

Alzheimer's Society Healthcare Inequalities Initiative Applicant Guidance



**Alzheimer's
Society**

Together we are help & hope
for everyone living with dementia

Applicant Guidance 2024

Alzheimer’s Society Healthcare Inequalities Initiative

Guidance to support your application for the Healthcare Inequalities Initiative is below. This document does not apply to other Alzheimer’s Society grants or funding programmes. This is a **one-off** funding call. Applications that do not follow this guidance are likely to be rejected at shortlisting or submission stage.

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Introduction

Alzheimer's Society is committed to being a vital source of support and a powerful force for change for everyone affected by dementia, enabling people to live more fulfilled and less fearful lives, free from stigma and inequality. To deliver our vision of a world where dementia no longer devastates lives, we need to face head-on the significant health inequalities confronting people affected by dementia every day.

The aim of the Alzheimer's Society Dementia Healthcare Inequalities Initiative is to catalyse the development of a transformational intervention to address one or more inequalities in dementia diagnosis and post diagnostic care.

We're seeking applications that focus on generating vital evidence necessary for the scaling and integration of an intervention into UK healthcare systems.

Applicants may apply for direct costs of up to £2million to support their research including staff salary, consumables and equipment. Funding is available for up to four years. The project start date must be within 12 months of March 2025.

Alzheimer's Society anticipates being an active partner in the research process. The Society has the ambition of adopting a 'living lab' approach uniting its service delivery, influencing and research activities. Successful applicant teams(s) will meet with the Society as part of the awarding process to discuss how the Society could work in partnership to support the funded initiative(s).

Please contact the grants team with any queries: grantenquiries@alzheimers.org.uk

Our grant terms and conditions, conflict of interest policy and open access policy can be found on our website [here](#).

Reasonable adjustments

Please let us know if you require any reasonable adjustments to be made in relation to your application. If you are involving a person with dementia in your application and they require support completing any sections of the application form, please notify the Society to arrange this.

Submitting an application and review process

Applications must be submitted through our online grants system which can be accessed here: <https://grants.alzheimers.org.uk>. Applications for funding will be a two-part process and will include an Expression of Interest stage. **Full applications submitted without prior submission of an Expression of Interest will not be considered.**

Expression of Interest

Before submitting a full application, you must first submit an Expression of Interest. This will not be assessed but will allow Alzheimer's Society to manage the assessment process.

To submit an Expression of Interest, you must email grantsenquiries@alzheimers.org.uk with the following:

- Proposal title
- Brief summary (no more than 500 words)
- List of investigators to be included in the submission
- List of Institutions to be included in the submission

Expressions of Interest must be submitted by **Friday 6th September 2024**. If you do not provide an Expression of Interest by this deadline you will not be eligible to submit a full proposal.

Assessment and Review Process

All applications that fulfil the eligibility criteria will be assessed using the following processes.

Peer review

We will invite relevant academics and people affected by dementia to review your application independently, against the specified criteria for this grant.

Shortlisting

Based on peer review, our Healthcare Inequalities Advisory Board will shortlist the highest-quality applications to take forward to interview.

Response to Peer review

If a proposal meets the quality threshold, the applicant team is given the opportunity to respond to the peer and lay reviewer's comments.

Advisory Board

The Health Inequalities Advisory Board will be made up of both subject-specific external researchers and lay reviewers from Alzheimer's Society's Research Network. The Advisory Board will collectively review all applications against the funding criteria and rank it alongside other applications. Shortlisted applicant teams will be interviewed by the Advisory Board before funding recommendations are made. Feedback will be provided to all shortlisted applicants.

Application and Decision-making timeframe

The call will follow the timelines outlined below:

- Call opens – **3rd July 2024**
- Further information for applicants webinar – **12th July 2024**
- Expressions of Interest close – **6th September 2024**
- Full applications close – **7th October 2024**
- Peer and lay review – **October to December 2024**
- Shortlisting completed by **end of January 2025**
- Interviews completed by **end of January 2025**
- Funding decisions made by **March 2025**

Start dates

When completing your application, it is important that you include a realistic start date for your project if it is successful. As a minimum we would recommend two months after the time the funding decision will be communicated to allow for contracts to be approved and signed.

The start date for the project must be within 12 months of March 2025.

Review Criteria

Reviewers will consider the following criteria when reviewing all submitted applications:

- Clarity of evidence and justification that supports the chosen inequality/inequalities and the intervention chosen for implementation.
- The strength of the research team, including the proactive inclusion of non-academic stakeholders such as Integrated Care System leads, delivery partners and people affected by dementia.
- The potential impact of the intervention across the targeted population.
- The feasibility of project as a whole.
- Sustainability of the intervention following conclusion of funding of the research project.

Application development

- Applicants must refer to published literature in their chosen area of research. Those that do not are likely to be rejected at shortlisting.
- Applicants should demonstrate their understanding of the background of research on which the proposal is built and that they are aware of other research being conducted both nationally and internationally in the research area. Information on current research in this area and how the proposed project relates to the wider research field must be provided in the application form.
- Applicants must provide information about how their research connects with the wider dementia research environment at their institute.
- Applications must include sufficient detail in the case for support regarding the research methods, to indicate to reviewers that the project is appropriately designed and feasible.
- Applicants should justify the costs claimed in the application and show that the project demonstrates value for money for the Society.
- Applicants that wish to use Alzheimer's Society services or staff as part of their research project (beyond recruitment of participants) **must** contact the office to discuss their application before submission. Email grantenquiries@alzheimers.org.uk

Creating the right team

- The project team **must** include at least one person with a strong track record in dementia research, and the application should demonstrate how the project team will work together. It is strongly recommended that the team includes more than one person with a track record in dementia research.
- The project team **must** include non-academic stakeholders such as Integrated Care System leads, delivery partners and people affected by dementia.
- As this grant focuses on implementation, consider including one team member with a strong track record in change management, measurement, and an understanding of implementation strategies.
- Applications that propose a clinical trial or study **must** demonstrate that a Clinical Trials Unit has been involved in the design and development of the project.
- Appropriate statistical support within the team should be demonstrated for all quantitative studies.

Co-applicant

A co-applicant is considered to be an individual who will have intellectual input into, and part ownership of, the research if the application is successful. They are expected to be actively involved in the project but do not necessarily need to be funded by the project. E.g. appropriate methodologists or people affected by dementia. A co-applicant is not limited to a researcher; we

encourage the involvement of non-academic stakeholders. We strongly encourage applicants to include early career researchers employed on grant proposals to be included as co-applicants if they are not lead applicants. We strongly encourage applicants to include Early-career researchers employed on project grants as co-applicants.

The Healthcare Inequalities Initiative aims to fund an ambitious implementation project which will catalyse the development of a transformational intervention to address one or more inequalities in dementia diagnosis and post diagnostic care. Given the strong implementation focus of the funding, we expect applicants to include co-applicants who are non-academic stakeholders such as research or dementia leads from Integrated Care Systems and Boards (ICSs and ICBs). The inclusion of delivery partners is a requirement of this grant, therefore Alzheimer's Society expect to see the inclusion of non-academic stakeholders who will enable the implementation of the project goals included in the applicant team.

Collaborator

A collaborator is considered to be any individual named in the body of the application who will not be involved in the day-to-day execution of the project. E.g. someone providing technical advice, voluntary organisations or Applied Research Collaborations (ARCs). A letter of support or email correspondence must be attached from any collaborator indicating their support for the project.

Authorised signatory

An authorised signatory is considered to be a research institution member of staff that confirms the institution is willing to administer the award if successfully funded. This person is usually a member of the institution's finance department.

Patient and Public involvement

Patient and public involvement (PPI) is the term for involving people in your research who have personal experience of dementia - either living with the condition, carers and/or former carers. Meaningful PPI moves beyond communicating research to the public, to involving people in the design and delivery of research. Meaningful PPI enables people affected by dementia as 'experts by experience' to work with academics and clinicians to conduct high quality, relevant research.

Alzheimer's Society has a flexible approach to this as we believe it is important to engage with the right people to work in partnership to ensure your research is more relevant, credible, and impactful. So effective PPI could also involve gathering the views of people who use, or may in the future use, a health service or treatment that your research is focussing on.

Alzheimer's Society grant reviewers expect to see clear descriptions of your plans or evidence of PPI, and your reasons for doing so, in your applications. Your application will be enhanced by details of

how you intend to meaningfully involve people or groups who will inform your research. These may include partnerships you have established independently, local PPI services or the Alzheimer's Society Research Network. If you would like to discuss the option of involving the Research Network in your PPI plans, contact researchnetwork@alzheimers.org.uk.

Research Network Monitoring

A unique aspect of our funding programme is our volunteer monitoring. We aim to match funded studies with two volunteer monitors who are members of the Research Network. Monitors meet funded researchers at least annually and during these meetings monitors receive updates on your project and give feedback based on their personal experience of dementia. Discussing your research with monitors gives you the opportunity to seek the views of people affected by dementia about your research and hear about their personal experiences. You can read more about monitoring on our website [here](#).

Additional PPI resources:

- Applicants may find consulting the NIHR Research Support Service (RSS) useful when developing their application. Contact details for your local RDS are available [here](#).
- Applicants may find the [NIHR Research Design Service](#) patient and public involvement in Health and Social Care Research handbook useful when developing PPI plans [here](#).

Implementation of evidence

As the Health Inequalities Initiative focuses on **implementation**, please consider the following:

- Work in partnership with a decision maker from the organisation where the implementation activity will be taking place and consider naming this decision maker a co-applicant on the proposal.
- Applications should consider including one team member (co-applicant or collaborator) with a strong track record in change management, measurement, and an understanding of implementation strategies.
- Underpin proposals with an implementation strategy that is grounded in theory.
- Incorporate independent rigorous evaluation of the implementation process to generate robust evidence of impact and learning.
- Depending on the nature of the intervention, project teams may need to include an organisation that can influence wider community, social or healthcare practice and opinion.

- Proposals should demonstrate sufficient evidence that the intervention is ready to be moved into the outside world, for example citing data from up-to-date systematic reviews, relevant pilot/feasibility studies or initial efficacy and/or effectiveness research.

Participant recruitment

- If an application proposes to recruit participants, details must be given on all recruitment strategies and what may happen if the project fails to recruit.
- Applications **must not** solely use Alzheimer’s Society as the main avenue for recruitment to the project.
- Applicants should not approach local Alzheimer’s Society staff directly about support with recruitment, instead please email: grantenquiries@alzheimers.org.uk
- [Join Dementia Research](#) is a national service connecting people with research studies in their area.
- Alzheimer’s Society is a National Institute for Health Research (NIHR) non-commercial Partner. Meaning that studies funded by us may be eligible to access NIHR Clinical Research Network (CRN) support. The NIHR CRN supports researchers in planning, setting up and delivering high quality research to the agreed timelines and study recruitment target, for the benefit of the NHS and its patients in England. Contact your local CRN team as early as possible when planning your study to access their support: [Study Support Service | NIHR](#)

General Finance guidelines

Alzheimer’s Society does not pay institutional overheads on research grants.

Eligible costs:

- Salary (including National Insurance and superannuation contributions) of co-applicants if they do not hold a permanent position, or for those that must be bought out of their current contracts to work on the project
- Any direct expense required to complete the project
- Animal purchase and maintenance
- Reasonable dissemination costs to academic and non-academic audiences
- Travel related to the project
- Equipment up to £20,000 per item - detailed justification is required regarding the expected use and demand of any equipment requested
- Care support costs to enable travel of staff employed on the grant

Costs which should not be claimed:

- Indirect costs and overheads, as specified by the research councils
- Salary of the principal investigator or other tenured co-applicants
- Publication charges, including open access fees
- Retrospective funding for work already completed
- 'Top-up' funds for current research projects
- Overspending on current grants
- Advertising/recruitment of staff
- Stationery
- Staff facilities
- Financial services (e.g. accounting, auditing)
- Routine care for patients
- Databases (unless specifically required for the research project)
- Teaching replacement costs

Requested salary costs should be based on a recognised pay model or the host institution's local salary scale, including London weighting if appropriate. Annual increments must be included, which should be based on the host institution's own salary scale. You should not include inflation on salaries. We do not have minimum FTE requirements.

The way in which Excess Treatment Costs are paid for clinical research changed in September 2021. Updated guidance can be found on the [NIHR website](#). If your grant involves excess treatment costs you will be required to submit the Schedule of Events Cost Attribution form with your grant application to the Society. You must email this form to grantenquiries@alzheimers.org.uk with your Society grant application reference number.

Eligibility criteria and cost guidance

We only accept applications for research projects that will take place at UK-based universities, NHS sites or other recognised higher research institutions.

Principal investigators should have a contract of employment with the host university that exceeds the planned finish date of the research by at least 12 months.

Cost guidance

Applicants may apply for direct research costs up to £2,000,000 for up to four years to support their research, providing budgets for staff salary, consumables, and equipment.

Reasonable costs to allow the person(s) working on the project to attend any relevant conferences can also be included.

Alzheimer’s Society do not pay the salaries of researchers with a full-time salaried contract of employment. However, you can claim for the salary of co-applicants if they do not hold a full-time salaried position or if they need to be bought out of their contracts with their respective universities to work directly on the project. The applicants must ensure that no more than 100% of FTE is claimed by any co-applicant.

Any applicant on a project grant proposal wishing to apply for their own salary must submit the application jointly with a tenured senior member (preferably the head) of the department in which they propose to work.

Salaries cannot be claimed for project management time.

Contents of Application Form

<p>Proposal summary</p>	<p>This section includes:</p> <ul style="list-style-type: none"> ▪ Scientific abstract (250 words) ▪ Lay abstract (250 words) ▪ Total Research Cost ▪ Project duration (months) ▪ Confirm submission elsewhere/ previous application with AS
<p>Lead applicant details</p>	<p>This section must be completed in as much detail as possible:</p> <ul style="list-style-type: none"> ▪ Personal information ▪ Previous posts held ▪ Education & training ▪ Research Grants (if applicable) ▪ Up to 10 most relevant publications (if applicable)
<p>Co-applicant details</p>	<p>Please add details of the co-applicants to this proposal with the same information as the lead application.</p> <p>A co-applicant is considered to be an individual who will have intellectual input into, and part ownership of, the research if the application is successful. They are expected to be actively involved in the project.</p> <p>Co-applicants are required to login to update their own CV.</p>
<p>Collaborators</p>	<p>Please add details of any collaborators to the project.</p> <p>A collaborator is considered to be any individual named in the body of the application but will not be involved in the day-to-day execution of the project.</p> <p>A letter of support or email correspondence should be attached from any collaborator indicating their support for the project.</p>
<p>Finance</p>	<p>Please see the finance guidelines for allowed costs.</p> <p>In this section provide a detailed costing and justified budget in as much detail as possible. Outline any additional sources of funding or any grants in a similar area.</p>
<p>Impact of COVID-19 Statement</p>	<p>500 words to ensure applicants have an opportunity to inform reviewers and Panel members of the impact of COVID-19 to their: Research, Publications, Funding, Research time, institutional support, and any other impacts.</p> <p>Applicants are asked not to: 1. name any third-party individuals; 2. identify the relationship with any third parties; 3. otherwise include anything which might identify the third party.</p>

	We encourage Applicants to use phrases such as ‘a close relative had COVID19 and required significant support in order to recover’ or ‘I had to carry out caring responsibilities in addition to my research and admin workload, which had an impact on the amount of time I could dedicate to my research’.
Case for support	You will be required to attach a ten (10) page (excluding references) scientific case for support. Please see the ‘case for support’ section for more details.
Lay case for support	You will be required to attach a five (5) page lay case for support to be reviewed by Alzheimer’s Society Research Network volunteers. Please see the ‘lay case for support’ section for more details.
Ethics and R&D approvals	If relevant, please include information on human participants in your study including all ethics and NHS R&D approvals you have/will need to obtain. Also include information on the use of animals under the Animals Act 1986.
Authorised signatory	Ensure an appropriate member of your institutions finance department is ready to authorise your application at the submission stage. <u>Your authorised signatory must sign off your application before the submission deadline for your application to be officially submitted.</u> This section should include their name and contact details.
Referees	Please provide the name and contact details of researchers in the same field who could potentially review your application. These referees must not be from your institution, and you must not have a working relationship with them. In certain circumstances it may be appropriate to notify the Society of any researchers that you wish to be excluded from reviewing your application, for example competitors. The Society will try to accommodate these requests where possible.
Attachments	Attachments can include: <ul style="list-style-type: none"> ▪ Gantt chart/project plan ▪ Animal licenses ▪ Letters of endorsements/support from institution and collaborators All attachments must be converted to pdf when uploaded. Attachments that are over five pages in length may be removed by the Society to ensure the application forms are manageable for reviewers.

Scientific case for support

The scientific case for support will be peer reviewed and considered by the Health Inequalities Advisory Board. **This section is limited to ten (10) pages (excluding references) in Arial no smaller than 11pt with a minimum 2cm margin.** We recommend you titling this attachment ‘Case for support: [project title]’ and include page numbers within your document.

You must attach a one-page GANTT chart/project plan to your application as an additional attachment. All other figures should be included within the ten-page limit and **cannot** be attached separately.

At the end of your case for support, please provide references in full (including title, all authors, journal, year, volume, and page numbers). This does not count towards the ten-page limit.

Some suggested headings and points to consider are included below:

Aims of the project and significance of the research

- Clearly outline, describe and justify the inequality/inequalities in dementia diagnosis and post-diagnostic care this research study will address
- Provide a clear justification for the intervention that is being proposed to address the chosen inequality/inequalities.
- Describe the end goal of your research.
- Be specific about the population your work is relevant to and how this research will meet their needs.
- Outline how you will ensure the scalability of the intervention beyond the healthcare setting(s) proposed in your study.

Work that has led up to the project

- Place this proposal in the context of relevant work in the field, including other known research grants.
- Include/refer to any preliminary or feasibility data.
- Clearly outline the existing evidence that suggests that this intervention is ready for implementation.
- Fully outline the rationale for the intervention being implemented, including evidence about its effectiveness and how it is expected to achieve its effects for the benefit of the targeted population of people affected by dementia.

Research design and methods to be used

- Describe the underlying theories or frameworks that underpin the proposal.
- Clearly outline the experimental plan and any methodology that will be used.
- Include any power calculations and statistical methods where appropriate. Otherwise, describe data analysis approaches to be used.
- Methodological considerations to increase the implementation, adoption or usability of the results of the research.
- Project timelines and milestones.

Recruitment and Participation

- Clearly outline which strategies will be used to recruit participants to this study.
- Outline any study sites and recruitment feasibility considerations.
- How will diversity of participants be managed within this study? Please provide details of any steps that will be taken to ensure the diversity of participant cohorts.
- Justify any exclusion criteria.
- Alzheimer's Society is adopting the MESSAGE (Medical Science Sex and Gender Equity) policy framework to account for sex and gender in biomedical, health and care research. Although the full framework is not yet fully published, we expect applications to consider the following:
 - Clinical and population health research includes a representative sample with regards to the sexes and/or genders that make up the affected population and conducts sex-and/or gender-disaggregated analysis.
 - The sex and/or gender distribution of the sample can be representative of the general population, the population with the disease/condition of interest or a target

population within the disease/condition population, depending on what is most appropriate to answer the research question.

- The choice whether to account for the sex and/or gender of the participants should be made based on what is most appropriate to answer the research question.
- Clinical and population health research accounting for sex should include a representative sample of female and male participants and, where possible, intersex/variations of sex characteristics participants.
- Clinical and population health research accounting for gender should include a representative sample of cisgender women and men, where possible, trans and non-binary people.
- A proactive effort should be made to include trans, non-binary and intersex/variations of sex characteristics participants.
- For more information on the MESSAGE policy framework, please visit: <https://www.messageproject.co.uk/>

Involvement of delivery partners/other stakeholders and people affected by dementia

- Clearly describe how the project will work in collaboration with non academic stakeholders such as Integrated Care System leads or other delivery partners and how these partners will enable the implementation of the intervention.
- Describe how people affected by dementia and other relevant stakeholders were involved in the development of the proposal.
- Describe plans for engaging any other non-academic stakeholders in the development and delivery of your research. This should include the audiences who your research is relevant to, for example, health and social care professionals, care providers, commissioners, policy makers or industry partners.
- Co-design with delivery partners or decision makers (for e.g. dementia leads from Integrated Care Systems) is encouraged.
- Collaborators or co-applicants should include delivery partners and if appropriate, people affected by dementia.
- Outline your plans for public and patient/user and carer involvement at different stages of the proposal.

Pathways to impact (implementation and sustainability)

- Outline your plans to disseminate findings to relevant stakeholders and how this will fit into the pathways to impact.
- If the project is successful, describe how findings will be taken up/adopted in policy and/or practice. Explain how this has been considered in your approach to this project.
- To demonstrate the scalability of the intervention, detail how you will generate evidence that this intervention can be applied to the wider UK healthcare system beyond the remit of the research study.
- Outline how you will ensure the sustainability of the intervention beyond the life of this grant.

Project team

- Outline who will be involved in designing, delivering, and supporting the research.
- Describe the roles of the individuals involved in the research.

Lay case for support

The lay case for support will be reviewed by Alzheimer's Society [Research Network volunteers](#). It is the **only** part of the application that they will see therefore it is important that it is not only comprehensible to such readers but also comprehensive. The lay case for support should be clearly written in language that people without a scientific background can understand.

- **The lay case for support should be a maximum of five (5) pages and should use the headings below. Do not use print smaller than Arial 12 pt.** This section does not require referencing.
- Please name this attachment 'Lay case for support: [project title]'.
- Hear from our volunteers about [how to write a lay case for support](#).
- Presentation, spelling, and grammar are important. You may wish to use pictures and diagrams if this improves comprehension and readability, but these must be included within the page limit.
- Use plain, non-technical language and avoid using unexplained abbreviations or acronyms. We recommend including a glossary for unavoidable scientific terminology.

We recommend that your summary includes the following:

Introduction of the research area and your project

- What is already known about the problem that the project will address.
- What you hope to find out.
- How the results of your study could benefit the lives of people affected by dementia today or in the future – be as specific as possible.
- How your project complements national/international research in the area.
- Explain why the Society should invest in this project and how it offers value for money.
- Describe any involvement of people affected by dementia in the preparation of your proposal.

Methods and techniques

- Describe the methods and techniques used in the proposal.
- Outline any advice given from any specialists about the proposal, e.g., statisticians.
- If you are including people as participants in your project, describe and justify the number of people you plan to recruit and how you aim to do this.
- A brief description of how you have considered diversity amongst study participants.

Dissemination and implementation

- Dissemination plans for the outcomes of your project – be as specific as possible.
- How your findings could be put into practice or developed after completion of the project.
- Outline any plans to involve the three Research Network volunteers (monitors) who will be assigned to support the project.

Conclusion summary

- **The lay case for support can contain an overwhelming amount of information for lay reviewers. We highly recommend that you summarise the key points and main takeaways of the research project and what it aims to accomplish.**

Pre-submission checklist

To help make sure you've completed the steps needed to submit your application please go through the list of questions below:

- Is your host institution a University, Hospital or Research Institution based in the UK?
- Is your CV up-to-date and fully complete?
- Have your co-applicants confirmed their participation and approved the application?
- Have they fully completed their CVs?
- Are your costs eligible and appropriately justified?
- Are your cases for support within the page limits?
- Does your lay summary use the appropriate language and writing style for a lay audience?
Have you used the recommended headings?
- Are your attachments suitable and in the correct file format?
- Have you included a realistic project start date? (at least 2 months after the award date in March)
- Is your authorised signatory at your host institution ready to sign off your proposal to complete submission?

