RM Partners Research & Innovation Fund 2023/2024 – Expression of Interest Form

**Please read to the Guidance for Applicants and FAQs documents which provide further guidance and detail on completing each of the sections below.**

|  |
| --- |
| 1. **PROJECT DETAILS**
 |
| **Project Title:** |  |
| **Proposed Start Date:** | *(no later than 31 March 2024)* |
| **Duration** | *(Maximum up to 3 years, where trial of intervention should be completed in 2 years, with additional year to complete evaluation activities and final report)* |
| **Total requested** | *(Total award up to £200,000 per project)* |
| **Name of Lead Applicant** |  |
| **Lead Applicant email** |  |
| **Post held** |  |
| **Name of Trust/Institution** |  |
| 1. **APPLICANTS *(duplicate lines to add further co-applicants)***
 |
| **Co-Applicant #1 name & email** |  |
| **Current post held** |  |
| **Trust/Institution** |  |
| **Co-Applicant #2 name & email** |  |
| **Current post held** |  |
| **Trust/Institution** |  |
| 1. **LAY SUMMARY OF PROPOSED PROJECT (Max 250 words)**
 |
| *(Provide a clear, concise and comprehensive overview of proposed work, using language suitable for a non-scientific audience. Clearly state aims and objectives, describing exactly what will be done in the project, without using jargon or acronyms).* |
| 1. **SUMMARY OF PROPOSED PROJECT (Max 800 words)**
 |
| *(Describe how this project aligns to the delivery of cancer-specific aims of the* [*NHS Long Term Plan*](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf) *clearly and succinctly. Articulate the main problem or question motivating this project and outline how the main outcomes, both primary and secondary, will contribute towards measurable improvements in patient outcomes. Include comments on the scalability of the innovation and the route into the NHS market, highlighting the challenges and barriers. Any supporting diagrams, graphs or figures may be included in the appendices).* |
| **References**(Maximum 5 references) |  |
| 1. **FINANCES**
 |
| *(Provide reasonable estimate of costs under each of the headings below. A detailed breakdown of the budget is not required at this stage – this will be requested in the full application stage. Please refer to the Guidance document for further detail on eligible costs).*  |
|  | **Year 1** | **Year 2** | **Year 3** | **TOTAL (£)** |
| **Salary costs** |  |  |  |  |
| **Running costs (consumables, travel, PPIE)** |  |  |  |  |
| **Equipment costs (<£1000)** |  |  |  |  |
| **TOTAL BUDGET (£)** |  |
| 1. **DECLARATION OF LEAD APPLICANT**
 |
| **Lead Applicant Name** | **Signature** | **Date** |
|  |  |  |
| **Contact details:** |

**Please send completed proposal and EHIA to** **RMPartners.Research@nhs.net****, appending any additional information into the Appendix. You will receive an acknowledgement upon receipt.**

APPENDIX 1: NHS England and NHS Improvement (NHSEI): Equality and Health Inequalities Impact Assessment (EHIA) template

**A completed copy of this form must be provided in relation to your proposal.**

**1. Name of the proposal:**

**2. Brief summary of the proposal in a few sentences**

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| --- |
|  |

**3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised**

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.**

| **Protected characteristic groups** | **Summary explanation of the main potential positive or adverse impact of your proposal**  | **Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact** |
| --- | --- | --- |
| **Age:** older people; middle years; early years; children and young people. |  |  |
| **Disability:** physical, sensory and learning impairment; mental health condition; long-term conditions. |  |  |
| **Gender Reassignment and/or people who identify as Transgender** |  |  |
| **Marriage & Civil Partnership:** people married or in a civil partnership. |  |  |
| **Pregnancy and Maternity:** women before and after childbirth and who are breastfeeding. |  |  |
| **Race and ethnicity[[1]](#footnote-1)** |  |  |
| **Religion and belief:** people with different religions/faiths or beliefs, or none. |  |  |
| **Sex:** men; women |  |  |
| **Sexual orientation:** Lesbian; Gay; Bisexual; Heterosexual. |  |  |

**4. Main potential positive or adverse impact for people who experience health inequalities summarised**

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A if your proposal will not impact on patients who experience health inequalities.**

| **Groups who face health inequalities[[2]](#footnote-2)**  | **Summary explanation of the main potential positive or adverse impact of your proposal** | **Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact** |
| --- | --- | --- |
| **Looked after children and young people** |  |  |
| **Carers of patients:** unpaid, family members. |  |  |
| **Homeless people.** People on the street; staying temporarily with friends /family; in hostels or B&Bs. |  |  |
| **People involved in the criminal justice system:** offenders in prison/on probation, ex-offenders. |  |  |
| **People with addictions and/or substance misuse issues** |  |  |
| **People or families on a low income** |  |  |
| **People with poor literacy or health literacy:** (e.g. poor understanding of health services poor language skills). |  |  |
| **People living in deprived areas** |  |  |
| **People living in remote, rural and island locations** |  |  |
| **Refugees, asylum seekers or those experiencing modern slavery** |  |  |
| **Other groups experiencing health inequalities (please describe)** |  |  |

**5. Engagement and consultation**

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Do Not Know** |

b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

|  |  |  |
| --- | --- | --- |
| **Name of engagement and consultative activities undertaken** | **Summary note of the engagement or consultative activity undertaken** | **Month/Year** |
| **1** |  |  |  |
|  |  |  |  |
| **2** |  |  |  |
|  |  |  |  |
| **3** |  |  |  |

**6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?**

| **Evidence Type** | **Key sources of available evidence**  |  **Key gaps in evidence** |
| --- | --- | --- |
| **Published evidence** |  |  |
| **Consultation and involvement findings**  |  |  |
| **Research** |  |  |
| **Participant or expert knowledge** For example, expertise within the team or expertise drawn on external to your team |  |  |

**7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty?** Please add an x to the relevant box below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Tackling discrimination | Advancing equality of opportunity | Fostering good relations |
|  |  |  |  |
| The proposal will support? |  |  |  |
|  |  |  |  |
| The proposal may support? |  |  |  |
|  |  |  |  |
| Uncertain whether the proposal will support? |  |  |  |

**8. Is your assessment that your proposal will support reducing health inequalities faced by patients?** Please add an x to the relevant box below.

|  |  |  |
| --- | --- | --- |
|  | Reducing inequalities in access to health care | Reducing inequalities in health outcomes |
|  |  |  |
| The proposal will support? |  |  |
|  |  |  |
| The proposal may support? |  |  |
|  |  |  |
| Uncertain if the proposal will support? |  |  |

**9. Outstanding key issues/questions that may require further consultation, research or additional evidence.** Please list your top 3 in order of priority or state N/A

|  |  |
| --- | --- |
| Key issue or question to be answered | Type of consultation, research or other evidence that would address the issue and/or answer the question |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

**10. Summary assessment of this EHIA findings**

|  |
| --- |
| This assessment should summarise whether the findings are that this proposal will or will not make a contribution to advancing equality of opportunity and/or reducing health inequalities, if no impact is identified please summarise why below. |

APPENDIX 2: Additional information

*(Please attach any figures or diagrams to support your application)*

1. Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality. [↑](#footnote-ref-1)
2. Please note many groups who share protected characteristics have also been identified as facing health inequalities. [↑](#footnote-ref-2)