

NIHR APPLIED RESEARCH COLLABORATIONS

APPLICATION GUIDANCE

INTRODUCTION

The vision of the National Institute for Health Research (NIHR) is to improve the health and wealth of the nation through research.

NIHR is launching a **new, single-stage, open competition** to designate and fund NIHR Applied Research Collaborations (NIHR ARCs). NIHR ARCs will undertake high-quality applied health and care research, work across local health and care systems to support implementation of research, and will work collectively to ensure national impact.

This document sets out the detailed process for the competition, and invites single NHS organisations or providers of NHS services, each acting on behalf of a collaboration of the local providers of NHS services, local providers of care services, NHS commissioners, local authorities, other relevant local health and care organisations, the relevant Academic Health Science Network (AHSN) and the local University(ies)¹, to **submit an application**.

BACKGROUND

Following a successful pilot scheme (2008-2013), the NIHR held an open competition which designated and funded 13 NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) from 2013, to support applied health research², translation and implementation of research evidence into practice. The end of the current NIHR CLAHRC contracts in 2019 provides an opportunity to reflect on the impact of the scheme and future needs.

From talking to stakeholders and from evidence of impacts, we have concluded that the existing NIHR CLAHRCs have increased the country's applied health and care research capacity and capability. Working with the wider innovation landscape, particularly the AHSNs, they have also had a significant role in supporting the implementation of research evidence into practice. Some limitations were identified, which we have sought to address in the new scheme.

NIHR's Future of Health³ and other reports^{4,5} present views on what the health challenges in England will be in 20-30 years' time. Taken together with projected demographic changes,

¹ The term University is used to refer to any Higher Education Institution

² Applied research covers a wide range of research, including research into the prevention, detection and diagnosis of disease and the development of interventions; the evaluation of interventions; the management of disease; and the provision of health and care services. It is driven by the desire to answer a specific health-related question, need or desire to improve services or care (Cooksey 2006). This may also include implementation science in health and care to study the methods to promote the systematic uptake of proven clinical treatments, practices, organisational, and management interventions into routine practice, and hence to improve health and care, and research to support and improve implementation of research findings.

³ Corbett, J, d'Angelo C, Gangitano L & Freeman J, Future of Health: Findings from a survey of stakeholders on the future of health and healthcare in England. Department of Health (2017).

https://www.rand.org/pubs/research_reports/RR2147.html.

⁴ Academy of Medical Sciences, 'Improving the health of the public by 2040: Optimising the research environment for a healthier, fairer future' (2016), <https://acmedsci.ac.uk/policy/policy-projects/health-of-the->

medical advances and epidemiological disease trend data some important drivers for future NIHR applied health research emerge.

The Department of Health and Social Care and NHS England have worked closely together to publish 'Twelve actions to support and apply research in the NHS'⁶. As part of this, NHS England is developing its priority research questions. NHS England has formally approved a new five year licence for the fifteen AHSNs, in recognition of the need to continue supporting uptake and adoption.

There is consensus that the NIHR should continue to play an important role in building the country's applied health and care research infrastructure.

EVOLVING OUR APPLIED HEALTH AND CARE RESEARCH INFRASTRUCTURE

Consequently, NIHR is launching a **new, single-stage, open competition** to designate and fund NIHR Applied Research Collaborations (NIHR ARCs). This research infrastructure will play an important role, along with other NIHR initiatives, to provide essential funding and support for applied health and care research. It represents an evolution in our approach to supporting applied health and care research; we are continuing to develop this.

The NIHR ARCs will undertake high-quality applied health and care research and work across local health and care systems to close the second translational gap⁷ by supporting implementation of research, and will work collectively to ensure national impact. The scheme aims to address a number of key considerations including: the need to increase applied health and care research, increase research in public health and primary care, the challenges of an ageing society, the disease clusters of multimorbidity and the increasing demands placed on our health and care system.

There is an emphasis on working with local partners, as well as patients and the public from across the diverse communities they serve. NIHR ARCs will be expected to demonstrate their involvement in the development of the research and implementation programmes, including appropriate co-production, in particular with AHSNs. NIHR ARCs will also be expected to work with other parts of the innovation landscape, such as the innovation and quality improvement infrastructure across their region, as well as with national initiatives such as Test Beds, NHS Innovation Accelerator and Innovation National Networks.

As with the NIHR CLAHRC scheme, there will be an expectation that NIHR ARCs will undertake research that is generalisable and has wide applicability beyond the local health and care system where it is conducted. In addition, the new scheme will have a significantly increased national focus, with an expectation for delivering a step change in national-level impact through:

- Significant cross-NIHR ARC collaboration, including to support implementation. This may include joint projects and acting as a national community for enhanced dissemination;
- Each NIHR ARC taking a national leadership role within their fields of expertise, leading and coordinating work across NIHR ARCs and with other parts of the NIHR; and
- Provision of additional NIHR funding specifically for collaboration on identified national priorities for applied health and care research, which will be made available following the designation of NIHR ARCs.

Annex 1 provides a comparison of the key features of NIHR CLAHRCs and NIHR ARCs.

[public-in-2040](#); and Campaign for Social Science, 'The Health of People' (2017), <https://campaignforsocialscience.org.uk/healthofpeople/>.

⁵ <https://acmedsci.ac.uk/more/news/global-burden-of-multiple-serious-illnesses-must-be-urgently-addressed>

⁶ Twelve actions to support and apply research in the NHS' (November 2017), NHS England in partnership with the National Institute for Health Research: <https://www.england.nhs.uk/wp-content/uploads/2017/11/08-pb-30-11-2017-supporting-and-applying-research.pdf>.

⁷ Cooksey D, A review of UK health research funding (2006)

AIMS OF THE SCHEME

The scheme will provide NIHR ARC designation and funding to:

- **develop and conduct high quality, generalisable, applied health and care research** which responds to and meets the needs of local populations and the local health and care system and which addresses national priorities, including through collaboration with other ARCs;
- **support, facilitate and increase the rate at which research findings are implemented** to deliver improvements in health and care services, improve outcomes for patients and the public, improve delivery and efficiency of health and care, and increase sustainability of the health and care system both **locally and nationally**;
- increase the country's **capacity and capability** to conduct and translate high quality **applied health and care research**; and
- contribute to **broader economic gain**, including through collaborations with life sciences and other industries.

To achieve these aims we will designate and provide funding to:

- support a **critical mass of people** focused on the conduct of applied health and care research and the implementation of research evidence into practice, and support capacity development;
- create an environment where world-class applied health and care research can thrive and deliver changes in practice;
- provide the **infrastructure** for professionals in the health and care system to work collaboratively with researchers from a range of disciplines; and
- drive excellence in collaborative research **partnerships**, across a range of health and care sectors, including charities; and excellence in collaborative research partnerships with life sciences and other industries contributing to **broader economic gain**.

An Independent Selection Panel will review the applications and make recommendations on NIHR ARC designation and funding using the following **selection criteria**:

- The **quality, volume and existing critical mass** of applied health and care research;
- **Track record and ability in translating advances** from research into health and care practice;
- Relevance of the work programme of the Collaboration **to the needs of patients and the public from its local diverse communities and of the local health and care system**; **and** its potential to lead to changes in practice, increase the sustainability of the health and care system and/or deliver improvements in patient and public outcomes both locally and nationally;
- The **strength of the strategic plan** including the NIHR ARC's approach to implementing research to deliver impact;
- The **track record and plan for collaborative working** between the local member organisations that comprise the Collaboration, as well as with patients and the public, industry, other NIHR-funded infrastructure and AHSNs;
- The **existing research capacity and capability** and plans for **developing** this for both research and the implementation of research findings for the benefits of patients, the public and the health and care system; and
- **Value for money**.

The overarching principles for NIHR funding of transparency, competition, and contestability will also be applied.

SCOPE OF THE AWARD

The NIHR ARC scheme funds infrastructure to undertake and support applied health and care research.

The programme of applied health and care research undertaken by an NIHR ARC will be relevant to the needs of the diverse communities it serves and its local health and care system, and be implementable across the local region. It should be **generalisable and have wide applicability across health and care nationally**, as well as within the local health and care system where it is conducted. NIHR ARCs should also have capacity to support evaluations of AHSN priority programmes and other high priority service innovations (including digital innovations); however, it is expected that these are supported by co-funding provided by the member organisations of the Collaboration.

Research will be expected to deliver improved outcomes for patients and the public, improved delivery of health and care services, and increased sustainability of the health and care system. NIHR ARCs will **work across local health and care system to close the second translational gap** by supporting local delivery partners to implement changes in practice through embedding approaches that facilitate and accelerate the dissemination, knowledge transfer and implementation of research findings.

The research supported by this scheme should address the existing needs of patients and the public across the communities it serves, as well as those that will be prominent over the next 5-10 years, across a range of health and care sectors (which will include some or all of the following public health, primary care, mental health, and social care). NIHR ARCs will be expected to conduct research and support implementation that reflect the nation's changing demographics and the corresponding impact this has on disease burdens and service demands. Key areas and challenges that NIHR ARCs will be expected to tackle will include:

- increased complexity of care needs
- person-centred care
- long-term conditions
- multimorbidity (including exploration of new and innovative approaches such as research into the identification, care and management of disease clusters)
- public health interventions and prevention
- social care
- primary care
- mental health conditions
- managing demand for health and care services
- increasing sustainability of health and care services

The applied research undertaken by an NIHR ARC may include: research into the prevention, detection and diagnosis and management of disease or other health conditions; the development of interventions including digital innovations and digital research infrastructure; health services delivery research; and research to support and evaluate implementation of research findings. Successful approaches to these areas will need to incorporate assessment of economic impact and are most likely to be multidisciplinary. This includes health economics alongside other academic disciplines, for example social sciences, behavioural sciences and the humanities, and input from management schools from the collaborating University(ies). Development of innovative applied research methodology will be a key output.

The expectation is that NIHR ARCs will undertake research and implementation programmes focused on the needs of the local communities they serve, and embedded within and linked to their local health and care system. At the same time, many national questions need to be addressed by collaboration across the country, and successful NIHR ARCs will be expected to work collectively to address these. NIHR ARCs will need to work closely with patients and the public, and their local health and care partners including, but not limited to, Academic Health Science Network (AHSN), Clinical Commissioning Groups, Sustainability and Transformation Partnerships (STPs), other local

providers of NHS services, local authorities, local providers of care services, NHS England, NHS Improvement, Public Health England and other relevant health and care organisations. This will include appropriate co-production of the research and implementation programmes, in particular with AHSNs. However, as with other NIHR research infrastructure schemes, the remit of NIHR ARCs is not predicated on a particular health and care architecture.

Funding provided by the NIHR through this scheme will be to meet the research infrastructure costs incurred by the NIHR ARC in carrying out an approved programme of applied health and care research. The NIHR will not fund implementation activity. NIHR ARCs will be expected to secure additional contributions (co-funding) from member organisations of the Collaboration which can be used to support implementation and/or research activity.

ELIGIBILITY

All NHS organisations or providers of NHS services in England are eligible to apply on behalf of a Collaboration.

In order to ensure critical mass, the funding for each NIHR ARC will be awarded to a **single** NHS organisation or provider of NHS services, each acting on behalf of a collaboration of the local providers of NHS services, NHS commissioners, local authorities, local providers of care services, University(ies), other relevant local health and care organisations and the relevant AHSN. We would not expect to fund more than one NIHR ARC in any single AHSN region. A single NHS organisation is eligible to submit one application on behalf of a collaboration representing a single AHSN region.

It will be permissible to pass funding from the Host Organisation to the member organisations or other subcontractors involved in the work of the NIHR ARC via a subcontract, provided that there are good reasons for doing so and these are justified in the application. The involvement of one or more local University(ies) is a pre-requisite.

NIHR ARC Directors and Theme Leads should be leaders in their respective fields and have the ability to engage significantly with major clinical/professional and patient and public groups, and to influence the practice and delivery of health and/or care. NIHR ARC Directors should be either a practising clinician, public health or social care practitioner.

Co-Funding

Applications will need to demonstrate additional funding contributions (financial or other contribution) from the member organisations in the Collaboration. This will include:

- Co-funding (financial or other contribution) to support research and/or implementation activity from health and care member organisations (e.g. NHS organisations, local authorities, public health and care organisations) to a **minimum of 25% of the level that NIHR provides** for the designated and funded NIHR ARCs for the first year of the award. Following confirmation of designation, NIHR ARCs will be further expected to confirm annual commitments for co-funding (financial or other contribution), from health and care member organisations to a minimum of 25% of the level that NIHR provides, for each subsequent year over the contracted period through annual business plans. The co-funding may be used to undertake and support applied health and care research and/or to undertake and support implementation. The NIHR will review its level of funding if a NIHR ARC does not secure the required level of co-funding for the remainder of the contracted period. **NHS R&D support funding received by the Host Organisation does not qualify as co-funding.**
- Co-funding (financial or other contribution) from the University member organisation(s) for **the duration of the contract**. This is in **addition** to the 25% minimum co-funding from health and care member organisations in the first year of the award.
- The co-funding should not be funding awarded or allocated for another purpose, which has been “rebadged”.

In addition to the funding provided through the NIHR ARC scheme, NIHR ARCs are **expected to leverage additional funding** to support their applied health and care research activity from other sources, including from other public research funders (e.g. Research Councils, NIHR Research Programmes), charities and industry.

The overall funding (NIHR ARC funding and co-funding) must be under direct control of the appointed NIHR ARC Director. The overall **value for money will be a key selection criterion**.

National Collaboration and Leadership

In addition to addressing local needs, designated and funded NIHR ARCs will be expected to work collaboratively to address national priorities and to each provide national leadership in areas relevant to their proposed work programmes. Collaborations are also encouraged to collaborate with and make full use of other NIHR-funded research infrastructure (e.g. other NIHR ARCs and the Clinical Research Network) to ensure that research supported is undertaken in areas of the country where the relevant disease burden and needs are greatest, in addition to the local communities served by its member organisations.

Further NIHR funding to support national impact

Following the confirmation of NIHR ARC designation and funding, it is planned that the NIHR will make available additional dedicated funding to facilitate further collaborative efforts to address specific, national challenges (to be defined) for the health and care system. This will be over and above the support provided to individual NIHR ARCs. Following the confirmation of NIHR ARC designation and funding, NIHR ARCs with appropriate work programmes will have the opportunity to apply for additional funding to support national collaborative efforts in priority areas.

FURTHER CONSIDERATIONS

Athena SWAN

The Department of Health and Social Care does not expect to designate and fund any Collaboration where the academic member organisation⁸ with which the Collaboration's Director is associated (i.e. the academic member organisation where the individual has a substantive contract or an appropriate relationship such as an honorary contract) has not achieved at least the Silver Award of the Athena SWAN for Women in Science.

In addition, the academic member organisation with which the Director is associated will be expected to maintain at least the Silver Award of the Athena SWAN Charter for Women in Science for the duration of the NIHR ARC funding and designation.

Data exclusivity deals

The NIHR operates an open and transparent research system and would not expect to award funding to a Host Organisation that has signed data exclusivity deals that either limit or restrict the use of data held by the NIHR ARC to individuals, organisations or companies.

Public and community involvement, engagement and participation

Collaborations are expected to work with the local communities they serve and others to develop their outline strategy for public and community involvement, engagement and participation and consider how their plans will contribute to delivering impact on health and care. This is a key requirement for the NIHR, with successful applicants required to submit a fully developed strategy by the end of the first year of the contract.

⁸ An 'academic member organisation' might be, for example, a Faculty, College, School, Department, Division or Institute.

Collaborations should consider how their plans will respond to current challenges and opportunities for involvement, engagement and participation including; reflecting the diversity of the local population, fostering community-led approaches to research, developing new methods and approaches, and demonstrating the impact of this agenda on improving health and care research. Collaborations are also encouraged to align their plans to other public and community involvement, engagement and participation efforts in their region.

Collaborations should also consider how their plans will incorporate the six national standards for public involvement in research <https://sites.google.com/nih.ac.uk/pi-standards/standards>: Inclusive Opportunities, Working Together, Communication, Learning and Support, Impact and Governance. The standards provide a framework for reflecting on and improving the purpose, quality and consistency of public involvement in research. They describe the building blocks for good practice and provide a baseline of expectations.

Please refer and adhere to the INVOLVE definitions of ‘public’, ‘involvement’, ‘engagement’ and ‘participation’: <http://www.invo.org.uk/posttypesource/what-is-public-involvement-in-research/>.

Developing research capacity and capability

Collaborations should consider how they will align with the establishment of the new NIHR Academy and contribute to the implementation of relevant recommendations from the Strategic Review of Training⁹ including support for enhancing areas of need for research capacity development that were identified in the Review.

Designated NIHR ARCs will also be expected to appoint a named Training Lead who will participate in and contribute to the Infrastructure Training Forum.

SELECTION PROCESS

The number of NIHR ARCs has not been determined in advance, but will not exceed 15 (one per AHSN region). The NIHR ARCs will be selected by open competition, and will be determined by the quality of applications.

Applications will be considered by an Independent Selection Panel, which will make recommendations to the Department of Health and Social Care on NIHR ARC designation and funding levels using the selection criteria stated above.

The timetable will be:

- 1 June 2018: Publish Application Guidance together with supporting information on the NIHR website (www.nihr.ac.uk)
- 19 June 2018: Q & A workshop held to provide additional guidance to Collaborations applying for NIHR ARC designation and funding
- 20 August 2018: Deadline for **receipt of applications**
- 15-17 October 2018: Independent Selection Panel reviews the applications (including interviews) and provides **recommendations** on NIHR ARC designation and funding
- December 2018: Department of Health and Social Care **confirms** selected NIHR ARCs
- January 2019: **Contracting process** initiated for NIHR ARCs
- 1 October 2019: **Funding** for NIHR ARCs commences

⁹ <https://www.nihr.ac.uk/srot>

FUNDING

Funding will be awarded for a **five-year** period (starting 1 October 2019) to selected NIHR ARCs.

- A total of up to £135 million over five years is available, subject to receipt of suitable quality applications.
- Each application may be up to a maximum of £9 million over the 5 year contracted award, with applications from organisations without existing NIHR CLAHRCs being phased, with up to 50% (maximum £900,000) in the first year – and applications should be costed to reflect this profile.
- The amount of funding allocated to each NIHR ARC will be determined by the scale, nature and quality of the research activity to be conducted by that Collaboration.
- In order to ensure critical mass, focus, and clarity, funding will be awarded to a single NHS organisation or provider of NHS services (please refer to Annex 2).
- The application must set out how the total amount of funding (NIHR plus co-funding) will be used, and explicitly identify within this how the funding from NIHR will be used. NIHR funding can only be used to support applied health and care research and related activities such as dissemination and the trialling and evaluation of initiatives to encourage regional/national adoption of evidence-based practice or clinical effectiveness.
- It is not permissible for NIHR funding to be used to undertake implementation or to fund the introduction of new services.
- NIHR ARCs will be expected to identify resources (drawn from the proposed NIHR ARC award and/or other resources available to the Collaboration) to support their contribution to collaborative efforts to address national priorities for the health and care system. However, it is expected that a total of up to £15 million of additional NIHR funding will be available to NIHR ARCs, following confirmation of their designation and funding, to facilitate collaboration on identified national priorities for applied health and care research.

As part of their application, Collaborations will need to indicate how research would be supported if the final award were at +10%, -10% or -50% of the amount requested.

In all cases, the value for money of the proposal will be an important selection criterion.

No new Department of Health and Social Care capital funding will be available for NIHR ARCs as part of this current funding competition. Therefore, applications should only include research that can be undertaken within existing facilities or planned facilities that the Collaboration's member organisations are investing in alone, or with other external organisations, with confirmed funding.

We expect standard NHS accounting policy and guidance to be followed (as set out in the NHS Finance Manual) in determining the appropriate costs to be charged to this scheme.

Further information on eligible costs is provided in *Annex 2*.

INFORMATION TO BE PROVIDED BY COLLABORATIONS IN THE APPLICATION

Applying Collaborations are asked to complete and submit the following details and supporting evidence:

1. A full application (including organogram)
2. A Financial Plan
3. Curriculum Vitae for the proposed Director, Theme Leads and Implementation Lead
4. External Research Funding
5. Research Publications
6. Formal Letters of Commitment confirming that all parties agree to form a Collaboration and stating their commitment (including financial or other contribution). Letters of commitment should be from each named member of the Collaboration and signed by an appropriate authorised signatory (e.g. Dean or Vice Chancellor, and Chief Executives or Finance Directors as appropriate). The relevant AHSN Board should provide a letter to support the application for a NIHR ARC award.

Section 1 - Application form

The **application** will need to set out:

Details of the proposed NIHR ARC

1. Details of the Host Organisation and authorisations to endorse the application for an NIHR ARC and confirm that appropriate support will be provided should the application be successful. Specified representatives of the Host Organisation should fully endorse the application for an NIHR ARC award and confirm that appropriate support will be provided to the Collaboration should the application for funding be successful; and that they will comply with all NIHR research governance initiatives including use of model research agreements/contracts, and compliance with the UK Policy Framework for Health and Social Care Research requirements.
2. A list of member organisations that will form the Collaboration applying for NIHR ARC designation and funding.
3. A list of the Research and Cross-Cutting Themes¹⁰, and the named Theme Lead.
4. A named academic organisation with which the Director is associated (i.e. the where the individual has a substantive contract or an appropriate relationship such as an honorary contract) and which will be a member organisation of the Collaboration. Please confirm whether it has achieved at least the Silver Award of the **Athena SWAN Charter for Women in Science** and the relevant details. In cases where the Director's academic organisation does not currently hold the Silver Award of Athena SWAN, applicants should outline their engagement with the Equality Challenge Unit, providing details of any current applications in process (including dates of submission).
5. The management arrangements for the proposed NIHR ARC, including the arrangements for joint working between the Host Organisation and the other member organisations forming the

¹⁰ NIHR ARC's Research Themes will deliver their own structured portfolio of applied research. Cross-cutting Themes will facilitate and bring additional strength and depth to a number of the proposed NIHR ARC Research Themes; rather than being a stand-alone Research Theme. By way of example these may include: health economics, behavioural science, digital/informatics, and applied research methodology.

Collaboration, the proposed Director and the way in which the proposed Theme and Implementation Leads fit into these arrangements. **Please provide an organogram outlining the proposed Governance arrangements (including responsibility for finance) for the proposed NIHR ARC.** Please confirm that the proposed Director of the NIHR ARC will have responsibility for, and authority over, the NIHR funding, if awarded, and over the co-funding.

6. A short plain English summary presenting the Collaboration's research background and specific overarching aims of the proposed NIHR ARC. It should explain to a public audience the nature of the proposed NIHR ARC and its short, medium and long-term aims. This should be aimed at members of the public and be written clearly and simply, without jargon and with an explanation of any technical terms included. This may potentially be made publicly available.

The quality, volume and existing critical mass of applied health and care research

7. An overview of the **quality, volume and existing critical mass of applied health and care research**. This should include:
 - an overview of the excellent applied health and care research conducted by members of the proposed NIHR ARC currently underway and conducted over the past five years; and
 - existing resources within the NIHR ARC for undertaking applied health and care research, including track record and capacity to undertake health economic analysis, innovative methodology development and research to support implementation.
8. Please summarise the proposed Director's leadership and expertise demonstrating the following:
 - evidence that they are at the forefront of their fields;
 - ability to engage significantly with health and care professionals, providers and other relevant organisations within health and care, and patient/public groups and influence the practice of health and/or care delivery; and
 - confirm that they are a practising clinician, public health or care practitioner, and where they hold a substantive or honorary contract with a NHS, public health or care provider or commissioner.

NOTE A CV for the Director should be provided (see section 3).

Track record and ability in translating advances from research into health and care practice

9. The Collaboration's track record and ability to translate advances from research into health and care practice. This should include:
 - track record in translating advances from research into health and care practice; and
 - three to five examples over the last five year period of how previous work in this area has led to changes in practice locally and/or nationally, increased the sustainability of the health and care system and/or delivered improved outcomes for patients and the public.

The strength of the strategic plan, including the NIHR ARC's approach to implementing research to deliver impact

10. The Collaboration's overall strategy to develop and conduct high quality applied health and care **research** to meet the needs of its local populations and the health and care system, and to translate research findings to deliver changes in practice, to increase the sustainability of the health and care system and to lead to improved outcomes for patients and the public. This should include:
 - overall short (1-2 years), medium (3-4 years) and long-term (5+ years) objectives; and
 - details of how the proposed NIHR ARC will measure success and demonstrate progress.

11. The Collaboration's strategy and plans for disseminating results beyond the Collaboration especially to policy makers, national bodies and non-research active health and care practitioners. Please also indicate how the proposed NIHR ARC will contribute to and make use of the NIHR Dissemination Centre.
12. The Collaboration's track record of, forward plans and strategy for supporting the **implementation** of research to deliver changes in practice, to increase the sustainability of the health and care system and to lead to improved outcomes for patients and the public. This should include:
 - the named Lead for implementation activities and evidence of the following:
 - their experience of implementing research findings into practice; and
 - ability to engage with health and care professionals, providers and other relevant organisations within health and care, and patient/public groups and to influence the practice of health and/or care delivery;
 - the strategic approach to implementation that will be pursued within the proposed NIHR ARC using the co-funding support and external funding, including an overview of how this relates to the overall strategy;
 - how the programme of implementation will respond to the evolving needs of the local health and care system;
 - details of how the proposed NIHR ARC will measure success and demonstrate progress with implementation;
 - a description of how the proposed NIHR ARC will facilitate knowledge exchange and mobilisation; and
 - the other key contributing individuals who will be associated with facilitating implementation.

NOTE A CV for the Implementation Lead should be provided (see section 3).

13. The Collaboration's track-record of, forward plans and strategy for working with **industry** (including the life sciences industry and small and medium enterprises), outlining how this aligns with the local AHSN's industry strategy and/or the local industry landscape. Please provide examples of key strategic relationships/partnerships with industry relevant to the Collaboration's proposed research areas.
14. The Collaboration's track-record of, and forward plans and strategy for working with research **charities and other (non NIHR) public funders of research**. Please provide examples of any strategic relationships/partnerships with research charities or other (non NIHR) public funders of research directly relevant to the proposed Themes.
15. The Collaboration's track record, plans and strategy for managing and exploiting **intellectual property**, including for the management, dissemination and adoption of intellectual property. Please also include information on the Collaboration's track record of patents filed and granted, the establishment of spin-out companies and any income generated from commercialisation of intellectual assets; and plans for intellectual property that may be deemed less commercial in nature but may have direct service benefit for the health and care sector.
16. Details of each of the specific **Themes** of work to be conducted with the funding provided through this scheme. For each proposed Theme that will be pursued within the proposed NIHR ARC with funding from this scheme, including, for each theme:
 - name of the Theme;
 - the key contributing researchers associated with it, who will add quality and depth to the proposed Theme, including a proposed Theme Lead;
 - the Theme Type (research, cross-cutting);
 - its aims and short (1-2 years), medium (3-4 years) and long-term (5+ years) objectives;

- the research strategy for the Theme, including how this will incorporate assessment of economic impact and an outline of the key projects anticipated over the first year;
- a description of the proposed outputs from the research and the impacts anticipated (including the intended audience, how the impacts will be achieved and the likely timeframe);
- its relevance to the needs of **patients and the public from its local diverse communities**, and of the local health and care system; and
- three examples over the last five-year period from the Collaboration of how previous applied health and care research in the proposed Theme area has been implemented to deliver changes in practice, to increase the sustainability of the health and care system and/or to lead to improved outcomes for patients and the public.

Relevance of the work programme of the Collaboration to the needs of patients and the public from its local diverse communities and of the local health and care system; and its potential to lead to changes in practice, increase the sustainability of the health and care system and/or deliver improvements in patient and public outcomes both locally and nationally

17. Please provide evidence to demonstrate how the proposed work programme and Themes:
 - are relevant to the needs of patients and the public from its local diverse communities and of the local health and care system;
 - has the potential to lead to changes in practice;
 - will increase the sustainability of the health and care system; and
 - will deliver improvements in outcomes for patients and the public.
18. The Collaboration's track-record of, forward plans and strategy for working with local organisations responsible for the delivery of health and care services. This should include:
 - an outline of how the health and care members of the Collaboration have informed the work programme and how the outputs of the work will be anticipated to impact each of these sectors;
 - an outline of how the work of the proposed NIHR ARC will remain responsive to meet the needs of the local diverse communities it serves and the health and care system and provide capacity to support local evaluations of AHSN priority programmes and other high priority local service innovations – noting that these are to be funded by the member organisations of the NIHR ARC;
 - a description of how the proposed NIHR ARC will work with its local Academic Health Science Network (AHSN), Clinical Commissioning Groups, Sustainability and Transformation Partnerships (STPs), local providers of NHS services, local authorities, local providers of care services, NHS England, NHS Improvement, Public Health England and other relevant health and care organisations. This will include appropriate co-production of the research portfolio and implementation strategy, in particular with AHSNs; and
 - details of how the research of the proposed NIHR ARC will support key areas and challenges that NIHR ARCs will be expected to tackle, this may include, but is not limited to: increased complexity of care needs, person-centred care, long-term conditions, multi-morbidity, public health interventions and prevention, social care, primary care, mental health conditions, managing demand for health and care services and/or increasing sustainability of health and care services.
19. Outline the research and implementation area(s) where the proposed NIHR ARC could take a national leadership role, this should include:
 - an outline of the relevant capacity, expertise and leadership within the Collaboration in these areas;
 - description of the Collaboration's proposed approach to support evidence generation and implementation efforts beyond their local region, including their track record, ability and

ambitions to work collaboratively with national partners engaged in health research and health and care delivery to address national priorities;

- an outline of how the proposed NIHR ARC, through its national leadership role, proposes to work with other NIHR ARCs and other infrastructure, to address national questions that require collaborative approaches to address; and
- the resources (drawn from the proposed NIHR ARC award and/or other resources available to the Collaboration) that will support the proposed NIHR ARC's contribution to collaborative efforts to address national priorities for the health and care system.

The track record and plans for collaborative working between the local member organisations that comprise the Collaboration, as well as with patients and the public, industry, other NIHR-funded infrastructure and AHSNs

20. A description of the track record and plans for partnership working between the member organisations of the Collaboration including:
- the track record of organisations within the proposed NIHR ARC in working together;
 - future ability and intended approach to work collaboratively with a wider range of local partners and stakeholders; and
 - the expertise and intended roles that each named organisation within the NIHR ARC will play in delivering the strategy.

NOTE A statement of the commitment (including financial or other contribution) of the Host Organisation and named member organisations forming the Collaboration, for example University(ies) and health and care organisations should be provided in the 'Formal Letters of Commitment' (Section 6). Please note **that value for money will be a key aspect in the designation and funding of the new round of NIHR ARCs.**

21. The Collaboration's forward plans and strategy for working with, and developing relationships with, other relevant NIHR-funded infrastructure (e.g. NIHR Biomedical Research Centres, NIHR Clinical Research Facilities, NIHR Medtech and In Vitro Diagnostic Co-operatives, NIHR Patient Safety Translational Research Centres, NIHR Clinical Research Network, Health Informatics Collaborative, Clinical Record Interactive Search, Clinical Practice Research Datalink) and other NIHR ARCs.
22. Outline the Collaboration's strategy for public and community involvement, engagement and participation in the work of the proposed NIHR ARC and how it is anticipated that this will contribute to delivering impact for health and care in line with NIHR's future strategy. Collaborations should indicate how their plans will respond to current challenges and opportunities for involvement, engagement and participation; reflecting the diversity of the local communities it serves, fostering community-led approaches to research, developing new methods and approaches (i.e. the use of digital technologies), and demonstrating the impact of this agenda on improving health and care research.

This is a key requirement for the NIHR, with successful applicants required to submit a fully developed PPI/E/P strategy by the end of the first year of the contract.

The existing research capacity and capability and plans for developing this for both research and the implementation of research findings for the benefits of patients, the public and the health and care system

23. The Collaboration's strategies, objectives and plans for research capacity development for research staff, research support staff and academics in training, explaining how this builds on the Collaboration's track record in this regard and how it will align with the establishment of the NIHR Academy and its offer to its Members and Associates. The plan should set out the range of research professions to be developed (including care professionals), the attributes of the

research training environment and the efforts to be made to ensure that all research staff, as well as those on an academic pathway, receive a high-quality development experience. This may include, but is not limited to, highlighting the approach taken to leadership, research management, mentoring, addressing areas of low research capacity, and presenting opportunities to participate in priority research areas. There should be a clear statement of the Collaboration's equality, diversity and inclusion strategy, and its application to research staff, which we expect to include flexible working arrangements and support for people at all stages on the career pathway.

24. The Collaboration's strategies, objectives and plans for building capacity and capability for non-researchers within the health and care system to advance knowledge and understanding about research use and its implementation. This should include how this will contribute to improving the uptake, application and influence of applied health research within the health and care system as well improving the quality and relevance of research through greater service involvement.

Value for money

25. A description of how the resources will be deployed to support the work of the proposed NIHR ARC, including:
- justification for the resources requested;
 - the financial or other contribution from the Host Organisation, University(ies) and health and care member organisations who will form the Collaboration, noting that value for money will be a key aspect in the designation and funding of the new round of NIHR ARCs. Please also indicate the financial and other contributions from other relevant partners (e.g. other research funders);
 - a statement of how funding provided will build on DHSC/NIHR investment *via* other funding schemes.
26. A statement on prioritisation of research activity and how the proposed research would be adapted in the event of the final award being different by the funding scenarios (+10%, -10%, or -50%) of that applied for.

NOTE Financial details, including a breakdown of the proposed NIHR ARC's costs for resources by Theme, should be provided in the financial plan Section (see section 2).

Section 2 – Financial Plan

27. The financial plan provides a financial summary for the NIHR ARC as a whole. Collaborations will need to complete the 'ARC Details' tab and Section 1-11 of the financial plan. Applicants will need to provide detailed breakdowns of costs for staff posts and salaries, travel, subsistence, conference, equipment, consumables, PPIEP, dissemination, unallocated research funding, other direct costs, indirect costs and NHS support costs will need to be provided. The summary tabs on the financial plan will autopopulate depending on the information added to sections 1-11. These summary tabs include summaries of all costs, direct and indirect and NHS support costs, staff by type, staff by role, organisation costs, and costs by Theme. Applicants should refer to the specific guidance provided within the form.

Collaborations will need to present the cost of core functions and facilities (e.g. Director, management, technology platforms, etc.) which underpin the Themes. Within the financial plan, 'Core' is listed alongside the proposed ARC Themes. Please note that 'Core' is not a Theme; this is prescribed purely for finance purposes. The costs of core functions and facilities should not be spread across the Themes.

Section 3 - Curriculum vitae for the proposed Director, Theme Leads and the Implementation Lead

The proposed NIHR ARC Director, each of the Theme Leads and the Implementation Lead are each required to submit a CV within the NIHR CCF RMS. These should include details of the University member(s) that the individual is associated with (if appropriate), which may be via a substantive contract of employment or an appropriate relationship such as an honorary contract. The NIHR ARC Director, each Theme Lead, and the Implementation Lead are able to provide up to 10 relevant publications (maximum) for the CV, for which they are a named author.

See Annex 3 for guidance on completing CVs in the RMS system.

Section 4 - External research funding

The volume and source of relevant external research funding awarded directly to the member organisations forming the Collaborative, provides an indication of the quality and scale of the research conducted in the relevant research areas by the proposed NIHR ARC. Applicants should provide details of the external grant funding awarded for research directly relevant to the work of the proposed NIHR ARC, between 1 April 2013 and 31 March 2018 split by individual awards with the total funding received within that five year period. Funding should be presented by category of funder, i.e. Research Council (e.g. MRC), Research Charity (e.g. Wellcome Trust), DH/NIHR (please specify specific funding programme), Other Non-Commercial (e.g. Other Government Departments, EU), Industry Collaborative, or Industry Contract. The funding source and start and end dates should be provided. This should be presented separately for the Host Organisation and member organisations forming the Collaboration, including Universities. **Please do not include funding for infrastructure (including NIHR Research Infrastructure), training or formation of networks.**

Section 5 - Research Publications

Please provide a list of peer-reviewed publications resulting from applied health and care research in which member organisations within the NIHR ARC have played a significant role and which you believe best demonstrates the quality and impact of your research in areas relevant to the proposed NIHR ARC work programme and/or Theme(s). Only submit publications published from 1 January 2013 until 31 December 2017. Each publication should include at least one author affiliated (directly employed, honorary contract or equivalent arrangement) with the applicant Host Organisation or a member organisation of the proposed NIHR ARC. Please submit a maximum of 50 research publications. The nature of publications produced provides an important indication of the research track record in the relevant research field. The publication list should be submitted in the Vancouver format and must be accompanied by either the Web of Science (WoS) UT code (preferred) or the MEDLINE PMID code, for each paper.

- WoS UT codes are 15-digit alphanumeric codes. When entering them, please only type the 15-digit alphanumeric code (without the prefix ISI, WOS or UT) e.g. 000123123123123.
- PMID codes consist of 1-8 digits with no breaks or punctuations, e.g. 12345678

Section 6 - Formal letters of commitment

The Host Organisation and each named member organisation should each provide a formal letter stating their commitment (including financial or other contribution). Each letter should outline whether their commitment is financial or other contribution, its value, and whether this will support research or implementation activity, or a mix of both.

The relevant AHSN Board should provide a letter to support the application for a NIHR ARC award.

Co-Funding (Financial or Other Contribution)

Where co-funding is provided from health and care members of the Collaboration (e.g. NHS organisations, local authorities, public health and care organisations) this should cover, as a minimum, the first year of the award. Following confirmation of designation, NIHR ARCs will be further expected to confirm annual commitments for co-funding (financial or other contribution), from health and care member organisations, for each subsequent year over the contracted period through annual business plans. This may be used to undertake and support research and/or to undertake and support implementation.

For University members(s) this should cover the duration of the contract.

Please note **that value for money will be a key aspect in the designation and funding of the new round of NIHR ARCs**. Without co-funding from member organisations of the Collaboration for implementation, the NIHR ARC will not be seen as sustainable and the NIHR would therefore need to review its level of funding.

SUBMITTING YOUR APPLICATION

The application process is managed through the NIHR Central Commissioning Facility (CCF). Applications should be submitted via the CCF Research Management System (RMS) and applications received through other means will not be accepted.

To apply, applicants must create an account in the NIHR CCF RMS at <https://ccfrms.nihr.ac.uk>. Once registered, details will need to be validated by CCF. You will receive a confirmation email and temporary password. If you do not receive any emails from manager@ccfrms.org.uk, please check the spam folder.

In January 2018, the CCF RMS platform was updated with new utilities, as a result, the web browser that is the most compatible to the RMS is Google Chrome.

If you have any RMS-related questions, please email manager@ccfrms.org.uk. RMS support is available Monday to Friday between 09:00 and 17:00.

To generate a new NIHR Applied Research Collaborations Competition 2018 application form, the lead individual for the Collaboration (the proposed Director) should, once registered, use the left hand side toolbar and select 'My Applications' and go to 'New Application', selecting the 'NIHR Applied Research Collaborations' Competition from the 'open funding rounds' section.

To navigate, use the menu on the left-hand side of the screen and the '**Previous**' and '**Next**' buttons. It is advisable to use the mouse to go through the sub-sections of the form as hitting TAB will not lead to the next field. Please note that if you hit **ENTER** the system will close down the page you are currently working on and return to the introductory page.

Please start your application as early as possible and ensure you have completed all the fields in the application form and uploaded all the necessary information as requested. Please ensure that you read the online help prompts marked (?) for additional guidance. You will need to validate your form prior to submitting your application. Please complete the application form so that there are no outstanding validation issues, as you will be unable to submit until they are resolved. We recommend performing ongoing validation checks to ensure the forms are being completed entirely and that no fields have been missed. Please note that the system will not allow submissions after the deadline and any mandatory validation issues will prevent you from submitting your application.

The proposed Director must complete the 'Signatories' section of the application form and then use the online functions to add the following official contacts:

- Finance Officer for the Host Organisation; and
- authorised signatory for the Host Organisation, who can authorise the application on behalf of the Host Organisation.

An email will automatically be sent requesting the application to be approved. Without this approval the application cannot be submitted.

To submit your application, please go to the application home screen and click SUBMIT in the lower half of the application details web page. You will be asked to confirm your submission. If no grey screen with the confirmation appears, please return to editing the application and ensure there are no outstanding items listed in the 'Validation Summary' section to review. Please ensure you receive a confirmation email from the RMS and contact CCF if you do not receive your confirmation.

Applicants are reminded that during busy periods, such as close to a competition deadline, it could take slightly longer to submit your application. It is likely that during such periods, our helpline will

be receiving a very high volume of calls. We, therefore, advise that you do not leave your submission until the last 24 hours.

Further information about the use of the RMS can be found in Annex 3.

Frequently Asked Questions that we receive will be published for all potential applicants as a document available from the NIHR website at:

<https://www.nihr.ac.uk/funding-and-support/funding-to-support-research/funding-to-support-research-in-the-nhs/applied-research-collaborations.htm>

We wish to ensure that the applying Collaborations fully understand what is needed in the applications before submitting the application. We will, therefore, respond to requests for clarification from the Lead for each application or from an individual nominated by the Lead contact. We cannot, of course, provide advice on what a Collaboration should say or how they should say it. Members of the Independent Selection Panel are bound by confidentiality and are not able to discuss this scheme with applicants.

Any enquires about the NIHR ARC application that does not relate to the RMS should be sent to ccf-infrastructure-team@nihr.ac.uk or phone 0208 843 8079.

SUBMISSION DEADLINE

The closing date for electronic submission of full applications is 20 August 2018 at 13.00.

Please note:

- applications will not be accepted if submitted after the closing date and time;
- the Management Information System (*i.e.* RMS) will automatically prevent this from happening;
- it is the applicants' responsibility to allow sufficient time to submit an application; and
- applicants should contact the NIHR CCF Infrastructure team immediately if they think there is a system problem, whilst attempting to continue with their submission.

ANNEX 1: KEY FEATURES OF NIHR ARC SCHEME IN COMPARISON TO NIHR CLAHRCs

To assist any Collaboration in developing their application the following table highlights some key comparisons between the NIHR ARC scheme and the previous NIHR CLAHRC scheme. This is not exhaustive, but serves to highlight comparisons in some key areas.

<p>Overarching aim</p>	<p>The overarching aim of the NIHR ARC scheme is to undertake high-quality applied health and care research and work across local systems to close the second translational gap by supporting implementation of research.</p> <p>What's different? The wording has been refreshed and updated, but fundamentally remains the same as the overarching aim of the NIHR CLAHRCs</p>
<p>Local collaboration with member organisations / partners (structure)</p>	<p>The NIHR ARC scheme invites applications from single NHS organisations or providers of NHS services, acting on behalf of a collaboration of local providers of NHS services, local providers of care services, NHS commissioners, local authorities, other relevant health and care organisations the relevant AHSN and the local Universities. This remains aligned to the NIHR CLAHRC scheme.</p> <p>As with the previous NIHR CLAHRC scheme, we do not expect to fund more than one NIHR ARC in any single AHSN area. The relevant AHSN Board should provide a letter to support the application for a NIHR ARC award.</p> <p>What's different? While the structure of the Collaboration does not differ significantly from the NIHR CLAHRC scheme, there is an expectation for greater involvement of local partners, particularly public health and social care service providers, to inform the development of the research and implementation programmes included at the application stage and to continue to develop these throughout the award period.</p>
<p>Local focus of work programme</p>	<p>Both the NIHR ARC and NIHR CLAHRC schemes are embedded within local health and care systems and are expected to work with local partners, as well as patients and the public in their region, to ensure research undertaken is relevant and responsive to local needs and can be effectively implemented.</p> <p>What's different There is now an expectation for greater involvement of local partners to inform the development of the research and implementation programmes. It also specifically requires appropriate co-production of these programmes, particularly with AHSNs.</p> <p>The programme of applied health and care research undertaken by an NIHR ARC will need to be relevant to the needs of the diverse communities it serves and its local health and care system, highlighting the need to reflect the diverse needs across the populations in their region.</p> <p>At application stage, Collaborations will need to outline how the work of the proposed NIHR ARC will remain responsive to meet the needs of the local diverse communities it serves and the health and care system.</p>

	<p>NIHR ARCs' work programmes will be expected to continue to develop and evolve throughout the contractual period to remain relevant and responsive to local needs.</p> <p>NIHR ARCs should also have capacity to support evaluations of their AHSN priority programmes and other high priority service innovations. It is expected, however, that these are undertaken and supported by co-funding provided by the member organisations of the Collaboration.</p>
Director	<p>As with the NIHR CLAHRC scheme, NIHR ARCs will each have a named Director who is expected to be at the forefront of their field with a strong track record in this regard.</p> <p>What's different? The NIHR ARC scheme requires the Director to be either a practising clinician, public health or social care practitioner.</p>
Capacity/capability building	<p>Both the NIHR ARC and NIHR CLAHRC schemes include the aim to increase the country's capacity and capability to conduct high quality applied health and care research.</p> <p>What different? NIHR ARCs will need to align their plans for research capacity and capability development with the establishment of the new NIHR Academy and contribute to the implementation of relevant recommendations from the Strategic Review of Training.</p> <p>The NIHR ARC scheme also includes a focus on building capacity and capability for non-researchers within the health and care system to advance knowledge and understanding about research use and its implementation.</p>
National focus of work programme	<p>Both the NIHR ARC and NIHR CLAHRC are national schemes, supporting research that is generalisable and has applicability beyond the local health and care system where it is conducted.</p> <p>What's different? The NIHR ARC scheme will have a significantly increased national focus, with an expectation for delivering a step change in national-level impact through:</p> <ul style="list-style-type: none"> • Significant cross-NIHR ARC collaboration, including to support implementation; • NIHR ARCs taking a national leadership role within their fields of expertise, leading and coordinating work across NIHR ARCs and with other parts of the NIHR; and • Provision of additional NIHR funding specifically for collaboration on identified national priorities for applied health and care research, which will be made available following the designation of NIHR ARCs. <p>This may include working on joint projects and acting as a national community for enhanced dissemination.</p> <p>To support this, NIHR ARCs will be expected to identify resources at application stage to support their individual contribution to collaborative efforts to address national priorities for the health and care system.</p>

Research – areas of focus	<p>The NIHR CLAHRC scheme highlighted the need for research targeted at chronic disease and public health interventions.</p> <p>What's different? The NIHR ARC scheme outlines the need for research that addresses existing needs of the health and care system and those that will be prominent over the next 5-10 years. The guidance highlights a greater number of key areas and challenges that NIHR ARCs will be expected to tackle, which includes chronic disease and public health interventions as well as increased complexity of care needs; person-centred care; multimorbidity; social care; primary care; mental health conditions; managing demand for health and care services; increasing sustainability of health and care services.</p> <p>In particular, NIHR ARCs will be expected to be at the forefront of efforts to increase the sustainability of the health and care system and there is a much greater emphasis on health economics; each Theme within the NIHR ARC will be expected to incorporate assessment of economic impact.</p>
Public Health and Social Care	<p>What's different? There is a greater emphasis on supporting public health and social care research. There is an expectation that public health and social care service commissioners and providers will be involved in the collaboration and will help inform the work programme of the proposed NIHR ARC.</p>
Developing innovative applied research methodology	<p>What's different? The NIHR CLAHRC scheme did enable researchers to develop innovative applied research methodology, but this is now stated explicitly for NIHR ARCs.</p>
Implementation	<p>There is an expectation for NIHR ARCs, as with NIHR CLAHRCs, to have a role in supporting the translation and implementation of research evidence into practice.</p> <p>Implementation activity can only be supported through the co-funding provided by the member organisations of the NIHR ARC. NIHR funding can only be used to undertake and support research activity.</p> <p>What's different? NIHR ARCs will not be required to define a programme of implementation activity at application stage. Instead, NIHR ARCs will be expected to develop an implementation strategy, as well as appointing a Lead for implementation, who will be responsible for delivering the strategy and delivering demonstrable progress throughout the contractual period.</p> <p>This is intended to provide the NIHR ARCs with the flexibility to develop and evolve their implementation programmes so they remain responsive to meet the needs of the local diverse communities they serve and the health and care system.</p>
Themes	<p>NIHR ARCs need to undertake high-quality applied health and care research, within specified Themes, and support implementation across their work programme.</p>

	<p>What's different? NIHR ARCs will not be required to specify whether Themes comprise of research and/or implementation at application stage, nor will they be required to assign a percentage of research and implementation activity within each proposed Theme; recognising that this may vary over the contractual period and in response to different needs and priorities.</p> <p>NIHR ARCs will be asked to indicate whether their themes are Research Themes or Cross-cutting Themes. Cross-cutting Themes will be those that facilitate and bring additional strength and depth to a number of the proposed NIHR ARC Research Themes; rather than being a stand-alone Research Theme (for example, Cross-cutting Themes may include 'Health Economics', 'Informatics', etc.).</p> <p>NIHR ARCs are also being asked, at application stage, to provide details of core costs separately, rather than incorporating these into the Themes themselves.</p>
Co-funding	<p>As with NIHR CLAHRCs there is a requirement to demonstrate additional funding contributions from the member organisations of the NIHR ARC.</p> <p>NIHR ARC co-funding, as with matched funding for NIHR CLAHRCs, can be used to undertake and support research and/or implementation activity. As with the NIHR CLAHRCs, NIHR funding can only be used to undertake and support research activity.</p> <p>What's different? Unlike the NIHR CLAHRC scheme – which required this to be at least to the level of NIHR funding requested/awarded and secured for the full contractual period at application stage – the NIHR ARC scheme requires:</p> <ul style="list-style-type: none"> • 25% of the level that NIHR provides for first year of the award from health and care member organisations, with further annual commitments expected to be secured for each subsequent year of the award. • Funding from University member organisations for the duration of the award in addition to the 25%.
Leveraging external funding	<p>What's different? This has been stated explicitly in the NIHR ARC guidance to highlight that this is NIHR's expectation and that it will be monitored closely.</p>
Public and community involvement, engagement and participation	<p>The requirement to provide a strategy for public involvement, engagement and participation remains unchanged from the NIHR CLAHRC and other NIHR infrastructure schemes.</p> <p>What's different? For NIHR ARCs, there is a greater emphasis on 'community' to ensure that their plans reflect the diversity of the local population, foster community-led approaches to research, as well as developing new methods and approaches to public and community involvement, engagement and participation. NIHR ARCs will also be expected to consider the six national standards for public involvement in research, which were published in 2018.</p>

ANNEX 2: APPLICATION FINANCES AND ELIGIBLE COSTS

The purpose of the funding is to meet the NHS, or equivalent in non-NHS settings, research infrastructure costs incurred by the NIHR ARC in carrying out an approved programme of applied health and care research, including the funding of staff and core research facilities. Our expectation is that each NIHR ARC will underpin a portfolio of work supported by other research funders (e.g. Research Councils, charities, industry or other NIHR funding streams), but will also directly support a portfolio of original research, which is distinct from that supported by NIHR Research Programmes or other funding bodies.

Funding awards will be made to the designated Host Organisation, but it is permissible for funds to flow to a partner in the collaboration, *via* a subcontract, with appropriate justification.

The financial plan should provide a breakdown of all the requested, necessary recurrent NHS, public health and social care Research Infrastructure direct costs, reasonable NHS indirect costs and eligible NHS Support Costs and for which funding is being requested.

No new Department of Health and Social Care capital funding will be available for NIHR ARCs as part of this current funding competition. Therefore, applications should only include research that can be undertaken within existing facilities or planned facilities that the Host Organisation or member organisations are investing in alone, or with other external organisations, with confirmed funding.

In all cases, the value for money of the proposal will be an important selection criterion.

REQUIRED READING

Prior to completing the finance section of the application it is important applicants have a good understanding of the following:

Attributing costs of health and social care Research and Development (AcoRD) guidance

The AcoRD guidance clarifies the distinction between the three categories of costs associated with non-commercial research studies/programmes:

- Research Costs
- NHS Support Costs
- NHS Treatment Costs

[Attributing the costs of health and social care research and development \(AcoRD\):
https://www.gov.uk/government/publications/guidance-on-attributing-the-costs-of-health-and-social-care-research](https://www.gov.uk/government/publications/guidance-on-attributing-the-costs-of-health-and-social-care-research)

We strongly recommend that applicants familiarise themselves with these definitions, and consult:

AcoRD Annex A: List of common research activities attributed to the Research Costs, NHS Treatment Costs and NHS Support Costs:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351185/AcoRD_Annex_A_-_List_of_Common_research_Activities_March_2013_for_publication.pdf

AcoRD Annex B: FAQ:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484554/Annex_B_AcoRD_FAQs_Dec_15.pdf

GENERAL INFORMATION

- Guidance on how to complete the financial plan in the application can be found within the downloadable financial plan under each category tab.
- The financial plan should provide a breakdown of the research infrastructure costs that will be incurred by the Collaboration in carrying out the proposed work plan.
- It is important to undertake a thorough, realistic and accurate costing. You must provide a clear and full justification for all major resources. You must also ensure that you include all costs, including those required to secure good research management and governance. In all cases, the value for money of the proposal will be an important selection criterion.
- Further itemisation of costs and methods of calculation may be requested to support the application at a later date. The grand total of all the Theme Costs and core costs should amount to the total funding requested by the Collaboration.
- Applications should be costed at current (2018/19) prices, based on current salary scales and scale increments. Annual salary increments or other equivalent annual increases should be included in future years but not any other anticipated pay increases (e.g. nationally agreed pay awards). Do **not** include estimated uplift(s) for inflation. Should an award be made, annual uplifts may be provided, depending upon the budget available to NIHR.
- We would expect standard NHS accounting policy and guidance to be followed (as set out in the NHS Finance Manual) in determining the appropriate costs to be charged to this Research Infrastructure Award.
- The NIHR will not support any costs incurred prior to or following the Research Infrastructure Award.
- Applications are expected to have appropriate NHS, local authority, University, commercial and other member organisation input into the finance section of the application form.
- Years should be calculated starting from the anticipated start date of the proposed Award i.e. 1 October 2019. Once an award has been made, the Department of Health and Social Care will require Host organisations to provide regular financial statements regarding the use of funds provided under the NIHR funding scheme. The Department reserves the right to send independent auditors to the NHS organisation to confirm the actual use of funds.
- Collaborations will need to present the cost of core functions and facilities (e.g. Director, management, technology platforms, etc.) which underpin the Themes by separating 'Core costs' from the Themes in the financial plan. Do not spread core costs across the various Themes.
- Payments will be made to the contracted organisation only, and the contracted organisation will be responsible for passing on any money due to their member organisation(s).
- Appropriate sub-contracts must be put in place for any element of the work programme that is to be paid to another organisation.

INFORMATION FOR DIFFERENT TYPES OF ORGANISATION

NHS organisations

Up to 100% of direct research and NHS support costs incurred by NHS organisations, or equivalent in non-NHS settings, will be funded, based on costs identified through 'Attributing the costs of health and social care Research and Development' ([AcoRD](#)).

NIHR ARC funding can cover legitimate and reasonable, **NHS indirect costs** within the NHS, or equivalent in non-NHS settings (for example, premises, HR, finance). The NIHR reserves the right to set limits on indirect costs charged.

Universities

NIHR ARC funding will fund up to 100% of direct research costs for Universities. NIHR ARC funding does not pay indirect costs for Universities.

Commercial organisations

For commercial organisations or consultancies, please provide direct costs and commercial indirect costs. Up to 100% of costs may be paid.

Commercial costs need to demonstrate value for money. The NIHR reserves the right to set limits on indirect costs charged.

All other member organisations

Applications may include direct research costs and indirect costs for research conducted by member organisations (charities, non-governmental organisations, etc.). Up to 100% of costs may be paid.

Other member organisation costs need to demonstrate value for money. The NIHR reserves the right to set limits on indirect costs charged.

ELIGIBLE COSTS

Direct Costs

Direct costs are those eligible research infrastructure costs that will be incurred by the Collaboration in carrying out the proposed work programme for the NIHR ARC. These costs will be charged as the amount that will be spent and could be supported by an audit record.

Direct costs, including:

- Research staff;
- Research support staff; and
- Research training, leading to a higher degree by research (e.g. MPhil, MD, PhD) or a Postdoctoral Fellowship, for staff, of all disciplines, engaged in applied health and care research in the NHS, or equivalent in non-NHS settings.

Direct costs are further categorised into the following:

- Staff Posts and Salaries and Annual Costs of Staff Posts (only staff who are working on applied health and care research in the NHS, or equivalent non-NHS settings, will be supported);
- Travel, subsistence and conference fees (including visits to scientific conferences, collaborative working visits, etc.);
- Equipment costing less than £5,000 (including equipment maintenance contracts);
- Consumables;
- Costs of patient and public involvement, engagement and participation (including training and support, fees and expenses for members of the public) ;
- Dissemination costs; and
- Other Direct Costs including software licences and consultancy fees

Staff Posts and Salaries and Annual Costs of Staff Posts

The NIHR ARC award will reimburse the time of staff engaged in applied health and care research undertaken within the Collaboration's work programme. Salaries may be sought for core NIHR

ARC, research, research support or other staff (from all professional groups), and research trainees (e.g. MPhil, MD, PhD students), required to work full or part-time on the Collaboration's research programme.

In order to support a critical mass of people, the expectation is that any newly established posts created with funding from this scheme will be employed by the Host Organisation. Where justified, it is permissible to reimburse the member organisation(s) for the cost of the time devoted to the Collaboration's research programme by staff employed and funded by the Collaboration's member organisations.

This section outlines the staff salaries and relevant on-costs (i.e. pay increment dates, geographic weighting, superannuation, national insurance). Salary costs should feed into the 'Annual Costs of Staff Posts' section.

All known staff members working on the NIHR ARC award must be listed and their annual salaries must be stated. Where staff will be recruited as part of the proposed NIHR ARC, please provide the average annual salary. Use current rates of pay and build in any known annual increments. Nationally or locally agreed pay increases should be excluded.

Please note that annual increments should be based on Agenda for Change pay arrangements as applicable at 31 March 2018. Do not include annual increments as outlined in the proposed reforms of Agenda for Change covering 2018-2021. Pending the outcome of the ongoing consultation, and subject to the formal government sign-off of any collective agreement of the proposed Agenda for Change reforms, applicants may be contacted separately (following submission of their application) to provide details of the expected impact on the funding requested. If this changes prior to the closing date for applications we will issue further guidance.

Once your NIHR ARC award has started, you will not be able to claim for pay awards retrospectively.

Annual Costs of Staff Posts

Applications should be costed at current (2018/19) prices, based on current salary scales and scale increments.

For the research trainees (e.g. MPhil, MD, PhD students) costs include the value of the stipend in the salary. The costs of the tuition fees should be included in the Other Direct Cost section.

Travel, subsistence and conference fees

This section of the financial form includes journey costs, subsistence and conference fees. Where applicable, you will need to include the travel and subsistence costs of your collaborative working visits, and for steering, data monitoring and ethics committees. Travel and subsistence costs relating to dissemination should also be included here.

Journey costs

Enter the total cost of transport for all journeys for destination/purpose. If travel is by car, apply your institution's mileage rates (however this should not exceed HMRC approved mileage allowance payments, which is 45p per mile for the first 10,000 miles and 25p thereafter). Travel by the most economic means possible is encouraged; NIHR funding schemes do not usually fund first class travel.

Only a reasonable level of international travel will be considered.

Subsistence

Subsistence covers accommodation (if necessary) and meals associated with the travel, excluding any alcoholic beverages.

Conference fees

There are no limits to UK conference attendance. However, international conference fees should be individually stated and fully justified in terms of costs versus the benefit.

Equipment

There is no new Department of Health and Social Care capital funding available through the NIHR ARC funding scheme. Purchase or lease costs for essential items of equipment plus maintenance and related costs not included as part of estates can be included but only purchase costs of pieces of equipment **up to £5,000**, excluding VAT, will be considered. Pieces of equipment costing more than £5,000 to purchase will need to be leased.

Items of equipment valued at £250 or more must be itemised separately; however, grouping the same type of equipment is permitted. Costs of computers are normally restricted to a maximum of £650 each excluding VAT. A statement of justification must be included in the relevant 'Justification of Costs' section for any purchase above this limit.

Equipment must exclude VAT, but if the organisation incurring the cost is not VAT registered and cannot claim back VAT on cost items, then it would have to enter the gross value of a cost item (including VAT) on the financial plan. You will need to seek advice from the organisation that the piece of equipment is purchased from regarding its VAT status.

The cost of equipment maintenance contracts should be included in this section.

Consumables

This section includes non-reusable items specific to the Collaboration's work plan. Please itemise and describe the requirements fully. These items should be research specific, not just general office costs which should be covered by indirect costs.

Patient and public involvement, engagement and participation

Please itemise and describe fully all patient and public involvement and engagement costs. This will include:

Payments for time, skills and expertise:

Offering members of the public payment for their time, skill and expertise is considered good practice in structuring and operating the proposed NIHR ARC. Rates of payment can vary and may be offered at either an hourly or daily rate. The following activities should be considered:

- Reviewing documents
- Attending meetings
- Attending training courses and conferences
- Outreach and dissemination

All out of pocket expenses should be covered. Equal opportunities for involvement are facilitated if expenses are covered. Members of the public should not end up financially worse off for providing a public service. The following expenses should be carefully considered:

- Travel (public transport, taxi fares, or an agreed private car mileage rate which includes wear and tear).
- Overnight accommodation.
- Subsistence (food and refreshment whilst on 'business' or bought due to having to be at a certain place at a certain time, but no alcohol).
- Childcare or replacement carer/person providing support.
- Costs of a Personal Carer or Support Worker of the individual's choice.

- Telephone, internet access, fax costs, stationery and other equipment – covering these costs is particularly important for members of the public who work from their own home, and may, therefore, incur considerable costs which may be ‘invisible’ in organisational settings (somewhere in the region of £10 to £20 per day).
- Conference fees and training courses.

INVOLVE has produced an online cost calculator to help staff supporting research identify and calculate the costs of public involvement in their research-facing activities. It includes a guide - [Budgeting for Involvement](#) with step-by-step practical advice, examples and tips. The [Involvement Cost Calculator](#) can then be filled in and downloaded.

Dissemination Costs

Any costs associated with publication, presentation or dissemination of findings (except related travel and subsistence or consumables costs) should be included here.

Please note that the NIHR has adopted a ‘gold’ approach to the publication of research findings as part of the NIHR’s commitment to the principles of ensuring best use of public money to benefit the health and wealth of the nation. We recommend that you read the publication policy on the NIHR website: <http://www.nihr.ac.uk/policy-and-standards/publications-policy.htm>

Meetings to share best practice, training events and events to disseminate research findings must be run at the lowest possible cost with minimal catering.

Unallocated Research Funding

Please provide details of any unallocated costs associated with research. This may include funding to support as yet undefined research activities/programmes/projects that will enable the NIHR ARC to remain responsive to meet the needs of the local diverse communities it serves and the health and care system that will be allocated as direct research funding to the Host Organisation or another member organisation of the NIHR ARC.

Other direct costs

These are costs, not identified elsewhere, that are specifically attributed to the research infrastructure. For example, external consultancy costs, software licensing, PhD tuition fees and advertising costs.

Please note that external consultants must not be people who are already employed by any NHS organisations, equivalent non-NHS settings, or organisations from independent sector providing NHS services and other Universities, who will be conducting research activities *via* an appropriately justified subcontract. If they are, any costs should be entered as direct costs in the ‘Staff Posts and Salaries’ and ‘Annual Costs of Staff Posts’ sections.

Indirect Costs

NIHR ARC awards will fund legitimate and reasonable, indirect costs for the Host Organisation and other member organisations, excluding Universities. This will include the proportion of the costs of accommodation in the NHS, or equivalent non-NHS settings, used for the NIHR ARC's work, and an appropriate proportion of HR, payroll, and finance costs. Please seek advice from your finance department about the appropriate cost for this section. Total indirect costs must be fully justified outlining the rate charged.

NIHR will not meet indirect costs incurred by University member organisations or any other University involved in delivering the work of the NIHR ARC.

Commercial/Other member organisations' indirect costs which are the costs of resources used by the NIHR ARC can be included. Please seek advice from your finance department about the appropriate cost for this section. It is our expectation that Commercial/Other member organisation indirect costs show good value for money.

All indirect costs need to demonstrate value for money. The NIHR reserves the right to set limits on indirect costs charged.

NHS Support Costs, or equivalent in non-NHS settings

NIHR ARC awards will fund the NHS Support Costs, or equivalent in non-NHS settings, of people- and/or patient-focused applied health and care research that are integral within the proposed NIHR ARC's work programme, and these costs should be included in the application.

It should be noted that there are other NIHR funding schemes used to support the cost of NHS infrastructure for clinical research within the NHS (e.g. NIHR Clinical Research Network), and that NHS infrastructure and support costs associated with work outside the scope of the NIHR ARC award should not be included within the application.

NHS Support Costs are the additional patient care costs associated with the proposed work programme of the NIHR ARC, which would end once the R&D activity in question has stopped, even if the patient care service involved continues to be provided. These might cover items such as staff time to recruit and consent patients, or additional patient safety activities which will not form part of the on-going intervention.

Please note, the Support Cost activities (such as consenting patients) should always be attributed to NHS Support Costs regardless of whether a member of staff is employed by the NHS.

Please include the NHS Support Costs within the financial plan for **each Theme**. The NHS Support Costs should be separated into staff costs and other (non-staff) costs (including pharmacy, pathology and imaging).

For single centre investigator-initiated or industry-collaborative research, any NHS support costs should be met through the NIHR ARC award.

For the following, the appropriate NHS Support costs, or equivalent for non-NHS settings, should be sought through the NIHR Clinical Research Network (NIHR CRN) for studies which meet the NIHR CRN Portfolio eligibility criteria:

- NIHR ARC-led research studies within third party collaborating NHS, or equivalent non-NHS setting, site (i.e. not a formal site of the Host Organisation, or not formally subcontracted by the Host Organisation for the purposes of the NIHR ARC);
- Research funded by NIHR's non-commercial research partners (for example Medical Research Council, medical research charities) conducted within the NIHR ARC's work programme; and
- Research funded by NIHR research programmes (for example HS&DR, i4i and Health Protection Research Units).

INELIGIBLE COSTS

The funding is not intended to meet NHS Treatment costs associated with the research programme of the NIHR ARC award.

Funding will not be provided for university laboratories or infrastructure, or to meet the costs of animal research, or other work which is not patient- and/or people-focused applied health and care research.

NIHR ARC awards will **not** fund indirect costs for Universities.

Capital equipment costing more than £5,000 will not be funded *via* the NIHR ARC award.

No new Department of Health and Social Care capital funding will be available for NIHR ARCs as part of this current funding competition. Therefore, applications should only include research activities that can be undertaken within existing facilities or planned facilities that the collaboration is investing alone, or with other external organisations, with confirmed funding.

ANNEX 3: ADDITIONAL GUIDANCE ON USING THE ONLINE NIHR APPLICATION FORM

To submit an application you must complete all the relevant sections of the online form managed by the Central Commissioning Facility Research Management System (CCF RMS). This can be accessed by this link <https://ccfrms.nihr.ac.uk/>

Registration

Only registered users of the system can apply and applicants should follow the online prompts and system help guidance for specific issues.

Managing your details

The home page is your starting point to create applications, or to update your details, including your professional and academic CV. The Director, Theme Leads and Implementation Lead can manage their CVs in 'Manage my Details'. Please note your CV details are considered mandatory to submission and will automatically be included in the application submission. The NIHR ARC Director, each Theme Lead and the Implementation Lead are able to provide up to 10 publications (maximum), for which they are a named author, to the CV section of the application form. To do this the Director, Theme Leads and Implementation Lead should:

- Add publications into the CV section of 'Manage my Details' in the RMS. If an applicant already has an account with the RMS and this section is up to date, there is no need to modify this area;
- Within the CV section of the application form, you will see a new section where you will be able to identify your top 10 publications from a drop down, which will be pulled through from the CV section of 'Manage my Details';
- Please note that the new section is personalised for each account in the RMS, i.e. each Theme Lead will be able to see the new section but only be able to choose from their own publications. These will be collated in the PDF form within the CV of the Theme Leads. Modifying this section will only affect the individual Theme Lead's particular publication list.

Creating an application

The Director must be the one who creates the application, but it can be jointly completed by the Director, Theme Leads and the Implementation Lead (referred to as joint lead co-applicant on the CCF RMS). Please go to 'My Applications' and click on 'New Application'. Find the 'NIHR ARC' competition in the list of options and click to generate your application.

Should you wish to exit your form, you can return to the form at any time; simply log in using your username and password and select 'My Applications' or 'My Co-applications' from the menu. You will then be presented with a list of all the applications you are currently involved with as well as providing details of their progress.

Theme Leads and the Implementation Lead may be added to the application at any time before application submission. When a Theme Lead or Implementation Lead is added, the RMS will automatically email them to invite their participation. Leads can then decide whether to accept their inclusion, and later to consent to the application being submitted jointly in their name. For the Leads, the application can be found underneath 'My Co-applications' on the left-hand side of your RMS home page.

Please ensure that all Theme Leads and the Implementation Lead invited to collaborate on this application have confirmed their involvement and approval of the application form content or you will be unable to submit the application.

Completing an application

The sections of the application form are listed as a menu down the left-hand side of the screen. To submit the application all sections must be completed. You can move from page to page using the 'Previous' and 'Next' buttons, or using the menu on the left-hand side.

To assist with completing the online application form the 'Page Tracker' icons provide an overview of whether a particular section of the form is complete or not. Once all of the mandatory fields have been completed within a section a green tick will replace the red cross on the 'Page Tracker'.

On screen help is provided throughout shown as a '?', and you should refer to this for specific guidance on individual questions as you complete your application form online.

Remember to save your work. You will be prompted to save your work if you leave the screen, but it is always good practice to save work often in case of computer problems. **You can save and return to the application form as often as you like before the submission deadline.**

The system will prevent your co-applicants (Theme Leads) accessing your application at the same time as you. This stops the Director and Theme Leads inadvertently making changes to the same part of the application at the same time and overwriting each other's work.

Implementation Strategy

Within the 'Strength of the strategic plan' section of the application form, the proposed NIHR ARC Director can add the Implementation Lead and invite them to confirm their participation in the application. The Implementation Lead should complete the 'Implementation Strategy' question within the 'Strength of the strategic plan' section.

Themes

The section in the application form called 'Themes' contains a dynamic context specific set of questions in which the details of each of the Research and Cross-cutting Themes can be added. The proposed NIHR ARC Director should use this section to add the Theme Lead(s) and invite them to confirm their participation in the application. For each Research or Cross-cutting Theme, a Theme online form should be created by following the links provided. The Lead may complete the questions related to the Theme in the application form and add the finances for the specific Theme within the financial plan.

Submission and beyond

When the application form is complete it must be validated prior to submission. This will highlight any omissions in the form, and allow these omissions to be corrected. After successful validation, the Director may submit the application.

The Director, Theme Leads and Implementation Lead can preview the progress of their application at any time by selecting the 'View/Print' option to generate the application as a PDF File.

On completion of the validation

Upon submission, a reference number will be assigned to the application. The application automatically enters the process of being considered for funding, which begins after the competition round closes.