding/eligibilityforrcs/>

18) Will there be scope for funding international collaboration/engagement?

Yes. If in doubt, let us know your plans in advance by contacting the UKPRP Secretariat (UKPRP@headoffice.mrc.ac.uk), but by and large we would accept this and fund it where the opportunity arises. However, please bear in mind that this is a UK-focused initiative, so the engagement of international experts needs to be predicated on their interest in the UK as a test-bed or comparative studies.

19) Whose grant conditions will the UKPRP use?

The UK's Medical Research Council is administering the call for proposals on behalf of the UKPRP. The UKPRP awards will be subject to the UK Research Councils terms and conditions: <http://www.rcuk.ac.uk/funding/grantstcs/> but with some modifications set out in the call text. These mostly pertain to working with industry, Intellectual Property (IP) and reporting requirements. In addition, UKPRP applicants agree to having their outline applications published online, including on the RCUK Gateway to Research, if they are successful at the outline application stage.

20) Will the funding cover the cost of interventions?

Costs for interventions are:

- (i) research costs relating to developing or adapting (e.g. scaling up) an intervention to answer research questions. These costs end when the research project is completed; and
- (ii) delivery costs which remain after completing the research project and relate to implementing an intervention in normal practice.

The UKPRP funders will consider contributing to costs for developing and evaluating interventions provided there is evidence of a partnership between academics and users and that applications specify plans for the long-term sustainability of an intervention, that is the continuity of the action beyond the research project - which the UKPRP will not fund. Applications should therefore specify what users will do to support continued delivery of an intervention.

For the outline application, the intervention costs may be estimated but the full application will need to itemise and quantify each element of the components of known intervention costs.

Applicants who are unclear about whether or not the UKPRP would accommodate the costs associated with their proposed interventions should contact the UKPRP Secretariat (UKPRP@headoffice.mrc.ac.uk) to discuss their plans.

AWARDS

21) Does the UKPRP support fellowships and students?

The consortium awards will not provide career development posts or studentships and funders expect the consortia and networks to benefit from the years of investment in capacity building. UKPRP recognises that the consortia would be a strong base for training and we hope that students and Early Career Researchers become involved in the consortia and benefit from them. Ultimately the consortia should become a research nucleus that will support applications for fellowships.

Consortium Development Grants (CDGs)

22) What is the purpose of the CDG and why is it compulsory?

This is to provide time for each consortium to be established and to enable the development of full consortium proposals. This is a new model of prevention research funding for the UK community and we expect it will take time to make all the necessary arrangements to develop a consortium and jointly produce the application for funding. We are providing a consortium development grant to each successful outline applicant to support the development of UKPRP consortium.

23) What level of funding and duration is available for CDGs?

Applicants whose outline proposal is selected for progressing towards the full application stage will be reimbursed costs up to £50,000 (total UKPRP contribution, not awarded at 68% fEC) for a fixed period (six months). Applicants will need to say in the outline application what the funding will be used for.

24) CDG: what is supported?

A consortium development grant will include costs for travel and subsistence, enabling members of a consortium to meet to exchange ideas and expertise (which may include visits by or to experts overseas); and costs involved in running activities such as networking events, expert working groups and workshops.

25) How many CDGs are likely to be funded?

Around four to six CDGs will be awarded in each call, but we could support more depending on the funding requests.

26) Will all CDGs automatically become consortia?

No, however we would like the conversion rate to be as high as possible. For this reason, the outline application stage is a significant one and we will not short-list proposals that do not have a reasonable prospect of progressing to the full award.

27) How will you deal with CDG bids that overlap either completely or partially?

One important role of the Expert Review Group is to consider this and the applicants may be asked to work together.

Consortium Awards

28) Does each consortium need a leader; can there be joint leadership?

There must be a single leader (referred to as Research Director in the call) to direct the science and be ultimately responsible for the running and liabilities of the consortium. If there are joint Research Directors you will need to explain this in the body of the application and say how this arrangement would work in practice.

29) How many consortia will be funded?

We expect to fund between four and six in total, across two calls.

30) What level of funding is available for the consortium award?

The UKPRP anticipates requests of between £4 and £7m per consortium award.

31) What flexibility will there be for the consortium Research Director to reallocate funding post-award?

A Research Director's discretionary fund may be built into a consortium award. This will support reactive work to respond to new opportunities / challenges that arise during the period of the award and which are aligned to the consortium's mission. The fund will be capped at £50k per annum, and will enable a Research Director to move funds between programmes. Applicants will need to bid for this funding in their full application.

Details of the Research Director's discretionary fund will be provided with instructions to outline applicants who are selected for progressing towards the full application stage. In the full application, the Director will need to explain how the fund will be used and the governance arrangements for its dispersal.

32) Consortium - what is supported (e.g. salaries)?

Post-doctoral Research Assistants (PDRAs) and Research Assistants (RAs), knowledge brokers (where appropriate) and consortium managers, for example an operations officer or project manager. Consumables for research will be supported. We will buy out the time of the senior Research Director, and uniquely for the UKPRP, buy out the time of users where it can be justified, for example, a Director of Public Health or a member of his/her team.

33) Can I apply for more than one consortium?

Individuals may be the lead applicant (Research Director) on only one consortium application. Individuals can participate in other applications; however, the assessment will involve mapping the level of engagement of investigators with the research and their capacity to meet these commitments. This needs to be considered before applying and not after you find out what is funded.

34) How soon after the completion of the CDG will we be expected to submit a full consortium application?

You will need to apply immediately at the end of the CDG so you will be drafting the full application anywhere up to two months before the end of the CDG.

35) When will we be informed of the outcome of the full consortium application?

After you have submitted the application it will take about two to three months to assess the applications. The assessment process will culminate in a decision meeting of the Expert Review Group; this will be an interview at the full application stage. You would be informed of the outcome within 10 working days of the Expert Review Group meeting.

36) Can/must a consortium work across UK regions?

A consortium can work across regions and territories of the UK, this may well strengthen an application but it is not a requirement.

37) What is a 'knowledge broker' and is it mandatory to appoint one?

Knowledge transfer will be a key aspect of each consortium as this will help translate research evidence into policy and practice and increase the impact of the research. There are different ways to approach knowledge transfer, and a consortium's Research Director will need to identify and implement mechanisms that are appropriate to their consortium. One example of this includes appointing a knowledge broker.

A knowledge broker is simply an intermediary who looks for valuable relationships between your research team and others, including those that produce and use the outputs of the research. They need to be knowledgeable and scientifically articulate about your group's research and be skilled at engaging other sectors. We have not mandated their inclusion, but we would expect each consortium to implement appropriate mechanisms for knowledge transfer.

Network Awards

38) How is a network award different from a Consortium Development Grant or a consortium award?

See the award comparison table on the main [UKPRP call webpage](#). In short, no funding is provided to undertake research in networks. Network awards support networking activity around a broad challenge in primary prevention research on NCDs, and provide significant time (up to 4 years) to scope research opportunity across diverse disciplines. Consortia are, however, funded by the UKPRP to undertake interdisciplinary research addressing a specific

challenge in the primary prevention of NCDs. Consortia will reflect novel combinations of researchers that may coalesce existing investments and networks and should make significant progress in strengthening all the linkages in the six month CDG period.

39) What level of funding is available for network awards?

£100k per annum (UKPRP costs) for up to four years.

40) What is the duration of a network award?

Up to four years.

41) Network awards - what is supported (e.g. salaries)?

See the Network [webpage](#) and [guidance](#). Investigators' salaries (the Principal Investigator and Co-Investigators can request funds to cover their salary costs for the time spent on setting up and managing the network); travel and subsistence; administrative support and costs involved in running activities such as networking events, working groups, debates, and online discussion forums.

42) How many networks will there be?

We expect to fund about four to six.

43) Can networks include industry or policy partners?

Yes, we would expect this.

Further funding

44) Can Networks be renewed or extended?

No. There are currently no plans for renewing network awards. It is anticipated that they will become self-sustaining through the income generated from grant applications.

45) What further funding will be made available through the UKPRP?

We intend to provide cross-consortia awards in due course to fill in gaps and meet emerging priorities including the provision of additional support of methodological innovation, work that is required by policy makers in a short time-scale; or to allow flexibility to enable quick reaction to policy announcements. These grants would usually be of shorter duration and much cheaper than consortium awards.

QUESTIONS RAISED IN THE UKPRP WORKSHOP

46) Enabling infrastructure – will there be funds for management, administration support etc.?

Yes - see the UKPRP call guidance on the web for the [consortium](#) and [network](#) awards, respectively.

47) Should consortia be restricted to a narrow geographical area to allow greater contextual basis?

Research is national/international while public health issues are often a local concern. Consortia can accommodate both a regional and a national focus but also present an opportunity to explore local health issues that are shared by more than one geographical area. Applicants may wish to consider locations where health problems are known to exist.

48) How will the programme ensure specialist reviewers can identify appropriate systems work and the need for trans-disciplinary proposals?

We are aware of this issue. Applications will be assessed by an Expert Review Group (ERG) comprised of senior independent academics from the UK and overseas, and user representatives. Membership of the ERG will be agreed by the partner funders and will vary according to need. The Group will have a membership encompassing a range of scientific expertise, e.g. public health, epidemiology, social science, statistics, informatics, economics and physical sciences. Additional members with expertise in specific areas may be co-opted onto the group as needed, especially for full applications for consortia. There will be strict criteria to follow as we want to build inter-disciplinarity. We do expect members of the consortia and networks to be experts in their new fields but for there to have been significant preparatory discussion about how the consortia/networks will work.

49) Are injuries or their prevention included?

The focus of the call is the primary prevention of NCDs; the prevention of injuries is an important area for research and the global burden of ill health arising from injuries is high. However, injuries are not considered an NCD for the purposes of this call. Research on the primary prevention of NCDs that also reduced injuries would be welcomed.

50) Will funding be available for Non-Governmental Organisations (NGOs) or public sector partners to have their time and expenses reimbursed?

Yes, but you will need to justify it and be clear who you are working with and their motivations for collaboration. We would welcome close alignment with public sector stakeholders and we would consider buying-out the time of a crucial person, provided it is essential to the transfer of research evidence to policy and practice, and does not represent a conflict of interest.

51) What are the sources of funding for multi-country projects (e.g. UK and South American countries) on determinants of health and inequalities e.g. transport / housing?

The initiative is focussed on research with UK application. Where proposals involving international partners add value to this objective they will be welcomed; however, the main focus of the call is not to address the, albeit increasingly important, issue of NCDs in developing countries.

52) Will the UKPRP initiative support evolving aims, staged/phased work?

Yes and this will be needed in several areas including data linkage, contextual studies and exploratory workshops with experts in other disciplines.

53) Can work packages include some basic science work if pivotal to next steps?

Yes.

54) You say that the UKPRP expects a focus on “what works” rather than describing problems? Does that always mean an intervention should be part of the research?

This often comes up in the context of a misunderstanding about what an intervention can be, for example, that UKPRP will only fund trials. Randomised controlled trials are not always appropriate and different evaluation methods will therefore be required, which the UKPRP encourages. The UKPRP supports the evolution of evaluation methodology for public health interventions.

There are many ways of intervening, for example: an economic modelling study estimating how the changes in say, education over time has changed the health-related behaviours or

health risks could be supported if it also involved simulation or future projections that could be implemented. Interventions at a systems level can be introduced at multiple leverage points and the key issue here is co-production of the research with users to see if the research could result in an implementable change.

55) Is there an opportunity to evaluate natural experiments which arise quickly – how do we rapidly mobilise research teams to at least get baseline data early on?

One advantage of the UKPRP is its flexibility provided through, for example the Research Director's discretionary fund that could be built into a consortium award or through additional funds that could be made available for opportunities like this.

A Research Director's discretionary fund will support reactive work to respond to new opportunities / challenges that arise during the period of the award and which are aligned to the consortium's mission. The fund will be capped at £50k per annum, and will enable a Research Director to move funds between programmes. Applicants will need to bid for this funding in their full application. Details of the Research Director's discretionary fund will be provided with instructions to outline applicants who are selected for progressing towards the full application stage. In the full application, the Director will need to explain how the fund will be used and the governance arrangements for its dispersal.

56) Can networks for developing evaluation methods be funded?

Yes, provided they are designed to look at system-level changes and be part of a larger body of work. There are also other schemes to develop methodology <https://www.mrc.ac.uk/research/initiatives/methodology/>.

57) Will there be a 'go to' person for people with queries/questions?

Yes, there is a UKPRP Secretariat which will reply to all queries into a generic email box (UKPRP@headoffice.mrc.ac.uk).

58) Is sexual health included?

Yes, but we are not funding communicable disease.

FAQs added on 21 December 2018

59) Is there an institutional maximum in the number of applications that would be accepted for consortium and network awards?

There is no limit to the number of applications that we would consider for UKPRP consortium and network awards.

60) Is the target cost range of £4-7 million for consortium awards the 68% FEC amount?

For UKPRP consortia, the range of £4-7m (over 5 years) per award is the UKPRP's contribution, which is 68% of the full project cost. For example: a consortium award of £6m (FEC) will receive approximately £4m from UKPRP. Please note, the £4-7m figure quoted in the call documents is for guidance only and applications that fall below or exceed this range will be considered but the costs will need to be carefully justified.

61) Are additional appendices, such as a Gantt chart, permitted with the outline application?

Any documentation that has not been specifically requested in the consortium or network call guidance or on the webpage should not be submitted and will not be reviewed as part of your outline application. Applicants should note that they are permitted to submit a timetable detailing milestones as a MS Word document along with their outline application for

consortium and network awards. This is explained in the guidance: see page 5 of the guidance for each award.

62) Are letters of support required at the outline stage?

All applications, including outlines, must be approved by the appropriate Administrative Authority (e.g. the lead institution's Finance Officer) and the lead applicant's Head of Department, on behalf of the host institution, to indicate its formal acceptance of the proposal, the terms and conditions of a UKPRP award if made, and their approval of the salaries and resources sought. A letter of support from the host institution indicating its approval of the outline application should be included as part of the outline application. This is set out on page 3 of the consortium or network guidance. Additional letters of support are not required at the outline stage.

Further letters of support from each collaborator will be required from those invited to the full application stage.

63) Is there an Excel template for providing consortium or network award project costings?

There is no set template for the separate MS-Excel form that applicants are asked to attach in support of justifying costs for consortium or network awards. However, we would expect to see a breakdown of eligible costs as per section 4 of the [consortium](#) or [network](#) webpage.

64) Can an organogram be uploaded to support a consortium application?

An organogram showing key consortium components can be submitted as a separate document (one side of A4 max) as part of the outline consortium application. Further details are available in section 2.6 of the consortium award guidance.

65) CDG – Can the Consortium Development Grant (CDG) be used to cover staff/admin costs?

The CDG cannot be used to cover any staff/admin costs during the 6 month CDG period. Eligible CDG costs are set out in section 4 of the [consortium webpage](#) and cover:

- travel and subsistence enabling existing or potential members of the consortium to meet together to exchange ideas and expertise. This may include visits by or to experts overseas.
- costs involved in running activities such as networking events, expert working groups and workshops.
- costs to enable the engagement of users.
- bringing together members of the consortium to prepare the full application.

66) Is there a maximum number of Co-investigators (Co-Is) or other partners that can be involved in each application?

Whilst the consortium and network application forms allow for 8 Co-Investigators and 8 other partners, there is no limit on the number that can be involved in an application. If you do have more than 8 Co-Is or other partners, a separate PDF (one side A4 max) should be submitted along with your completed application, with the details cross referenced to the form and submitted in the same format.

67) Can I submit a MS-Excel spreadsheet showing costs for the Consortium Development Grant (CDG) as part of my application?

Section 6.1 in the consortium award outline form asks applicants to specify how they would use the CDG and provide justification. As part of their response, applicants are permitted to submit a MS-Excel spreadsheet setting out costs during the CDG period.