Alzheimer's Society Healthcare Inequalities Initiative

Frequently Asked Questions

Alzheimer's Society

Together we are help & hope for everyone living with dementia

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Scope & Aims of the Call

Are there any of the inequalities that are considered of particular importance?

No inequality is considered of particular importance as part of this call. This funding call is open to any inequalities experienced by people living with dementia in either diagnosis or post diagnostic support. This call has been left open to all inequalities to give researchers the freedom to present the best interventions with the best evidence bases for implementation at application that they believe will deliver the lasting change that this ambitious call aims for.

We encourage applicants to clearly define the inequalities their research seeks to address, including why and how the intervention/model of support chosen for implementation is best placed to address these inequalities. The application can focus on one inequality specifically, or several dependent on which is most appropriate.

Is either diagnosis or post diagnostic support considered to be of particular importance?

No, all applications that focus on inequalities in either dementia diagnosis or post diagnostic support equally fall within the scope of this funding call.

An application can either focus on inequalities in diagnosis or post diagnosis support. Similarly an application may choose to focus on inequalities that span both diagnosis and post diagnostic support.

The Healthcare Inequalities Initiative has a broad scope and is open to applications addressing health inequalities at any stage of the dementia diagnostic journey or post-diagnostic support. It is important to note that the primary emphasis of this initiative is on implementing practical, transformational interventions.

What level of data is needed on an intervention to be withing scope of this funding call?

We appreciate that there are differing levels of evidence and data that support different interventions and with this call, we want to empower researchers to bring to us the best intervention/model to implement with a clearly defined evidence based.

We do not expect all interventions featured in applications to have randomized clinical trial or equivalent levels of evidence to support them and will accept interventions backed by smaller scale pilot data and evidence.



However, we do ask that any intervention or model submitted as part of this call has an existing evidence base that is as high quality as possible and is clearly defined as part of the application to show that the intervention is ready for wider implementation.

Newly developed interventions without any existing evidence to support their effectively are not within the scope of this call. However, applications which look to create a new intervention or model to bridge inequalities in dementia are very much within the scope of the Society's yearly response mode funding call as project grant applications. More details on our project grant funding programme can be found here:

https://www.alzheimers.org.uk/research/researchers/our-funding-schemes/project-grants

How many initiatives will be funded? Is there also an interest in smaller scale projects with clear policy implications?

We welcome ambitious implementation project applications of up to £2million – the total budget for the call is £2million so for successful projects of this size we would only be able to award funding to one project.

However, we are open to receiving smaller applications for projects which have clear policy implications should that be most appropriate for the area of interest being explored.

The call focuses on diagnosis and post diagnostic support. Is either topic considered to be of particular importance?

No, all applications that focus on inequalities in either dementia diagnosis or post diagnostic support equally fall within the scope of this funding call. The Healthcare Inequalities Initiative has a broad scope and is open to applications addressing health inequalities at any stage of the dementia diagnostic journey or post-diagnostic support. It is important to note that the primary emphasis of this initiative is on implementing practical, transformational interventions.

Are inequalities in end-of-life care for people living with dementia in/out of scope?

Unfortunately, this is out of scope for this call. The Healthcare Inequalities Initiative is focused on research that bridges inequalities specifically within dementia diagnosis and post diagnostic support.

However, we are currently partnering with Marie Curie on a funding call specifically targeting end of life care in dementia where this application may be in scope. More information on this call specifically is available here:

https://www.alzheimers.org.uk/research/researchers/grants/marie-curie-research-grants-scheme]



Can preliminary work on a model of support that aligns well with the aims of this funding call be used to apply for further work using this call?

Absolutely, we welcome applications which have a strong preliminary evidence base. We would ask applicants to make sure this existing evidence for their model of support is clearly defined in the application including how further funding will enable this model to align with the aims of the Healthcare Inequalities Initiative.

Does this funding call focus on any specific type of dementia?

This call does not focus on any specific type or cause of dementia. We welcome proposals addressing health inequalities related to all types and causes of dementia, including young onset dementia, as long as the project is relevant to the inequality being addressed.

Could rare dementias qualify as an inequalities, considering they are often disadvantaged at diagnosis and post-diagnostic stages?

The diagnostic and post-diagnostic support inequalities faced by people living with rare forms of dementia are within the scope of this call.

For this call, applicants should provide a clear definition of any specific inequality (or inequalities) being addressed, focusing on the target population that will benefit from the proposed interventions implementation. Applicants should provide a detailed rationale for why their intervention is suitable for addressing these inequalities within the dementia community.

Will Alzheimer's Society fund analysis of routinely collected NHS data as a part of this call, as part of a larger project?

Yes, Alzheimer's Society will fund the analysis of routinely collected NHS data provided it informs and supports the implementation of a practical intervention, and so is therefore part of a larger project.

Application and Review

Does this funding call cover the whole of the UK?

Yes, this funding covers the whole of the UK.

Can the grant proposal include international partners?

Yes, grant proposals can include international partners. We encourage collaboration with international partners if they are relevant and add value to the project.



Is there a minimum/maximum number of investigators?

We do not have a minimum or maximum number of investigators that should be included in the project application. However, we encourage applicants to ensure that the project team includes a variety of different disciplines and knowledge, from past experience of implementation, a strong background in dementia research and non-academic collaborators and delivery partners who will support the implementation of the project.

What are the rules around being a co-applicant on multiple grant applications?

There are no rules preventing you from being a co-applicant on multiple grant applications. The main consideration is your capacity to contribute effectively to the design of each application.

Can two individuals jointly hold the roles of academic lead and CO-PIs on the grant?

Yes, we would be supportive of having two people as academic leads, provided that both can demonstrate their relevance to leading the project effectively.

Why is this funding initiative exclusive to researchers with permanent posts or contracts exceeding 5 years?

We do not intend to exclude researchers from applying with this eligibility criteria, however as a research funder it is important for us to be confident that the successful lead applicant who secures this award will remain in academia for the lifetime of the grant.

Is the call specifically for Research Institute/Universities to be the lead applicant, or is it possible for startups to lead and Research Institute Institutes to be the partner along with ICB/ICS partners?

Given that this is an academic research funding call, an academic must be the lead applicant. This call requires that the research team should include proven experience in leading implementation research grants, knowledge of dementia, and involvement in addressing inequalities. Additionally, people affected by dementia should be part of the non-academic stakeholder group. Startups, ICB/ICS partners, and other delivery partners are welcomed as project partners and can significantly enhance the application. However, it is crucial to clearly define each party's role and contribution to the research team and project as a whole.

Could postdoctoral positions be funded from this call?

Alzheimer's Society is committed to supporting early career researchers and we would strongly encourage applicant teams to include ECRs in their research teams for this funding call. The lead applicant for this call must be based at a UK institution and have



funding/permanent position for 5 years. We would also ask that this lead applicant has a proven track history in leading large scale, research studies.

Is it anticipated that the implementation work would take place in one ICS only, or is there scope to explore it in multiple ICS's?

We encourage the involvement of delivery partners who are members of ICSs to ensure a focus on implementation in the research. The scope of whether implementation work would occur in one or multiple ICSs depends on the project design. Applicants should clearly outline their plans for collaboration and involvement with ICSs. Both options are within scope, depending on the intervention and the aim to foster adoption across wider settings, promoting sustainability.

Could an NHS trust or NHS-employed academics join as the lead on the applications specifically?

Yes, absolutely. That aligns with our eligibility criteria for all our funding. The lead applicant can be employed by a UK academic institution or an NHS institution.

Is eligibility only open to people with a contract of employment with the host university?

Yes, 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.

Are there opportunities for independent clinicians to participate in this grant call?

Yes, there are opportunities for independent clinicians to participate in this grant call. Please reach out to the Grants team with details about your interests. We can potentially connect you with a project team that aligns with your expertise and goals. The focus of this funding call is to form strong applicant teams that address the ambitious aims of the call. We strongly encourage independent clinicians to contribute to these teams as part of their applications. Our contact email address is grantenquiries@alzheimers.org.uk.

Can costings for salaries of researchers be included in the application?

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. Applicants must ensure that no more than 100% of FTE is claimed by any co-applicant.



How much support can Alzheimer's Society offer for research design and data analysis?

Unfortunately, we aren't able to support the research design or data analysis of a specific study.

What are the main evaluation criteria that the review panel will use?

- 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 nonacademic stakeholders such as Integrated Care System leads, delivery partners and people affected by dementia.
- o The potential impact of the intervention across the targeted population.
- o The feasibility of project as a whole.
- Sustainability of the intervention following conclusion of funding of the research project.

Is collaboration between different UK regions encouraged?

Yes, collaboration between different UK regions is encouraged. As per the scope of the call, it would be interesting to see projects implemented across various systems and regions within the UK.

Where can I find the applicant guidance in full?

Full applicant guidance is available on our website here: https://www.alzheimers.org.uk/research/researchers/grants/dementia-healthcare-inequalities-initiative-funding-call

