

Implementation grant 2017/8

Call specification and applicant guidance

This document provides guidance for applicants submitting an application to the Alzheimer's Society 2017/18 Implementation grant round.

If you have any questions, please contact grantenquiries@alzheimers.org.uk

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Call specification

Alzheimer's Society's Implementation grant scheme aims to move evidence based interventions into the real world setting, to translate research into practice. By doing this the Society intends to maximise the benefits of research outputs for people affected by dementia more rapidly. Research-based interventions supported through this scheme are those that have potential to be delivered within the real world in a sustainable way.

What is in scope?

There are two types of implementation grants: foundation laying and scaling up.

Foundation laying

We welcome proposals that lay the foundations for the scale-up of evidence based interventions, testing the feasibility of bringing dementia research knowledge into the real world. These proposals will need to set up key partnerships that will enable the transfer of research knowledge into practice and determine whether the selected intervention(s) is effective and/or scalable in the real world setting. Proposals should include the use of strategy(ies) for implementation that are grounded in theory

Scaling up of evidence based interventions

These proposals focus on the scaling-up of evidence based interventions that are of benefit to people affected by dementia. Proposals will use strategy(ies) for implementation that are grounded in theory. These interventions will already have been tested in similar settings, been shown to improve care and have sufficient evidence that the intervention is ready to be implemented at a larger scale. Proposals must also include a plan to indicate that they can be sustained beyond the life of the project and have the long term potential for wider adoption across the UK health and/or community care services.

Applicable to both types of grant

Proposals must include strategy(ies) for implementation that are grounded in theory. These may identify barriers and facilitators anticipated to further scale up, either within the background for application or as part of the project if these have not been previously identified. Recognised strategies for changing behaviours and enabling uptake of the intervention should also be included in the project design as appropriate. A preliminary costing model for the proposed interventions should also be included.

Maximum funding to be requested is £400,000 and maximum duration is three years.

Alzheimer's Society would particularly welcome applications that address the following themes, though proposals outside of these themes will also be considered under the call.

- 1. Interventions that help to maintain the independence of a person with dementia, including the use of assistive technologies**
- 2. Non-pharmacological interventions that effectively manage challenging behaviour in people with dementia**

3. Implementation of processes or products that enable good quality care for people with dementia in a hospital setting
4. Interventions that enable good quality care for people with advanced dementia (with or without other illnesses) at the end of life.

What is out of scope?

The following projects are not within the remit of this grant scheme:

- Traditional research or laboratory-based activities such as research into the causes and treatment of illnesses.
- Development of new or existing drugs, medical devices or technical interventions such as surgical techniques and procedures.
- Pilot/feasibility projects without supporting evidence.
- Novel interventions or interventions that require further research to demonstrate efficacy in the controlled setting are not eligible for the Implementation grant scheme.

These types of projects may be eligible for consideration under the [Project grant scheme](#).

Eligibility criteria

1. Principal investigators must have a contract of employment with the host university that exceeds the planned finish date of the research by at least 12 months.
2. The Principal Investigator **must** work in partnership with a decision maker from the organisation where the implementation activity will be taking place and this decision maker must be a named co-applicant on the proposal
3. **At least one** person affected by dementia must be listed as a co-applicant on the project. This can be either someone with dementia, a carer of someone with dementia or a close family member of someone with dementia.
4. Applications must also have **at least one** team member (co-applicant or collaborator) with a strong track record in change management, measurement and an understanding of implementation strategies.
5. It is important to underpin proposals with an implementation strategy that is grounded in theory to increase likelihood of success.
6. Applicants should incorporate independent rigorous evaluation of the implementation process in order to generate robust evidence of impact and learning. Successful projects will, therefore, need to provide an evaluation of their implementation work.
7. Depending on the nature of the intervention, project teams may need to include an organisation that can influence wider community, social or health care practice and opinion.
8. Proposals must 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.

Application process

Applications must be submitted through our online grants system: grants.alzheimers.org.uk.

Applicants will be required to provide a list of their co-applicants and to describe their roles in the project. Co-applicants will be required to enter their CV details and approve the application through the online system.

Please be aware of any internal sign-off processes at your institution. You will be required to add an authorised signatory to your application. Please see the [submission process flowchart](#) for more information about how to submit your outline application through our system.

Sign off/approvals must occur **before** the application deadline, **Midday (12pm) Friday 2nd February 2018**.

Review process

Applications will be screened for eligibility before being sent for external review. Reviewers include academics, technical experts, people affected by dementia and other potential users of the intervention such as those delivering services.

Applications will then be short listed by the Implementation grant advisory board, consisting of academic reviewers, Alzheimer's Society staff involved in service delivery and Research Network volunteers.

Shortlisted applicants will then be given an opportunity to provide a written response to reviews and attend interview with the Implementation grant advisory board in June 2018.

Funding recommendations will be made to the Society by the Implementation Grant Advisory board members, who will consider the applications, external reviews, applicant's response to reviewer's comments and interview.

Key dates

- Applications submitted – **deadline midday (12pm) Friday 2nd February 2018**
- Applications checked and validated; those eligible sent for external review – February to April 2018
- Applications and their reviews scrutinised by Implementation grant advisory board who then shortlist - May 2018
- Applicants will be informed whether they have been shortlisted. Shortlisted applicants also provided opportunity to respond to reviewer comments in writing ahead of the interview. Applicants will be given 7 days to respond to the comments. The exact dates will be confirmed nearer the time but is likely to be either week commencing Monday 28 May or Monday 4 June 2018
- Short-listed applicants are interviewed – end June/ beginning July 2018. Date tbc

- Funding decisions - **July 2018.**

Application case for support

As part of the application, a case for support document in a Word (.doc or .docx) or pdf format must be attached detailing the proposed research project. This section is limited to **five pages** (excluding references) and must not use a font smaller than Arial 11pt and have a minimum 2cm margin. You should title this attachment 'Case for support: project title' and include page numbers on your document.

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 your five pages.

The following headings **must** be addressed in the document. The text in italics are guides to how to answer the headings:

1. Introduction/Intervention

Please describe the problem in dementia care that the intervention being implemented aims to address and highlight why this is important for people affected by dementia.

Please provide the scientific background and rationale for the intervention being implemented. Please include evidence about its effectiveness and how it is expected to achieve its effects for the benefit of people affected by dementia.

*Please provide the scientific background and rationale for the **implementation strategy**. Please include the underpinning theory, framework, or model, and any pilot work.*

2. Project aims and objectives

Write the aims of the study, differentiating between implementation objectives (related to the process of implementation and sustainability of the intervention) and any intervention objectives (related to effectiveness of the intervention). Please note that whilst gathering evidence of effectiveness should not be the primary aim of the project, we would expect this data to be collected.

Please limit to brief bullet points, these should be supported by the information presented in section 1.

3. Methodology

Please describe the design and key features of the implementation project that you will use to enable either:

- *the development and scale up of a "foundation laying" grant*
- *the take up of the intervention and its sustainability beyond the life of this grant for a "Scaling Up" grant*

Please describe the context in which the intervention will be implemented. Consider social, economic, policy, healthcare, organisational barriers and facilitators that might influence implementation.

Please provide a clear description of the implementation strategy and ensure these clearly link to the project aims and objectives.

Include an outline of the characteristics of the targeted “site(s)” (locations, personnel, resources, etc) for implementation and any eligibility criteria if they are to be recruited.

Please provide a description of the intervention and also the population to targeted by the intervention and any eligibility criteria. Please include a rationale for the sample size.

Define the evaluation objectives and outcomes and how they are related to the implementation strategy.

Define your methods for the evaluation and state reasons for that choice. We anticipate that the evaluation will be of the implementation strategy.

Define the expected outcomes of the implementation

Define any expected outcomes of the intervention

It is recommended that these clearly link to the aims and objectives (section 2) and the project outcomes (section 5).

4. Project team

Describe who will be involved in designing, delivering and supporting this project and how their experience/expertise supports the implementation research project. Please also list any supporting organisations, networks or other stakeholders. Please attach letters of support for these organisations.

5. Impact and sustainability

What are the expected impacts of the proposed intervention in five years' time?

How you will ensure the sustainability of the intervention beyond the life of this grant?

6. Deliverables and outcomes

Please list the high level milestones and deliverables including the set-up phase (recommended) and plan for implementation and evaluation. Please explain the outcomes for the project and project phases (these should link to earlier sections of the application).

What makes a strong Implementation grant application?

This section is based on the reviews of previous grant applications, aiming to identify approaches that produced strong applications.

This is not an exhaustive list, but rather aims to provide assistance in developing implementation research grant applications based on lessons learned. Applicants should consider the relevance of the feedback to the context of their own application.

Planning an Implementation project

The first step is to identify the theme or area in which you wish to implement something. For this grant scheme we have highlighted four areas that align with current priorities for the Society as described in the Call Specification. Applications identifying a need outside of these areas are also welcomed.

You might identify areas through rapid reviews, or journal clubs held with colleagues. You may also identify interventions that have already been identified in guidance, but have not yet made it into practice. Ideally, you would be working with people on the ground to identify the need. You should be working with those who reflect the perspectives of potential end users of your research. Our definition of end users here not only includes people with dementia and their carers, but also healthcare professionals, commissioners, service delivery staff and others who work in the health, social and community care setting. The second step is to identify what to implement.

Evidence

The application should have a suitable evidence base to justify the research aims, objectives methodology and outcomes:

- Stronger applications will be explicitly supported by evidence of efficacy/effectiveness of the intervention (ideally published and peer reviewed) in a relevant care setting.
- A description of the supporting evidence should be included within the case for support and the application should ideally not be overly reliant on additional supplementary materials.
- In rare cases where evidence is not published, the application must provide the evidence as a summary within the case for support. Applicants may append the unpublished evidence to the application for scrutiny by reviewers.
- Evidence is clearly explained and jargon free definitions are provided for technical terminology. Scientific terminology and acronyms should be avoided. This is to enable lay reviewers who are a central and vital part of Alzheimer's Society grant review process to understand the application.
- The evidence base supports the potential for upscaling/roll out, and this is clearly justified within the application.

Context

The application should demonstrate awareness of, and consider the applicability of, the intervention being translatable to different contexts/settings e.g. If undertaken within a hospital, a stronger application would consider how the intervention can be translated and implemented in other hospitals.

The application must demonstrate the potential to provide added value to the proposed setting.

Methodology

The implementation methods proposed in the application must be grounded in theory and demonstrate clear implementation outcomes. For further information about Implementation research, please refer to the following article:

Implementation research: what it is and how to do it -

<http://www.bmj.com/content/bmj/347/bmj.f6753.full.pdf>

You may also find it helpful to refer to the following article: **An overview of Research and Evaluation Designs for Dissemination and Implementation -**

<http://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-031816-044215>

Models of delivery of the intervention in the real world should be clearly explained; it may help to liaise/collaborate with people in relevant positions and relevant skill sets, e.g.

- Commissioners/care providers
- Health economists, change experts, operations management researchers, implementation science/knowledge mobilisation researchers, including those who are experts in evaluation

An evaluation of the implementation strategy should be included.

Patient and Public involvement

Alzheimer's Society involves people affected by dementia in all aspects of its research programme, including, reviewing applications and assisting in funding decisions.

A good application will involve people affected by dementia within the research and within the development and delivery of the proposal. There are many ways of doing this and there are useful resources to help plan and budget for involvement activities [here](#):

As well as including at least one person affected by dementia as a co-applicant on the project, applicants might consider:

- Including people with dementia as co-applicants/collaborators.
- Including carers/families of people with dementia as co-applicants/collaborators.
- Consulting with the Alzheimer's Society Research Network volunteers during development of the research grant application. This is available via our Proposal Development process. You can find further information [here](#).
- Including and involving people affected by dementia on research project boards or steering groups.
- Discussing practical aspects of delivering the research project with people affected by dementia.
- Involving people affected by dementia as co-researchers to deliver aspects of the research study (e.g. facilitating interviews and focus groups).
- Where the project aims to support people with late stage dementia, involving people with early stage dementia to ensure that end users views are heard.
- Where appropriate, involving healthcare professionals as end users in the design, delivery and governance of the research.
- Other ways of involving people affected by dementia – we encourage researchers to develop and propose innovative methods of involvement in their work.

Research team

A diverse range of skills, expertise and contextual setting is required to successfully deliver implementation research. A list of potential sectors/experts to consider is identified in [Appendix 1](#)

Issues to try to avoid when writing an application

To help you strengthen your application we have outlined the approaches that may lead to an application being rejected.

Past applications were excluded due to the following:

- Applications focused on developmental stages of research e.g. Pilot/feasibility/proof of concept studies, with no supporting evidence.
- Applications lacked clearly stated research question(s), e.g. applications aiming to expand an existing service without an underpinning theoretical framework.
- The application lacked evidence of efficacy to demonstrate suitability for implementation.
- The evidence was not at a mature enough level to demonstrate potential for upscaling/roll out.
- The evidence base cited was not sufficiently robust.
- Lacked clear implementation outcomes - Example implementation outcome variables can be found in the article **Implementation research: what it is and how to do it - <http://www.bmj.com/content/bmj/347/bmj.f6753.full.pdf>**
- Did not have a defined implementation approach.
- Did not utilise an implementation science approach/methodology.
- Did not demonstrate understanding of implementation research.
- Struggled to identify or demonstrate awareness of the potential utility of the intervention(s) in different contexts/settings e.g. Weaker applications focusing on care home settings did not acknowledge or explain how the intervention could be translated into other types of care homes (during or beyond the study).
- Did not identify challenges in implementing research within different contexts/ settings or suggest ways to address these.
- Omitting people affected by dementia or end users from development of the research project.
- Omitting plans for the involvement of people affected by dementia or end users in the delivery of the research.

Application check list

This checklist aims to support applicants in self-assessing the quality of applications prior to submission the following checklist has been developed. **This checklist is neither compulsory nor expected to contribute to the application itself.** The checklist aims to provide a tool capturing key points described above.

| Introduction | Yes | No |
|---|-----|----|
| The intervention to be implemented is of importance to people affected by dementia | | |
| The application is not for a pilot/feasibility or proof of concept study with no existing supporting evidence | | |
| There is demonstrable evidence of the intervention's effectiveness or at least efficacy for it to be ready: <ul style="list-style-type: none"> to test in the context of the study (foundation laying grant) to widen reach in to the real world (scaling up grant) | | |
| If there is unpublished data supporting the application, evidence is provided within the case for support for scrutiny by reviewers | | |
| There is a scientific background and rationale for the intervention to be implemented | | |
| There is a scientific background and rationale for the implementation strategy | | |
| Project aims and objectives | Yes | No |
| There are clearly written implementation objectives for the project | | |
| Methodology | | |
| The application has a defined implementation approach that is grounded in theory | | |
| The methodology identifies challenges posed by different contexts/settings and provides plans for mitigating these | | |
| There is a clear link between Aim(s), Objective(s), outcome(s) and methodology(ies) to achieve these | | |
| There is an evaluation plan that links to the implementation approach. | | |
| Project team | | |
| Includes/involves people with dementia/affected by dementia | | |
| Includes people with change management experience as co-applicant/collaborator(s) | | |
| If using statistical assessment includes statistician | | |
| Includes co-applicants/collaborators from relevant sectors/ organisations (an example list is in Appendix 1) | | |
| Includes an implementation science/ evaluation expert | | |
| Impact | | |
| The research proposed has potential to become sustainable in the real world setting | | |
| Other | | |
| The application is clearly written, jargon free definitions are provided for technical terminology and acronyms | | |
| People affected by dementia and relevant professionals in the care/service delivery setting are involved in the development and delivery of the proposed research | | |

Appendix 1: Potential collaborators/c-applicants/supporters to involve in implementation research

| |
|---|
| Academic Health Science Networks |
| Alzheimer Society Research Network volunteers (can be contacted via Alzheimer's Society) |
| National Institute for Research (NIHR) Collaboration for Applied Health Research (CLAHRC) |
| Activity/support groups e.g. music, language, sport other activity |
| Architects/built environment specialists |
| Business schools with expertise in service delivery/service change |
| Care home staff (may be contacted via the National Care Association, or via direct contact to care homes and commissioning bodies) |
| Economists/health economists (may be contacted via NIHR schools, University medical and business schools) |
| IT systems professionals/ IT innovators |
| Mental Health researchers (may be contacted via professional bodies and universities) |
| Occupational Therapists (may be contacted organisations such as via the British Association and College of occupational therapists) |
| Pharmacists (e.g. community and dispensing practices) (may be contacted via industry bodies such as the Royal Pharmaceutical Society or direct interactions) and |
| Physiotherapists |
| Primary care (delivery staff and researchers) e.g. GP, Nurses, HCA's, and allied health care professionals (may be contacted via representative bodies, such as the Society for Academic Primary Care, the Royal College of General practitioners, Royal College of Nurses, via university research centres, via CCGs and commissioning bodies) |
| Regional policy makers/councils/ CCGs/ other commissioners |
| Researchers associated with research into Learning Difficulties |
| Social Services professionals (May be contacted via organisations such as the NIHR school for social care research, the British association of Social workers- (BASW) and training bodies such as universities) |
| Speech and language therapists |

You may also find it useful to approach the UK Implementation network for support <http://www.uk-in.org.uk/>

Appendix 2: Online submission process for applications

