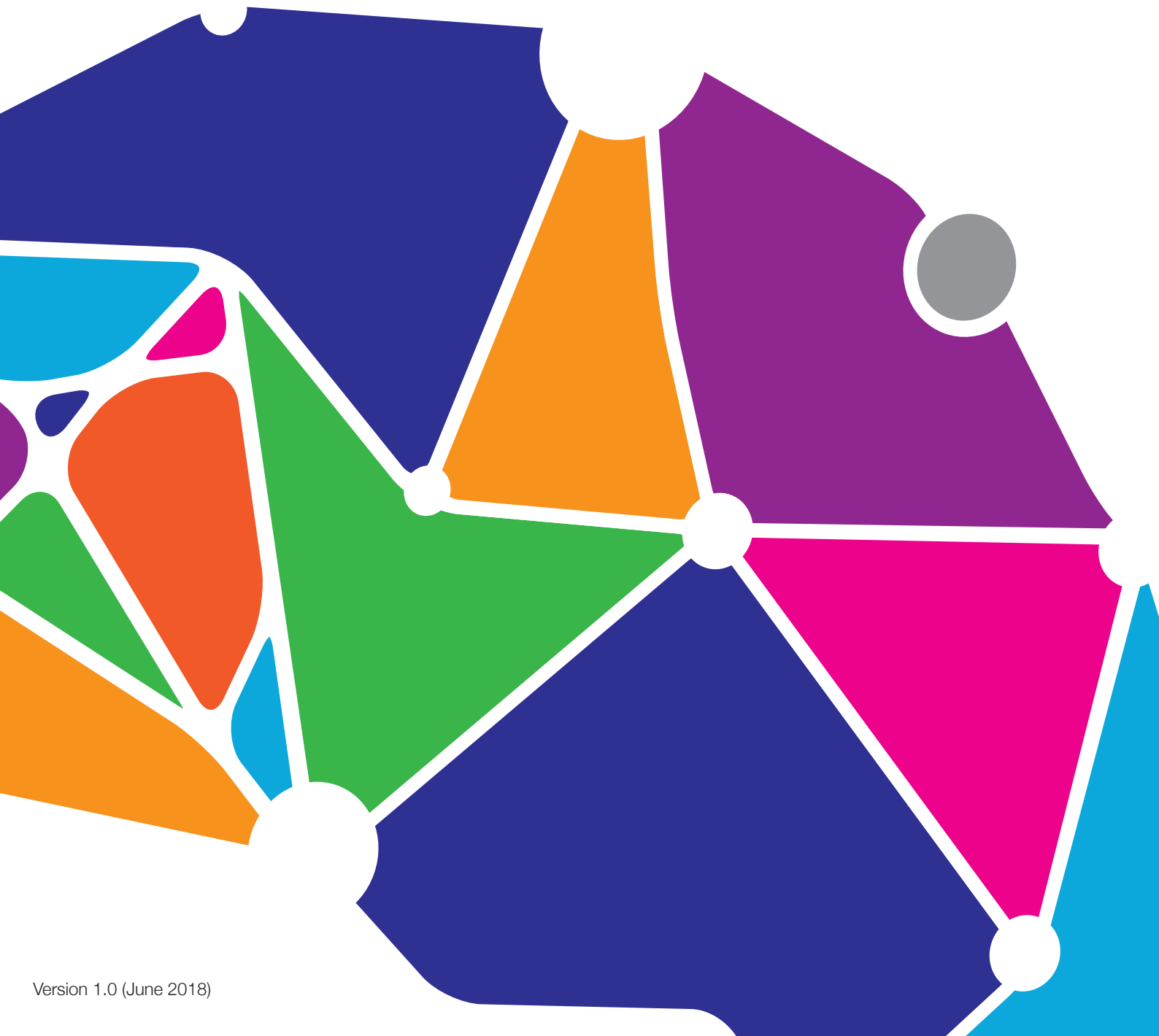




UKPRP Impact and Evaluation Framework



Contents

1.	The UK Prevention Research Partnership (UKPRP)	4
2.	The UKPRP Monitoring and Evaluation Subgroup (MESG)	4
3.	The framework for monitoring and evaluation of the UKPRP	5
3.1.	UKPRP impact framework	5
3.2.	Key for Figure 1 – elements of the impact framework	7
3.3.	UKPRP indicators for monitoring and evaluating progress	9
3.4.	The UKPRP monitoring and evaluation process	15
3.5.	Setting baselines	17
3.6.	Annual reporting to the Scientific Advisory Board	18
3.7.	Network and Consortium Awards	20
4.	Overall evaluation	20
Annex 1	Summary of Research Outcomes Common Question Set in Researchfish®	21
Annex 2	Consortium and Network Awards: A comparison	27
Annex 3	Membership of the UKPRP Monitoring and Evaluation Subgroup (MESG)	30

1. The UK Prevention Research Partnership (UKPRP)

An alliance of research funders including UK Charities, Research Councils and the UK Health and Social Care Departments has pooled resources to support the UK Prevention Research Partnership (UKPRP), a new initiative in prevention research¹. The UKPRP aims to;

- Build and support new multi-disciplinary research teams focused on the primary prevention of non-communicable diseases (NCDs);
- Develop scalable and cost-effective preventive interventions targeted at upstream health determinants;
- Enable change within complex systems to prevent NCDs;
- Co-develop research programmes with users to produce evidence;
- Capitalise on emerging technologies, big data etc.;
- Support methodological innovation;
- Promote coordination of prevention research across funders.

The funding partners and the Scientific Advisory Board (SAB) for the UKPRP recognised the need for a process to; i) monitor the performance and outputs of UKPRP research consortia and networks, ii) monitor progress towards delivering the objectives of the UKPRP, and iii) evaluate the overall impact of the initiative, including how well the funders worked together.

To advise the funders on these matters a small Monitoring and Evaluation Sub-Group (MESG) was convened.

2. The UKPRP Monitoring and Evaluation Subgroup (MESG)

The MESG terms of reference were to:

- Develop a framework of metrics/milestones to best assess the impact of the UKPRP consortia and networks taking into account:
 - their scientific outputs;
 - whether the outcomes or engagement with users has influenced or impacted on policy and practice;
 - new collaborations formed and the outcome of these, including whether a new community of researchers has been assembled;
 - funding success rates and the ability to leverage funds;
 - the effectiveness of the partnership, including how well the funders have worked together and the synergies and added value of the funding.
- Advise on how the framework can be used to:
 - monitor the development of the portfolio of consortia and networks from baseline.
 - make strategic decisions, including on future investment decisions.
 - progress towards delivering the prevention research landscape that is articulated in the UKPRP vision document.

¹ www.mrc.ac.uk/research/initiatives/population-health-sciences/ukprp-initiative-launch/

- Advise on the evaluation of the initiative in relation to meeting the initial aims set by the funders and scientific advisors.

This report was prepared by the MESH and considered by the UKPRP funders and the SAB.

3. The framework for monitoring and evaluation of the UKPRP

The UKPRP Impact and Evaluation Framework consists of: i) an impact framework, ii) set of indicators, and iii) guidance to support the monitoring and evaluation of the UKPRP.

3.1. UKPRP impact framework

The impact framework for the UKPRP was developed by the Funders Executive Group (FEG) in a series of workshops in September and December 2017 with additional input from the MESH. It is expected that the framework, viewed as a dynamic entity, will continue to be refined by the FEG, with advice from the SAB, throughout the duration of the UKPRP initiative. Experience gathered from monitoring outcomes from the networks and consortia will help validate whether the framework includes all relevant and significant steps to realising impact, and clarify the relationship between these steps.

The work to design the impact framework was based on theory-driven approaches to evaluation². The framework includes the ultimate societal impacts to which the UKPRP seeks to contribute although these impacts are noted as beyond the 'ceiling of accountability' for the initiative, because this is subject to multiple factors outside the direct control of the Partnership. The framework is arranged around the short term (pre-award), medium term (award) and long term (post-initiative) outcomes assumed to be important to the pathway to achieving this impact. These outcomes span the wider context in which UKPRP operates. This wider context includes the national and international research funding landscape (including research funders), the prevention research landscape (the multiple academic disciplines and range of users/ implementers who are engaged in prevention research), and the implementation landscape (the actors including industry, local and central government, and the third/voluntary sector who implement policies and interventions to prevent NCDs).

The impact framework is summarised in the diagram at Figure 1. It is accompanied by a narrative which describes the components of the Framework (at Section 3.2).

² Theory of Change: a theory-driven approach to enhance the Medical Research Council's framework for complex interventions (de Silva et. al., 2014) <https://trialsjournal.biomedcentral.com/articles/10.1186/1745-6215-15-267>

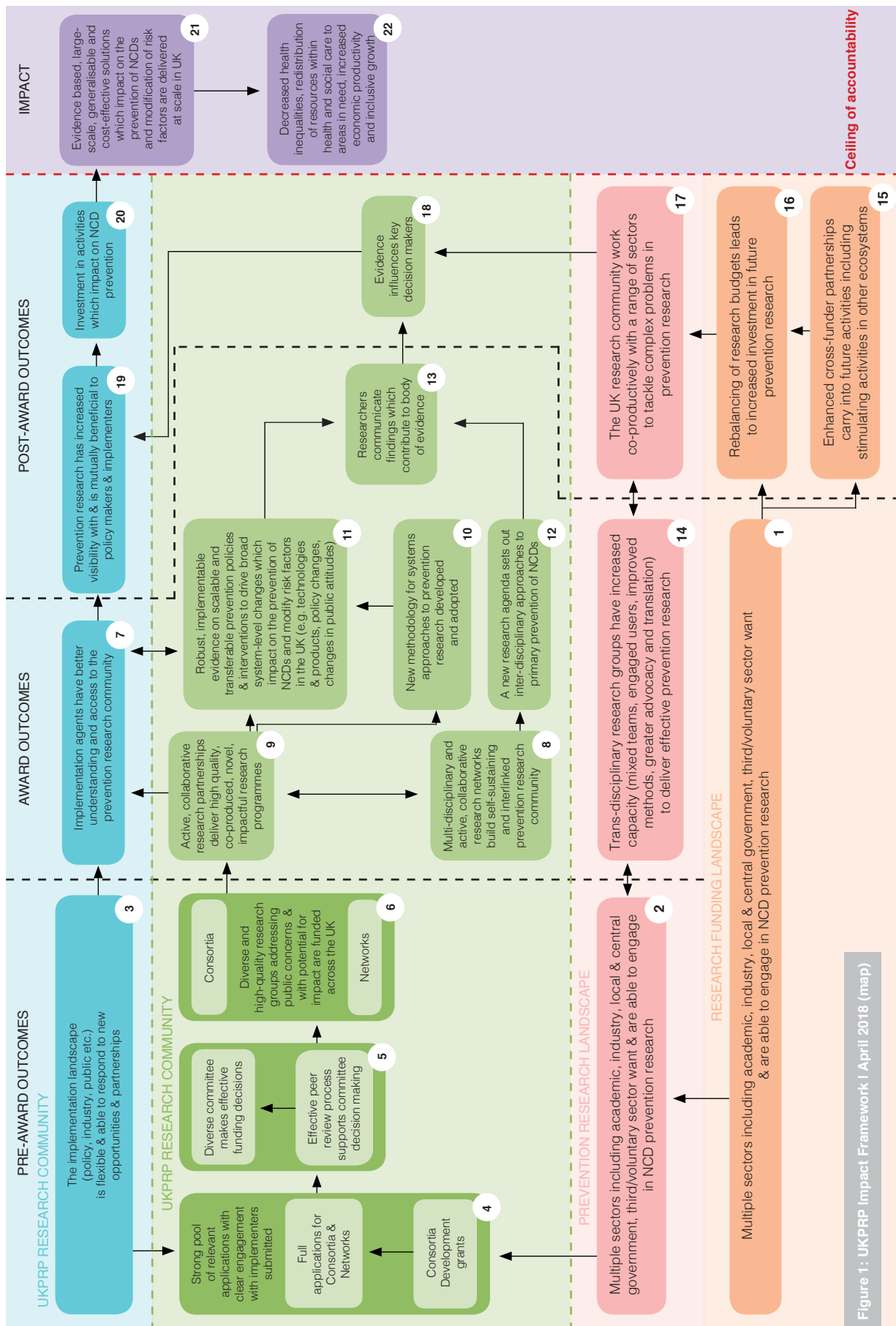


Figure 1 : UKPRP Impact Framework | April 2018 (map)

3.2. Key for Figure 1 – elements of the impact framework

Impact (purple outcomes)

The primary outcome of the UKPRP is to generate robust evidence on generalisable and large-scale prevention policies and interventions that aim to drive broad system-level changes which impact on the prevention of NCDs and modification of risk factors in the UK. The intention is that the evidence generated by the UKPRP, and the activities that accompany this evidence generation including the formation of broad networks engaged in prevention research and methodological advances in systems-thinking, will drive system-level changes. These changes are intended to lead to the delivery of large-scale and cost-effective solutions which impact on the prevention of NCDs in the UK, which will ultimately lead to a reduction in the prevalence of NCDs. This reduced prevalence of NCDs will have wider societal benefits including reduced health inequalities, redistribution of resources within health and social care to areas in need, increased economic productivity and inclusive growth.

The impacts to which the UKPRP seeks to contribute are noted as beyond the ‘ceiling of accountability’ for the initiative, because these impacts are subject to many other factors outside the direct control of the Partnership. The UKPRP funders recognise that the initiative is occurring at a time of major changes in the public health and wider policy landscape in the UK, which could have as yet unforeseen implications for the realisation of benefits/impact linked to the UKPRP.

UKPRP Funding Outcomes (green outcomes)

The UKPRP can only contribute to these impacts by supporting and influencing a set of activities through a number of inter-related activities leading to outcomes that are directly influenced by the Partnership. The expectation is that through activities in the research funding and prevention research landscapes, a strong pool of relevant applications that include clear engagement with relevant implementers, will be submitted to the scheme. From this pool an effective peer review process and decision-making committee will select the best consortia and networks for funding. These will represent diverse and high-quality research groupings with potential for impact, and will include active engagement with the implementers throughout the design, delivery and evaluation of research programmes. Any important gaps in the portfolio will be communicated back to both the prevention research and the implementation communities to shape and drive future investment.

The investments in UKPRP consortia will result in active collaborative research partnerships that deliver high quality, co-produced, novel and impactful research programmes. An important part of this capacity-building is ensuring that the consortia leadership have the strength and authority to use funds flexibly and to change priorities reflecting internal progress or external opportunities.

The investments in UKPRP networks will build a self-sustaining and interlinked prevention research community through the development of multi-disciplinary and active collaborative networks. These networks will provide opportunities to build capacity and to train researchers in new approaches such as complex adaptive systems methodologies. The direct outputs of these networks will include establishing a new prevention research agenda for NCDs that embraces a broad range of disciplines and has been co-produced with the users of research evidence.

The expectation is that investments in UKPRP networks and consortia will result in robust, implementable evidence on scalable and transferable prevention policies and interventions to drive broad system-level changes which impact on the prevention of NCDs and modify risk factors in the UK, the primary outcome of the Partnership. Investments are also intended to drive methodological advancement on the application of systems thinking to prevention research, including a more sophisticated understanding of the quality and range of evidence required

by decision makers. UKPRP consortia and the wider Partnership will have an important role in brokering this new knowledge with the implementation community. The outputs of the UKPRP will be communicated to relevant implementers to inform and influence the decision-making process around which activities are delivered at scale for the prevention of NCDs in the UK.

Research Funding Landscape (orange outcomes)

The Research Funding Landscape is directly affected by the activities of the funding bodies which co-fund the UKPRP. The major public and charitable funders of prevention research in the UK are partners in the UKPRP. To achieve the funding outcomes stated above, the Partnership between the funders of the UKPRP needs to be strong and function effectively, that is, it needs to provide a clear vision to the community and to have effective processes and governance arrangements in place. In the longer term, if the UKPRP is successful in its objectives there is an expectation that these cross-funder partnerships will have a positive impact on future activities and that similar initiatives are stimulated in other funding ecosystems where they are needed. A desired outcome is that budgets are rebalanced to allow greater investment in prevention work and prevention research in future.

Prevention Research Landscape (pink outcomes)

The prevention research landscape represents a key audience for the engagement and successful delivery of the UKPRP. Through the activities of the UKPRP, particularly the active engagement of researchers and implementers, the expected outcome is that multiple sectors (including academic, industry, local and central government and the third/voluntary sector) want, and are able, to engage in NCD prevention research. This should create a pipeline of relevant applications that can be submitted to the consortia and network award calls. The expectation is that the high-quality consortia and networks funded through the UKPRP, and the associated activities of the Partnership, increase the capacity of the prevention research community to deliver effective prevention research. Increased capacity is achieved through engagement with a greater diversity of disciplines, recruitment of researchers to the field at every career stage, enhanced engagement with implementers, and through greater advocacy, translation and uptake of research findings.

After the lifetime of the Partnership, the strengthened UK NCD prevention research landscape is expected to have supported the UK research community to engage in co-discovery and co-production with a range of sectors to tackle complex problems in prevention research in a way that is ultimately more useful, sustainable, transferable and actionable.

Implementation Landscape (blue outcomes)

One of the overall objectives of the UKPRP is to deliver solutions that meet the needs of providers and policy makers. It is therefore imperative that these individuals and organisations are actively engaged with the Partnership and its activities from the outset. The Partnership expects all consortia and networks funded through the UKPRP to have clear involvement of implementers including policy makers, but it also recognises the outcomes that will occur within the wider implementation landscape as a consequence of the UKPRP. The expectation is that engagement with the UKPRP will increase the flexibility of the implementation landscape so that implementers (including industry, policy makers in local and central government and the third/voluntary sector) are able to respond to new opportunities and partnerships of relevance to the prevention of NCDs in the UK. Dialogue with the UKPRP will also highlight gaps in knowledge and capacity that have been identified through the work of the Partnership, which may stimulate implementation activities. Engagement with the UKPRP consortia and networks will allow policy makers and implementers to have better understanding and access to the prevention research community, which will stimulate further research.

After the initial lifetime of the Partnership there are expected to be longer-term changes to the implementation landscape. These include the increased visibility of prevention research with policy makers and implementers and increased investment in NCD prevention activities. This increased investment will contribute to the ultimate impact of evidence-based prevention strategies being implemented in the UK, at a scale which reduces the prevalence of NCDs and modifies risk factors and results in reduced inequalities, redistribution of resources within health and social care to areas in need, as well as increased economic productivity and inclusive growth.

3.3. UKPRP indicators for monitoring and evaluating progress

The indicators for the elements of the UKPRP Impact Framework are set out in Tables 1-3 below. The indicators have been chosen to provide information on outcomes in the framework: (i) pre-award outcomes; (ii) award and post-initiative outcomes (grouped together in one table); (iii) impact. Each numbered row relates to a numbered element of the framework, and the coloured rows correspond to the landscapes in the framework: research funding, prevention research, implementation and the research community. A column in each table specifies who is responsible for providing information on each indicator. This distinguishes between those external (applicants; stakeholders) and internal to the UKPRP (funders, as the Funders Executive Group (FEG); Expert Review Group (ERG); SAB; the Secretariat).

Table 1: Pre-award Outcomes

Launch of UKPRP, peer review and setting up of awards, baseline established for the implementation landscape.

	Impact Framework element	Indicator	Source of information	Responsible
1	Research Funding Landscape UKPRP funder partnerships are strong and function effectively. They provide a clear vision to the community, and have effective processes and governance arrangements.	1.1. Demand for UKPRP funding (volume and total price of bids). 1.2. Self-assessment by FEG (delivery of programme to time, management of risks, joint communications to community, and wider Terms of Reference). 1.3. External views from users and awardees on the functioning of the UKPRP.	1.1. Records of applications received. 1.2. FEG summary of actions taken. 1.3. Views from external user and awardee community sought during light touch evaluation and periodically thereafter.	1.1. UKPRP Secretariat 1.2. and 1.3. FEG
2	Prevention Research Landscape Multiple sectors including academic, industry, local and central government, third/voluntary sector want and are able to engage in NCD prevention research.	2.1. Collaborations with implementation stakeholders, non-academic and academic project partners involved. Requirement for applicants to describe process for sustained engagement of/collaboration with implementation stakeholders.	2.1. Details extracted from applications.	2.1. UKPRP Secretariat; SAB to assess quality of collaborations.

	Impact Framework element	Indicator	Source of information	Responsible
3	Implementation Landscape The implementation landscape (policy, industry, public etc.) is flexible and able to respond to new opportunities and partnerships.	3.1. 'Baseline' information on the implementation landscape.	3.1. Commission study to establish baseline. Work will be qualitative; interviews with key people in the implementation landscape to establish current level of engagement, budget for prevention work, identify potential barriers etc. Identify stakeholders based on those important to the UKPRP consortia and networks selected for funding and on the routes to implementation outlined in the funded proposals.	3.1. FEG to agree budget and written specification, and tender published, successful bidder will conduct structured interviews, work steered by MRC and UKPRP Secretariat, taking input from the FEG.
4	UKPRP Research Community Strong pool of relevant applications with clear engagement with implementers submitted.	4.1. Research assessment scores and comments from the ERG (quality of bids). 4.2. Success rates. 4.3. Evidenced collaborations with implementation stakeholders (subset of 2.1.).	4.1. and 4.2. Peer review process 4.3. Details extracted from applications.	4.1. – 4.3. UKPRP Secretariat
5	Effective peer review process supports committee decision making. Diverse committee ³ makes effective funding decisions.	5.1. Agreement from ERG referees to review and returned quality reviews. 5.2. Agreement to serve on the ERG and contributions from ERG members. 5.3. Post decision summary and feedback from ERG and FEG to applicants.	5.1. and 5.2. Peer review process 5.3. ERG meeting summary.	5.1. ERG and UKPRP Secretariat 5.2. ERG and UKPRP Secretariat 5.3. UKPRP Secretariat, ERG chair, with input from FEG as appropriate.
6	Diverse and high-quality research groups addressing public concerns and with potential for impact are funded across the UK.	6.1. Area of focus 'topic areas' for the research consortia and networks (e.g. HRCS ⁴ classification), funds committed etc. 6.2. Location of funded groups. 6.3. Mix of expertise of funded consortia and networks.	6.1. – 6.3. Details extracted from applications.	6.1. – 6.3. UKPRP Secretariat. 6.1. FEG assess whether topic areas are consistent with vision for UKPRP.

³ The Expert Review Group's diversity is reflected in its academic disciplinary mix and members with expertise from an implementer/user perspective.

⁴ HRCS: Health Research Classification System (www.hrcsonline.net)

Table 2: Award and Post-Initiative Outcomes

Annual reporting to Scientific Advisory Board (SAB), annual feedback via Researchfish®⁵, plus follow-up to implementation baseline.

	Impact Framework element	Indicator	Source of information	Responsible
7	Implementation Landscape Implementation agents have better understanding and access to the prevention research community.	7.1. Re-visit implementation landscape 'baseline', to see if views have changed, involvement has increased etc.	7.1. Follow up to commissioned stakeholder interviews 3-5 ⁶ years ⁷ .	7.1. UKPRP Secretariat
8	UKPRP Research Community Multi-disciplinary and active, collaborative research networks build self-sustaining and interlinked prevention research community.	8.1. Details of new collaborations established with academic and non-academic partners, new collaborative contributions (such as expertise, funding, data etc.). 8.2. Applications made to extend prevention research funded under UKPRP – successful and unsuccessful. 8.3. Leverage of external funding relevant to UKPRP. 8.4. Stock of students supervised. 8.5. Students graduated per year. 8.6. Support staff mentored average per year. 8.7. Early career researchers supported average per year (first substantive grant support). 8.8. Later stage researchers supported. 8.9. Training provided to staff in user groups (i.e. policy makers/practitioners etc.).	8.1. Annual Researchfish® returns 8.2. Annual report to SAB 8.3. Annual Researchfish® returns 8.4. - 8.9. Annual report to SAB	8.1. - 8.9. UKPRP researchers

5 www.ukri.org/funding/information-for-award-holders/research-outcomes1/

6 If resources are not available for a three year repeat of the stakeholder interviews to coincide with the interim evaluation, then the preference would be for this to be repeated at five years.

7 This will be tied into an interim ('light touch') evaluation exercise to inform the funders' decision on whether to extend the UKPRP. The current funding contributions are over a five-year period, so information would be needed on how well the initiative is working by 2022/23 to support decision making on future investment.

	Impact Framework element	Indicator	Source of information	Responsible
9	Active, collaborative research partnerships deliver high quality, co-produced, novel, impactful research programmes.	<p>9.1. SAB to assess activity and growth of consortia and networks overall, based on feedback/ reports from awards.</p> <p>9.2. Consortia and networks set out high quality, ambitious and long-term plan of work with clear medium-term milestones.</p> <p>9.3. Consortia and networks deliver on their programmes of work to plan, appropriately managing risk and recycling resources.</p>	<p>9.1. Annual reports from award holders to SAB to include details of applications for funding and people supported. Supplemented with Researchfish® data on collaborations and further funding.</p> <p>9.2. and 9.3. Annual reports to SAB.</p>	9.1. – 9.3 UKPRP researchers, SAB
10	New methodology for systems approaches to prevention research developed and adopted.	10.1. The development of new methods and tools are reported in a structured way in Researchfish®. SAB to review these returns.	10.1. Annual Researchfish® returns.	10.1. UKPRP researchers, SAB
11	Robust, implementable evidence on scalable and transferable prevention policies and interventions to drive broad system-level changes which impact on the prevention of NCDs in the UK (e.g. technologies and products, policy changes, changes in public attitudes).	<p>11.1. Researchers will summarise the results of their work in their annual report to the SAB. These progress reports should include the critical reasons why interventions had succeeded/failed, how risks were managed and mitigated and the current activities and rationale for transferring results into practice (which stakeholders engaged, what setting etc.).</p> <p>In the case of trials, results such as effect size and population addressed would need to be included.</p>	11.1. Annual reports to SAB	11.1. UKPRP researchers, SAB
12	A new research agenda sets out interdisciplinary approaches to the primary prevention of NCDs.	12.1. Evidence of a new research agenda may be obtained in the annual reports to the SAB, new funding leveraged, or possibly within the impact cases submitted ⁸ .	12.1. Annual reports to SAB	12.1. UKPRP researchers, SAB

⁸ The MESG agreed that this is a challenging part of the impact framework to capture evidence about, and will rely on the expert view of the SAB, based on information provided by UKPRP researchers.

	Impact Framework element	Indicator	Source of information	Responsible
13	Researchers communicate findings which contribute to body of evidence.	<p>13.1. Reports from researchers of dissemination activities; the SAB will need to consider the reach, effectiveness and significance of these activities⁹.</p> <p>13.2. Bibliometric analysis to include academic and grey literature output:</p> <ul style="list-style-type: none"> • Papers resulting from UKPRP funding; • Academic and non-academic co-authors; • Citation impact of papers; • Subject ascatypes (field of research) for papers and citing papers. 	<p>9.1. Annual reports from award holders to SAB to include details of applications for funding and people supported. Supplemented with Researchfish® data on collaborations and further funding.</p> <p>9.2. and 9.3. Annual reports to SAB.</p>	9.1. – 9.3 UKPRP researchers, SAB
14	<p>Prevention Research Landscape</p> <p>Trans-disciplinary research groups have increased capacity (mixed teams, engaged users, improved methods, greater advocacy and translation) to deliver effective prevention research.</p>	14.1. Sum of measures 8 to 13, will need to be assessed by SAB ¹⁰ .	14.1. SAB annual summary of progress across consortia and networks.	14.1. SAB, UKPRP Secretariat
15	<p>Research Funding Landscape</p> <p>Enhanced cross-funder partnerships carry into future activities including stimulating activities in other ecosystems.</p>	15.1. Analysis of UK and international prevention research landscape to set 'baseline'. FEG to assess information about changes within their portfolios and internationally.	<p>15.1. Funding landscape analysis and re-analysis of this baseline every 5 years.</p> <p>15.2. FEG intelligence about policy and investment changes in the funding landscape.</p>	<p>15.1. UKPRP Secretariat and MRC</p> <p>15.2. FEG</p>
16	Rebalancing of research budgets leads to increased investment in future prevention research.	16.1. UKPRP funders successfully make the case for continued investment in prevention research, either through the UKPRP, through other mechanisms, or both.	16.1. FEG intelligence about policy and investment changes in the funding landscape. (same as 15.2.)	16.2. UKPRP Secretariat and FEG

⁹ Reports from research teams will need to include the use of social media, blogs, websites and novel ways of communicating findings, and engaging with, policy makers, practitioners and the public.

¹⁰ This should include observations about whether new funding, new funders, and new researchers are active in the prevention research landscape.

	Impact Framework element	Indicator	Source of information	Responsible
17	<p>Prevention Research Landscape The UK research community work co-productively with a range of sectors to tackle complex problems in prevention research.</p>	17.1. SAB summary of the strengthening of existing collaborations and extension to new collaborations that have occurred over the year.	17.1. Annual reports to SAB. 17.2. SAB summary.	17.1. UKPRP researchers. 17.2. SAB.
18	<p>UKPRP Research Community Evidence influences key decision makers.</p>	18.1. 'Impact' case studies submitted by UKPRP researchers considered by the SAB. Researchers will identify instances where UKPRP research teams have contributed to policy setting processes, including instances where research is cited in policy documents, and ultimately where their research has contributed to policy change.	18.1. Annual reports to SAB.	18.1. UKPRP researchers. SAB to assess the 'strength' of examples of policy influence.
19	<p>Implementation Landscape Prevention research has increased visibility with and is mutually beneficial to policy makers and implementers.</p>	19.1. Information gained from implementation landscape baseline and repeat interview of stakeholders.	19.1. Follow up to commissioned stakeholder interviews 3-5 years.	19.1. UKPRP Secretariat
20	Investment in activities which impact on NCD prevention.	<p>20.1. Implementation landscape baseline and repeat interviews will need to try to obtain information on the budgets available to support prevention work, and whether there is a shift in research agendas in non-health areas (e.g. environment, welfare, housing) to specifically evaluating health outcomes.</p> <p>20.2. Products/interventions launched onto the 'market' (attributable to UKPRP awards/all other available funding).</p> <p>20.3. 'Impact' case studies submitted by UKPRP researchers considered by the SAB.</p>	<p>20.1 Commissioned stakeholder interviews and follow up.</p> <p>20.2. Annual Researchfish@ returns.</p> <p>20.3. Annual reports to SAB.</p>	<p>20.1. UKPRP Secretariat</p> <p>20.2. and 20.3. UKPRP researchers/SAB.</p>

Table 3: Impacts

Increased evidence base on interventions for reducing NCDs in the UK; changes (reductions) in the UK NCD prevalence etc. and consideration of the contribution made by UKPRP (by the SAB and FEG).

The MESG found this area of the impact framework most challenging - the suggestions here are preliminary, and the group recommended that the FEG and SAB re-visit this later in the initiative as it develops.

	Impact Framework element	Indicator	Source of information	Responsible
21	Evidence based, large-scale, generalisable and cost-effective solutions which impact on the prevention of NCDs and modification of risk factors are delivered at scale in UK.	21.1. Products/interventions launched onto the 'market' (attributable to UKPRP awards/all other available funding) – as in #20 above. 21.2. 'Impact' case studies submitted by UKPRP researchers, considered by the SAB – as in #20 above ¹¹ .	21.1. Annual Researchfish® returns. 21.2. Annual reports to SAB.	21.1. and 21.2. UKPRP researchers/SAB.
22	Decreased health inequalities, redistribution of resources within health and social care to areas in need, increased economic productivity and inclusive growth.	22.1. Suggestion to use PHE/GBD data; Health Survey for England (HSE); Scottish Health Survey; Welsh Health Survey; Department of Health Public Health Outcomes Framework, ONS data etc ¹² .	22.1. Further thought needed about measuring whole economy/societal impact. Likely to be very long-term and risky.	22.1. FEG

3.4. The UKPRP monitoring and evaluation process

Table 4 summarises the information sources ('products') for each indicator, the content of each product, and duplicates (from Tables 1-3) details of who it is suggested is responsible for providing the required information, and at what frequency.

To note that researchers will be asked to i) provide details of their research outputs via Researchfish® annually, and ii) provide an annual report to the SAB.

The table below highlights the details that should be covered as a minimum in these annual returns. Greater detail on the full range of outputs captured via Researchfish® are provided at Annex 1.

¹¹ While repeating indicators was avoided where possible, the MESG acknowledges that in this case there is overlap between 'outcomes' and 'impacts', and the material captured is likely to be useful for both elements #20 and #21.

¹² Longer lives project (<http://healthierlives.phe.org.uk/topic/mortality>)
IHME UK country profile (GBD data) (<http://www.healthdata.org/united-kingdom>)
HSE: <http://content.digital.nhs.uk/article/3741/Health-Survey-for-England-Health-social-care-and-lifestyles>
Scottish Health Survey: <http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey>
Welsh Health Survey: <http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en>
Department of Health Public Health Outcomes Framework: <https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019> and <https://www.gov.uk/government/statistics/public-health-outcomes-framework-november-2017-update>
<https://www.ons.gov.uk/economy/economicoutputandproductivity/productivitymeasures>
Health Profiles data from PHE <https://fingertips.phe.org.uk/profile/health-profiles/data>

Table 4: Products and Responsibilities

Product (source of information for measures)	Description (content of product)	Responsible (who compiles/ produces the data) + Frequency
Records of applications received	<ul style="list-style-type: none"> • Volume and price of bids received for each call 	UKPRP Secretariat (for each call)
FEG summary of actions taken	<ul style="list-style-type: none"> • Summary of delivery of UKPRP; draw on FEG workplan, risk register, communications plan etc. 	FEG (annual)
Details extracted from applications	<ul style="list-style-type: none"> • Proposed and existing collaborations with implementation stakeholders, project partners etc. Classified by sector. • Area of focus of the research supported (e.g. HRCS classification, whether regional/national/international interventions, and what the upstream determinants are). • Location of groups; principal, co-applicant and project partners. • Expertise of applicants (e.g. Department/professional/ disciplinary categories). 	UKPRP Secretariat (for each call)
Implementation landscape 'baseline'	<ul style="list-style-type: none"> • Commissioned study of views from 'implementers' (also referred to as 'users' in other UKPRP documents) • Re-visit these interviews after 3-5 years, so need to design questions to gather evidence that could be updated independent of changes in interviewee. 	UKPRP Secretariat (every 3-5 years) and MRC, with agreement from FEG
Peer review process and details extracted from applications	<ul style="list-style-type: none"> • Assessment scores and comments from ERG referees. • Success rates. • Agreement from ERG referees to review, returned quality reviews. • Agreement from ERG members to serve. 	UKPRP Secretariat (for each call)
ERG meeting summary	<ul style="list-style-type: none"> • A summary of the ERG meeting, prepared by the UKPRP Secretariat and approved by the chair. To include comment on the range of applications reviewed, the quality and extent to which proposals had engaged stakeholders essential for implementation. 	UKPRP Secretariat/ ERG (for each call)
ERG meeting summary	<ul style="list-style-type: none"> • Researchfish® includes an extensive set of potential outcomes, but essential for the monitoring of the UKPRP (and therefore sections that UKPRP researchers should particularly pay attention to) are: <ul style="list-style-type: none"> ◦ Details of new collaborations established as a result of UKPRP funding. The contribution of the collaborator (academics; implementers/users; industry etc.) to this interaction should be provided by the collaborator (although entered into Researchfish by the UKPRP funded group). ◦ External funding obtained to extend the work of the consortium/network. ◦ Training provided to staff in user groups (i.e. policy makers, practitioners). ◦ Publications. ◦ The development of new methods and tools, including on systems approaches for prevention research. ◦ Contribution to policy. ◦ Dissemination of research output via routes other than peer-reviewed publication. 	UKPRP Secretariat/ ERG (for each call)

Product (source of information for measures)	Description (content of product)	Responsible (who compiles/ produces the data) + Frequency
Annual report to the SAB	<ul style="list-style-type: none"> • An update on the UKPRP funded group's delivery against its original project plan, including revision of, and justification for RAG¹³ ratings for projects. • Details of any applications made for funding to extend the work (successful/unsuccessful/pending decision). • Stock of students supervised. • Students graduated. • Support staff mentored. • Early career researchers supported. • Later stage career researchers supported. • Impact case studies of any successful cases of implementation. 	UKPRP funded researchers (annually)
Bibliometric analysis	<ul style="list-style-type: none"> • Using publication data entered into Researchfish® details can be compiled on: <ul style="list-style-type: none"> ◦ Authors with academic and non-academic affiliations (based on addresses of authors). ◦ Normalised citation impact of papers. ◦ Subject ascatypes (field of research) for papers and citing papers. 	UKPRP Secretariat (every 3-5 years)
SAB report	<ul style="list-style-type: none"> • SAB will need to assess the strength of contribution to/significance of policy influences, interventions in development, and impact cases reported by UKPRP funded groups. • Assess how collaborative networks across academic and non-academic groups are developing, based on evidence reported by UKPRP researchers. • Assess the quality, ambition, appropriateness, feasibility etc. of plans set out by the UKPRP researchers, and adjustments made by the groups to adapt to changes in the policy/ implementation environment. 	UKPRP Secretariat/ ERG (for each call)
Funding landscape	<ul style="list-style-type: none"> • Analysis of UK/international funding for prevention research. • Re-visit this analysis every five years. • Capture FEG intelligence on changes to UKPRP partners policy and prevention research portfolio, and any intelligence on changes in the wider international funding landscape. 	UKPRP Secretariat and MRC (every 5 years)

3.5. Setting baselines

To identify impacts attributable to the UKPRP, work will be undertaken to define the two baselines described below.

3.5.1. Research funding landscape

Work will be undertaken to describe the funding landscape for prevention research on non-communicable diseases (NCDs), across the UK and abroad, including regional aspects. The MRC analysis team and UKPRP Secretariat are in the process of testing approaches to establish baseline and updated information on the UK and international funding landscape for prevention research.

¹³ RAG: red/amber/green

3.5.2. Implementation landscape

Independent work will be commissioned to examine the implementation landscape on NCD prevention. The aim is to provide a baseline which can be periodically re-visited to determine whether the UKPRP has had any detectable impact on implementation. Structured interviews with key stakeholders in the implementation landscape will be carried out to capture views and evidence on the current level of engagement with the NCD prevention agenda, budget for prevention work, to identify potential barriers to implementing interventions or using evidence on interventions etc. Appropriate stakeholders will be identified as those important to the UKPRP consortia and networks selected for funding using details about the routes to implementation outlined in their proposals.

The above baselines could be re-visited in subsequent years (three to five years) to identify changes and assess the contribution of the UKPRP work to them.

3.6. Annual reporting to the Scientific Advisory Board

UKPRP consortia and networks will be monitored on an annual basis by the SAB. The primary objective of monitoring will be to support the funded-groups through the provision of expert advice including helping the research leaders to head off and/or manage issues that may create delay or are at high-risk of not being accomplished. Annual returns from UKPRP researchers (Researchfish® data and annual progress reports) will be provided by the Secretariat to the SAB. A risk based approach will be taken to monitoring, so that advice can be given where it is most needed. The ERG will have commented on the starting point for each consortium and network as part of its assessment of applications.

Review of consortium applications by the ERG

- Full applications for a UKPRP consortium will include:
 - objectives that align to the UKPRP's objective and the indicators set-out in this report;
 - a project plan, such as a Gantt chart, setting out the inter-dependencies of the work packages along with a deliverables and milestones (D&Ms) table for each specific element of the study that need to be separately monitored, such as a work-package; the level of risk associated with specific aspects of a study, such as a work-package, captured on a 'RAG¹³-based deliverables dashboard'.
- The review of each consortium **proposal** will involve an interview with the proposed Director (and three senior team members) and will include a discussion about the consortium targets.
- In formulating feedback to applicants who are recommended for award, the ERG will consider whether the D&Ms are sufficiently rigorous and may recommend that further D&Ms be imposed and that the risk ratings applied to each work package be changed.
- In reviewing the overall RAG status of all the applications recommended for award, the ERG can take a view on the overall level of risk associated with its funding recommendations such as whether it has been too risk-adverse.
- Consortia will be expected to have a range of work varying from high risk/speculative/long-term, to lower risk/near-term.

Monitoring of consortium investments by the SAB

- The meetings to monitor the progress of UKPRP consortia will be as follows:
 - an initial meeting with the Research Director(s) at the end of the first year;
 - a second meeting with the Research Directors(s) at the mid-point of the grant;

Further meetings with the lead applicant would only occur if the annual reports and Researchfish® data highlight an issue.

- The annual reports to be considered by the SAB will include information not captured in Researchfish® on staffing (researchers trained and supported by UKPRP funding), details of unsuccessful applications made for external funding, and progress against the original workplan/changes amendments to the workplan. It is important to note that information submitted via Researchfish® will be published via the UK Research and Innovation (UKRI) Gateway to Research, whereas annual reports submitted to the SAB will not be published.
- The annual progress report will include information on the overall progress and results, issues, delays – and their effects, and contingencies, including an update on the project plan, D&M table and RAG dashboard.
- Research team leaders will then attend a monitoring meeting held by the SAB according to the schedule outlined earlier.
- The SAB will use the RAG rating as a guide to aspects of the consortium that need closer examination and discussion.
- As part of the process, the SAB would provide advice to help manage problems issues; or decide that a work-package has failed and remedial measures are needed. (This will need to be differentiated from advice on risky/speculative work-packages that have potential to deliver impact.) The SAB could consider asking the research team leaders to recycle resources or it may allow more time for an element that is delayed. Ultimately however, the SAB may have to recommend that an aspect of a consortium (or a network), should be ended and funds rescinded. A clause in the UKPRP grant Terms and Conditions will cover the potential for reduction/early termination of an award.
- Feedback will be constructed on a template to help with consistency.
- The SAB will need to be able to identify from these annual reports, and other information (e.g. from Researchfish®), what has changed over the year. For example, have new collaborations been established, have existing collaborations delivered new results, what is the likely significance of these developments, and what new challenges do the UKPRP research teams face?
- UKPRP consortia (and networks) will be encouraged to submit impact case studies, as and when impacts occur, to the SAB. These case studies will highlight where results have been taken into account in the design or delivery of policies/services, and have impacted on the implementation landscape. These case studies may be published by the UKPRP.
- The annual monitoring process should be helpful to UKPRP researchers, not a process for eliminating risky elements of programmes, but an opportunity to obtain wider advice on challenging objectives.

Monitoring of networks by the SAB

The primary output of UKPRP networks is expected to be a self-sustaining and interlinked research community which draws in a range of research users from policy makers to industry. Networks will not be in a position to propose targets at the application stage due to the exploratory nature of their work. However, in the first year, networks should publish a 'manifesto' of research and activity with a roadmap that has milestones such as a workshop to hone the manifesto, and/or applications for funding. These targets and their outcomes will then be monitored by the SAB going forward using annual reports from the networks and Researchfish® data. Meetings with the network lead would only occur if the annual reports and Researchfish® data highlight an issue.

The first-year report should show the steps in drawing-up the manifesto such as research directions that have been considered but dropped in favour of others, and the reasoning for it. Any networks that have been unable to develop a compelling manifesto within a year will be terminated.

It should be noted that the plans of both networks and consortia may be very sensitive to changes in the external environment and will need to be adapted accordingly. Objectives may prove more or less challenging if outside the control of the networks or consortia.

3.7. Network and consortium awards

The evaluation process for networks and consortia are essentially the same, except of course that each type of award will have very different project plans, key milestones etc. The objectives for networks should be straightforward, their plans and their annual updates on progress brief and easy to evidence. A comparison of network and consortia awards is included at Annex 2.

4. Overall evaluation

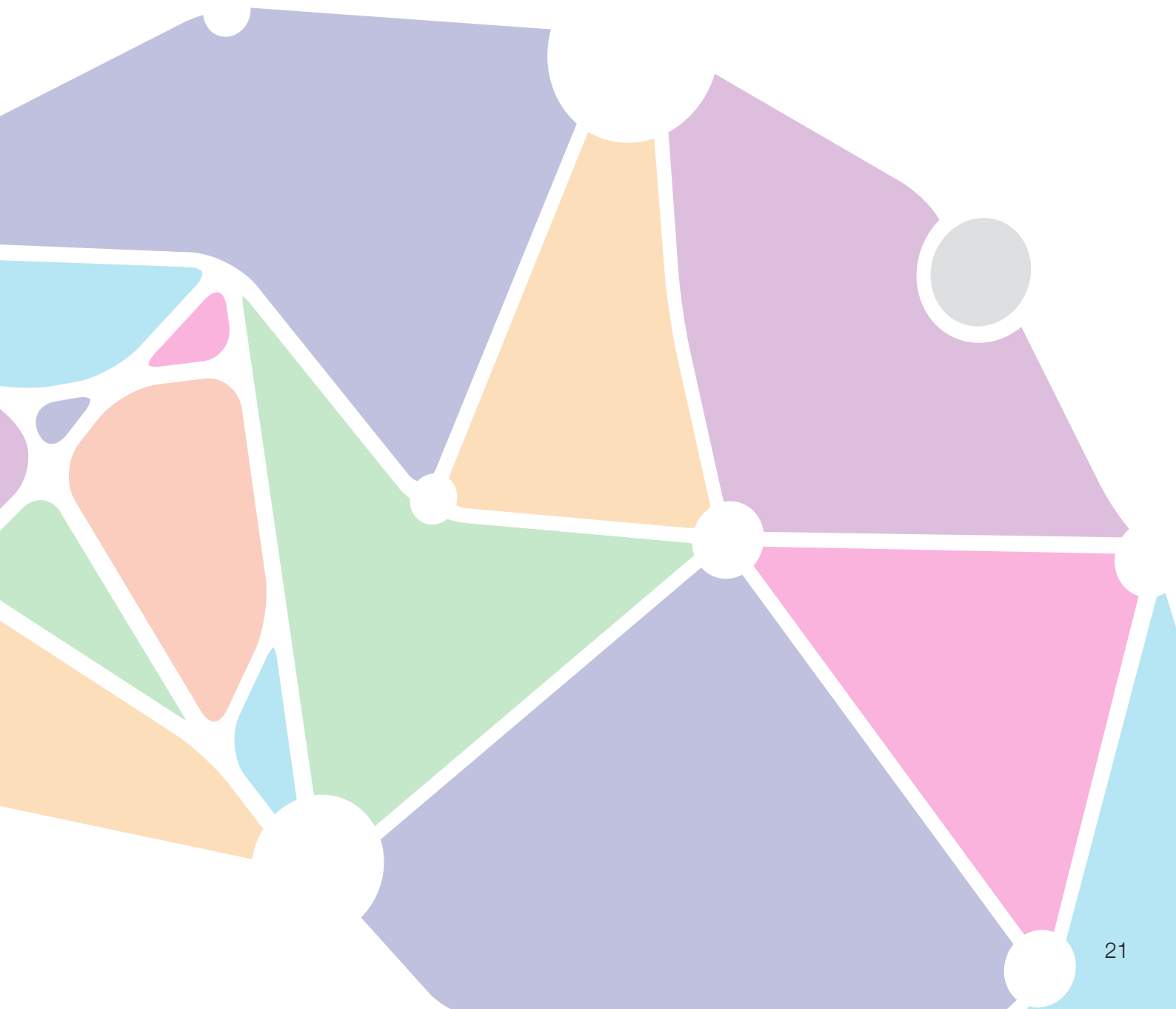
An interim ('light touch') evaluation exercise will be undertaken in 2022/23 to inform the funders' decision-making on whether to extend the UKPRP. To reach a view as to how well the Partnership is functioning, the evaluation should include a summary of the FEG self-assessment, but also seek some views from users and awardees. The current funding contributions are over a five-year period, with consortia expected to come to completion in 2025. Therefore, information would be needed on how well the initiative is working by 2022/23 to support decision making on future investment. The annual information collected to support monitoring and reports from the SAB should be able to be aggregated to support such a summative evaluation. The FEG will conduct this evaluation, with support from the SAB.

ANNEX 1

Summary of Research Outcomes Common Question Set in Researchfish

This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License. Users should attribute this work to RAND Europe, The Researchfish User Group and Research Councils UK.

This is a summary of the full list of fields which can be downloaded in PDF or XML format from www.researchfish.com



Section	Guidance	Types	Notes
Publications	Use this section to record any publications.	<ul style="list-style-type: none"> • Book • Book Chapter • Book edited • Conference Proceeding/Conference Paper • Consultancy Report • Journal Article/Review • Manual/Guide • Monograph • Policy Briefing Report • Technical Report • Technical Standard • Thesis • Working Paper • Other 	<p>Two main routes to enter publication data in the Researchfish® system</p> <p>i) lookups to authoritative sources (PubMed, Scopus, Web of Science, ORCID, ISBN, Ethos (UK PhD Theses), Inspire/HEP (particle physics), NASA/ADS, DOI (CrossRef), or ii) manual entry of key bibliographic fields.</p> <p>To note, Researchfish® automatically harvests publication details, where there is a link to a valid funder reference in the literature.</p> <p>Since 2018, as a result of work to extend interoperability, research organisations have been able to submit details of publications linked to funder references from their research information systems to be added to the Researchfish dataset.</p>
Collaborations and partnerships	You can record any details about collaborations and partnerships in this section.		The names of partner organisations are captured via a lookup, plus the start and end dates and details of what was contributed to the collaboration and what was gained from the collaboration.
Further Funding	You can record details about additional funding you have obtained in this section.	<ul style="list-style-type: none"> • Research grant (including intramural programme) • Fellowship • Studentship • Capital/infrastructure (including equipment) • Travel/small personal 	Funder name is captured via a lookup, plus the start and end dates, value, currency and grant reference.
Next Destination	You can record any details about staff that have left your group/team in this section.		Role held in the team, year of departure, plus sector, country and role for next destination. Qualifications gained.

Section	Guidance	Types	Notes
Engagement Activities	You can record any details of activities that have engaged audiences in this section.	<ul style="list-style-type: none"> • A formal working group, expert panel or dialogue • A talk or presentation or debate • A magazine or newsletter (print or online) • Event, workshop or similar • Participation in an open day or visit at my research institution/facility • Media interview, press release, press conference or other response to a media enquiry • Engagement focused website, blog or social media channel • A broadcast e.g. TV/radio/film/podcast (other than news/press) 	How many people involved, the geographical reach of the activity, category of audience, years activity took place, description, any subsequent output/impact, if applicable a URL.
Influence on Policy, Practice, Patients and the Public	In this section, your funders would like to capture details of any significant impact on policy or practice that has been realised as a result of your research. Research that has impacted on policy areas that effect health, society and the economy, such as housing, transport and schools should also be reported here.	<ul style="list-style-type: none"> • Implementation circular/rapid advice/letter to e.g. Ministry of Health • Influenced training of practitioners or researchers • Citation in clinical guidelines • Citation in clinical reviews • Citation in other policy documents • Citation in systematic reviews • Membership of a guidance committee • Participation in a national consultation • Participation in advisory committee • Gave evidence to a government review 	Year of policy influence, geographical reach, and any subsequent impact. In the case of clinical guidelines the area of health is also captured.
Research Tools and Methods	This section is to capture information on new research tools and/or materials that were developed as part of your funded research and are making a significant difference to your research, or to the research of others. This section is not intended to list details of materials that could be generated in any well found laboratory or research environment, but those materials that make new lines of enquiry possible.	<ul style="list-style-type: none"> • Biological samples • Cell line • Technology assay or reagent • Model of mechanisms or symptoms - human • Model of mechanisms or symptoms - mammalian in vivo • Model of mechanisms or symptoms - in vitro • Model of mechanisms or symptoms - non-mammalian in vivo • Physiological assessment or outcome measure • Improvements to research infrastructure • Antibody 	Description of tool/method, whether it has been shared, any subsequent impact and URL to further details.

Section	Guidance	Types	Notes
Research Databases and Models	This section is to capture information on new databases, datasets or models that were developed as part of your funded research and are making a significant difference to your research, or to the research/work of others.	<ul style="list-style-type: none"> • Database/Collection of data • Data analysis technique • Computer model/algorithm • Data handling & control 	Description of database/model, whether it has been shared, any subsequent impact and URL to further details.
Intellectual Property and Licensing	You can record details of intellectual property that has arisen from your research in this section. You may have reported details of outputs in other sections for which details of intellectual property protection should be recorded here. However do consult with your local technology transfer experts if you are unsure whether any details can be disclosed publicly.	<ul style="list-style-type: none"> • Currently Copyright (e.g. software) • Patent application published • Patent granted • Protection not required • Trademark 	Year of protection, description, URL, and whether it has been licensed to others. In Researchfish® patent details can be looked up from ESPACENET and description etc. automatically imported.
Medical Products, Interventions and Clinical Trials	You can record details about medical products and interventions developed or under development in this section, and also information on clinical trials.	<ul style="list-style-type: none"> • Diagnostic Tool - Imaging • Diagnostic Tool - Non-Imaging • Therapeutic Intervention - Drug • Therapeutic Intervention - Vaccines • Therapeutic Intervention - Cellular and gene therapy • Therapeutic Intervention - Medical Device • Therapeutic Intervention - Surgery • Therapeutic Intervention - Radiotherapy • Therapeutic Intervention - Psychological/Behavioural • Therapeutic Intervention - Physical • Therapeutic Intervention - Complementary • Preventative Intervention - Behavioural risk modification • Preventative Intervention - Physical/Biological risk modification • Preventative Intervention - Nutrition and Chemoprevention • Management of Diseases and Conditions • Health and Social Care Services • Support Tool - For Fundamental Research • Support Tool - For Medical Intervention • Products with applications outside of medicine 	Products categorised against a list of developmental stages based on technology readiness levels and NIH translational pathways. Year in which product reached this developmental stage, whether the development involves a clinical trial, description, URL, and subsequent impacts captured.

Section	Guidance	Types	Notes
Artistic and Creative Products	You can record details about artistic and creative products in this section.	<ul style="list-style-type: none"> • Artefact (including digital) • Image • Artwork • Composition/Score • Creative Writing • Film/Video/Animation • Artistic/Creative Exhibition • Performance (Music, Dance, Drama, etc) 	Description of database/model, whether it has been shared, any subsequent impact and URL to further details.
Software and Technical Products	<p>You can record details about software and technical products in this section, for your personal use (for example for adding to your CV) as well as to report to your funder.</p> <p>It is important to only disclose details of software and technical products developed that have been made public and are fully protected or that require no such protection. If you are uncertain, please contact the appropriate department in your unit/institute for further guidance. Technologies that have been developed and that are new protected intellectual property should also be reported in the Intellectual Property section of Researchfish.</p>	<ul style="list-style-type: none"> • Webtool/Application • Software • e-Business Platform • Grid Application • Physical Model/Kit • New Material/Compound • New/Improved Technique/Technology • Systems, Materials & Instrumental Engineering • Detection Devices 	Description of software/technical product, any subsequent impact and URL to further details.
Spin Outs	You can record details of any link between your research and the growth or establishment of private for profit, or not for profit organisations in this section, for your personal use (for example for adding to your CV) as well as to report to your funder.		Registration number for company, number of salaried employees, year company established, description, any subsequent impacts and URL.

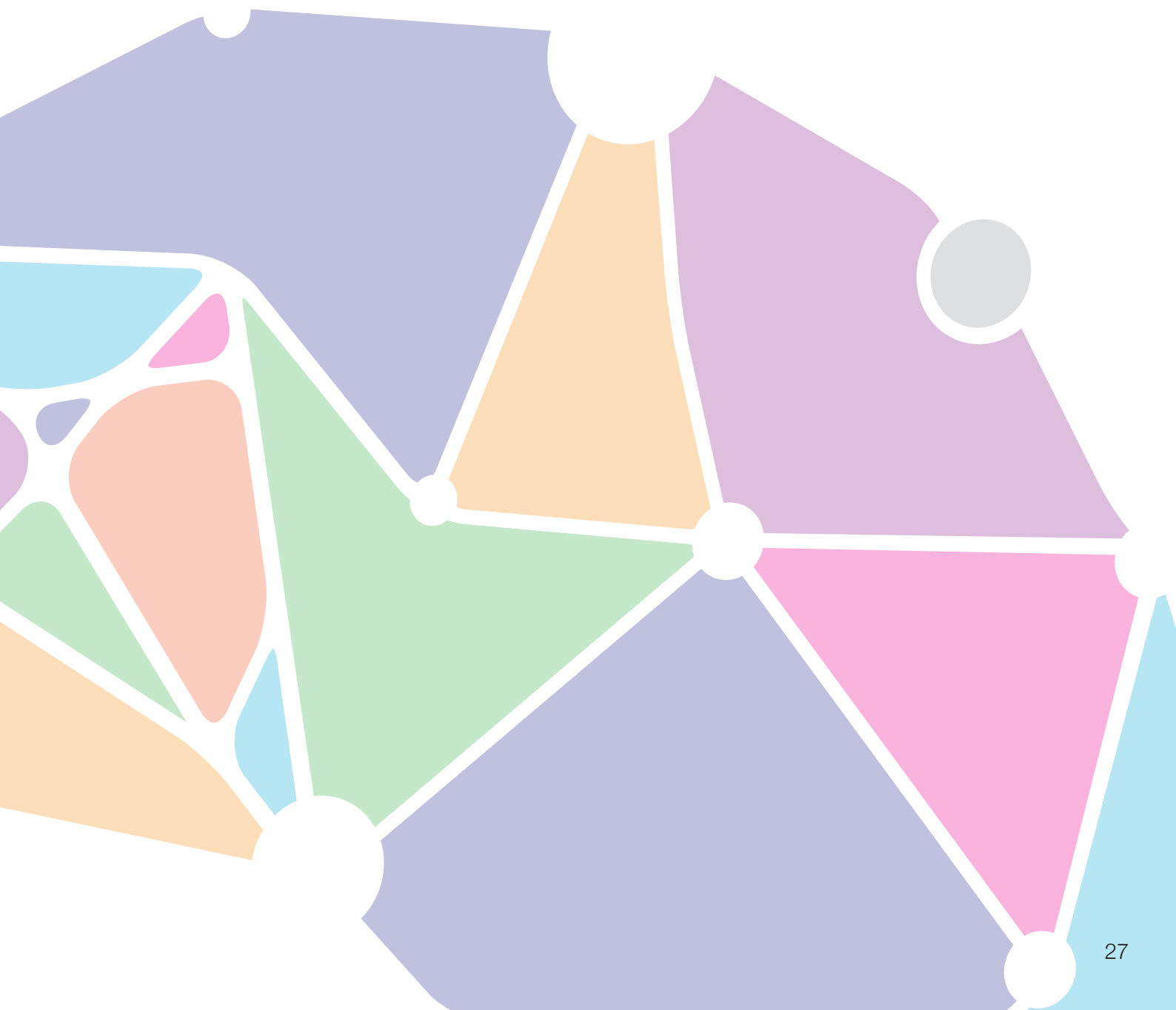
Section	Guidance	Types	Notes
Awards and Recognition	Enter details of any significant award made to you, or members of your team, in recognition of your funded research. Only record information on regional, national or European/international-level awards. Do not include personal pay awards or promotions here, or institution-specific awards.	<ul style="list-style-type: none"> • Research prize • Medal • Awarded honorary membership, or a fellowship, of a learned society • Appointed as the editor/advisor to a journal or book series • Poster/abstract prize • Attracted visiting staff or user to your research group • NIHR Senior Investigator/Clinical Excellence Award • National honour e.g. Order of Chivalry, OBE • Prestigious/honorary/advisory position to an external body • Personal invitation as keynote or other named speaker to a conference • Honorary Degree 	Name of individual who received the award, year award made, description and description of any subsequent impact, if applicable a URL.
Other Outputs and Knowledge/Future Steps	You may include information in this section that you feel is important to feed back to your funders about your research, or how this has been applied by others, which you cannot include in other sections of the form. Do not tell us about anything that you have already reported in other sections or that is not specific to the award you are reporting on.		A flexible section which captures a description of any output that may not easily fit in any of the sections above, plus any subsequent impact, how this has benefitted society, a URL if applicable and feedback about how the form may be improved to better address these outputs.
Use of Facilities and Resources	Your funders are interested in details of any shared facility or service, national or international research resource used to realise the outputs you are reporting against your funding awards/ grants. The types of resource include tissue/DNA banks, patient cohorts, facilities such as high throughput sequencing hubs or proteomics services, bio banks etc.		The name of the facility used (via a lookup), the specific services/support provided by the facility, any subsequent impact realized, and a URL.

ANNEX 2

UK Prevention Research Partnership (UKPRP)

Consortium and Network Awards: A comparison

The UKPRP initiative will initially support two types of award, Consortium and Network. An overview and comparison of the two awards is presented below to illustrate their different features. Subsequent sections provide additional detail about each award. The calls invite researchers to submit outline proposals for either Consortium or Network Awards. The Medical Research Council will administer all calls for proposals on behalf of the UKPRP.



Consortium Awards provide substantial, long-term investment (five years) to support novel combinations of partners, including, where appropriate, industry (i.e. commercial/business partners), representing a range of academic disciplines and undertaking interdisciplinary research addressing a specific challenge in the primary prevention of NCDs. These groups should develop research strategies with users, for example policy makers, practitioners, health providers, the public etc. who may be part of the consortium, for the generation and implementation of new knowledge. The thinking behind consortia is that drawing together teams of experts from different disciplines and sectors, and including users, should enable researchers to capitalise on a range of expertise to develop novel research into high quality interventions that can deliver change at a population level.

Network Awards will build a community of researchers and users around a broad NCD primary prevention research challenge and support interdisciplinary networking activity. Networks will address research challenges in NCD prevention by developing new relationships across diverse disciplines and organisations where time is needed to do this successfully. Each network award will fund the operating costs of the network, for up to four years, and provide limited funding to pump prime new research collaborations. The UKPRP networks will develop future capacity in the UK to address NCD prevention challenges.

The different purposes of Consortia and Networks are set out in the table below.

	Consortia	Networks
Structure	<ul style="list-style-type: none"> • Group of researchers, either working within a single institution or across institutions, covering a range of disciplines relevant to a specific NCD research challenge. • Strong links to research users, including policy makers, providers, health professionals, the public and industry (where appropriate to the planned research), and engagement of users in the co-production of research proposals and evidence. • Includes mechanisms for transferring the consortium's outputs into policy and practice, and for building long-term relationships between academics and users (e.g. through Knowledge Brokers). • Strong leadership with a governance structure for decision making, and appropriate membership which should include an operational management role. 	<ul style="list-style-type: none"> • New (i.e. no pre-existing network in the area proposed), open network across diverse disciplines, focussed around a broad NCD primary prevention research challenge. • Strong leadership and an inclusive approach to building a diverse community must be demonstrated. The community can include academics from a range of disciplines, users such as policy makers, professionals, and the public, as well as those from other non-academic sectors such as social enterprise.
Mode of Operation	<ul style="list-style-type: none"> • Funded primarily to conduct interdisciplinary research addressing a specific challenge in the primary prevention of NCDs. • The configuration of consortia may well evolve during the course of the research (e.g. in terms of disciplinary or user engagement) but the overarching challenge and key research questions should be clear at the outset. 	<ul style="list-style-type: none"> • Funded primarily to conduct networking activities to bring together diverse and disparate disciplines, some of whom are new to the disease prevention research space. • Will need time to build a community of researchers, users and other non-academics to develop a common language and mutual understanding. • Will define research questions around a broad NCD prevention research challenge which will form the basis of new research grant applications. • Will operate within a thematic area and explore cutting edge science in different disciplines.

	Consortia	Networks
Funding and Scale	<ul style="list-style-type: none"> • £4-7m for five years for each consortium. • Provides funding for research, e.g. research staff, consumables, costs of running the consortium including project management. • Provides funding to support the transfer of research findings to policy and practice (e.g. through the appointment of a Knowledge Broker) and secure appropriate user participation. • Research Directors (i.e. the leader of a consortium) will have the flexibility to manage resources to pursue new avenues of research or address emerging challenges. • UKPRP consortia will not fund training (e.g. PhD students) but early career researchers are encouraged to engage with consortia, which we anticipate will offer excellent career development opportunities. 	<ul style="list-style-type: none"> • £100k per annum for up to four years, primarily for funding meetings/workshops, the Principal Investigator's time and a Network Administrator's salary. Administrative costs associated with the activity of each network should be included. • Provides some limited support for pump priming activities to cement collaborations and provide proof of concept. • Additional funding to be sought from other grants, including the UKPRP's consortium award. • PhD students and research assistants are encouraged to participate in network activities but are not funded by the grant.
Primary Outcomes	<ul style="list-style-type: none"> • New and innovative approaches and insights into the primary prevention of NCDs in the UK. • High quality interdisciplinary research based on research collaborations around upstream determinants of NCDs in defined systems. • Actionable evidence that addresses important research challenges in a coordinated and sustained way. • Methodological advances in the application of systems approaches to public health. • Clear pathways to policy and practice through embedded engagement of users. 	<ul style="list-style-type: none"> • New interdisciplinary community of researchers and users, some/many of whom will have no track-record or previous association with disease prevention research. • Outputs could include publishing a research agenda/manifesto/road map on a broad NCD primary prevention research challenge. This could set-out research questions, reflect the common language developed, and outline how interdisciplinary teams could work productively together. • Bringing in new approaches and new insights to the disease prevention research arena. • Groups of researchers within a network, with the critical mass of expertise, positioned to apply for sources of funding to undertake research to address NCD prevention challenges.

ANNEX 3

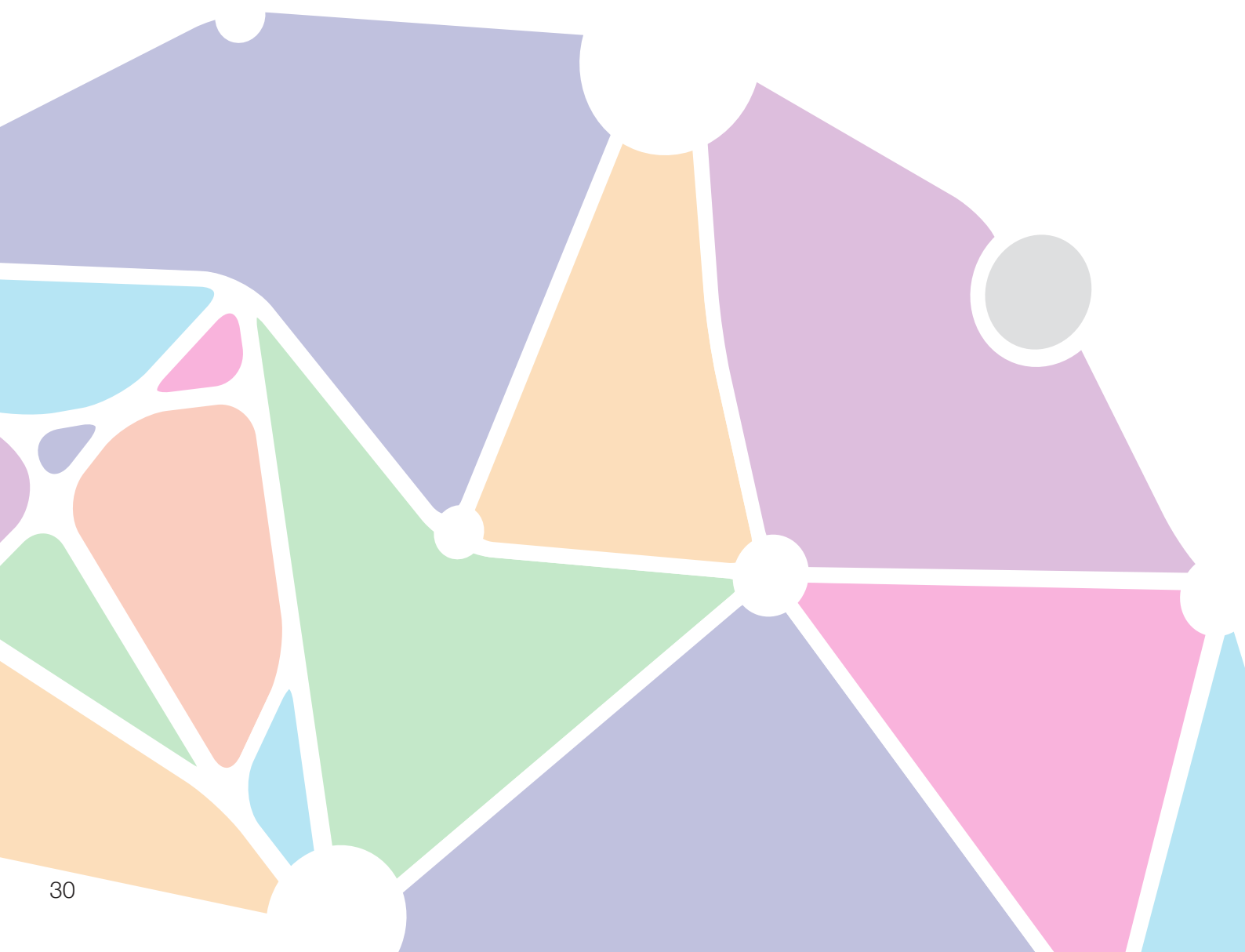
Membership of the UKPRP Monitoring and Evaluation Subgroup (MESG)

Chair Dr Ian Viney, Medical Research Council

Members Dr Mary De Silva, Wellcome
Dr Alex Hulkes, Economic and Social Research Council
Professor David Hunter, Newcastle University
Dr Ruth Jepson, University of Edinburgh
Professor Jane Moore, West Midlands Combined Authority and Coventry City Council

Secretariat Dr Inga Mills, Medical Research Council

Observers Dr Gavin Malloch, Medical Research Council
Dr Joe McNamara, Medical Research Council





CANCER
RESEARCH
UK



CHIEF
SCIENTIST
OFFICE

EPSRC

Engineering and Physical Sciences
Research Council



Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales



NIHR | National Institute
for Health Research

