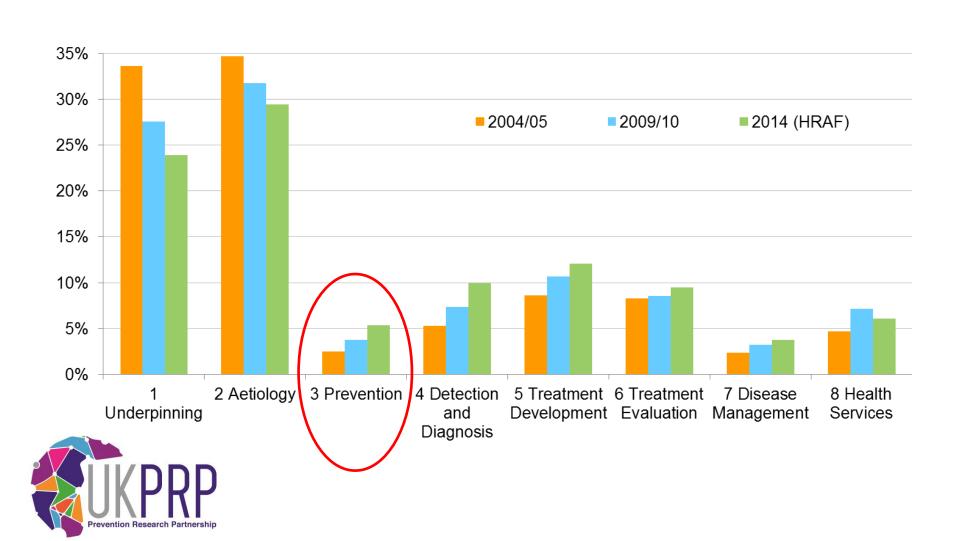
UKPRP: Funding

Dr Joe McNamara Head of Population Health Sciences MRC



UK Funding for Health Research 2014



Agreed objectives

- build new multidisciplinary research teams
- provide substantial long-term investment
- foster whole systems approaches to prevention
- co-develop research programmes with users including industry
- translation of new knowledge
- capitalise on emerging technologies, big data and discovery research
- support methodological innovation



Funding

- Ambition to invest £40 £50 million over 6-7 years
- Research that delivers impact through
 - cross disciplinary working
 - collaboration with policy makers, users and industry.
- Managed programme: flexible funding at scale/long term
- Funding recognises that research communities groups are at different stages of readiness:
 - Interdisciplinary teams: UKPRP Consortia (5yrs, £4-7m)
 - UKPRP Networks (2-4 yrs, £100k pa)
 - 'Challenge funding' (eg. cross-consortia issues, methods, emerging challenges)



UKPRP Consortia

- Can work across institutions
- Critical mass of interdisciplinary research
- Links to users
- Flexibly funded, large scale and long-term
 - Aligned research programmes addressing common theme
 - Accommodate a range of research activity eg. pilot projects, methods development, policy-related work
 - Capability to reach out to new partners and new disciplines



Consortium: Core expertise and linkages

Industry: Retail, technology, manufacture, design, planner, architects, construction

Policy interface, policy units, governments

Core multidisciplinary expertise

eg. Public health, social sciences, engineering, physics, economics, basic sciences; local users

Third sector: charities, NGOs, alliances

Data provider e.g. environmental, admin, health records, surveys. Linked cohort data Other public sector, e.g local authorities



UKPRP Networks

- Based around important prevention themes
- Objective to build capability for UK prevention research community over a longer term period
- Funding for leading, building and maintaining the network
- Scientific meetings and workshops
- Develop shared vision and shared best practice
- Can give rise to consortia or seek grant funding through 'standard' mechanisms



Consortia or network?

Consortia

- Nearly ready to go groups, need only to strengthen linkages (and can do this in six months)
- Clarity about research questions
- Programmatic funding
- Funding flexible and responsive
- Primary output: implementable change at scale

Networks

- Significant networking needed across disciplines where no history or common language
- Exploratory, scientific questions and approaches will emerge
- Funding for meetings/workshops and PIs time
- Limited research for pilot studies?
- Primary output: self-sustaining and interlinked research community



Assessment process

- Outlines for both networks and consortia
- Full application by invitation
- Short-listed consortia given consortia development grant
- Full applications for consortia and networks
- Not all CDGs transfer to consortia
- One decision panel (funders act in concert)



Possible Funding profile

Consortium Development Grants

4-6 2017 (only) £50k for 6 months

Consortia

First call: 2-3 in 2018, £4-7m for 5yrs

Second call: 2-3 in 2019/20, £4-7m for 5yrs

Network awards

6-8 in 2018 £100k pa for 3yrs



Partnership Steering Group

PSG members	Affiliation
Professor Sally Macintyre (Chair)	University of Glasgow
Professor Linda Bauld	University of Stirling
Professor Rachel Cooper	Lancaster University
Professor Nancy Edwards	University of Ottawa
Dr Andrew Fraser	NHS Scotland
Professor Anne Johnson	UCL
Mr Paul Lincoln	UK Health Forum
Professor Liam Smeeth	LSHTM
British Heart Foundation	
Wellcome	
ESRC	
MRC	
EPSRC	
Health Departments	

