



Themes for the 2021/22 call of the Marie Curie Research Grants Scheme

1. Background and introduction

As part of the developing Marie Curie Research, Policy and Public Affairs Strategy (RPPA Strategy, to be launched at the next Marie Curie Research Conference in early 2022), Marie Curie is committed to funding impact-focussed research, in line with the charity's strategic goal to working towards achieving the best possible end of life experience for everyone.

Marie Curie North Star

*Everyone will be affected by dying, death and bereavement and deserves the best possible experience, reflecting what's most important to them.
Marie Curie will lead in end of life experience to make this happen.*

Marie Curie aims to support the generation and use of evidence to develop impactful recommendations for change to policy and practice, and to engage with decisionmakers to deliver quality care for everyone affected by dying, death and bereavement.

Applications are invited which address one or more of Marie Curie's thematic priorities, shown below. More detail is included in section 2.

1. To provide quality care and support for the **mental and physical health and wellbeing** of people affected by dying, death and bereavement
2. To end **financial insecurity at the end of life** and ensure that everyone has the support they need to address their practical concerns
3. To ensure that everyone affected by death and dying – including the **family, friends and carers** of the dying person- are supported through and beyond the end of life (including **bereavement**)
4. To **end inequity** in end of life experience by ensuring access to excellent standards of care and support for all

In addition to the above thematic areas, Marie Curie is also inviting proposals in **cross-cutting themes** and **projects aiming to maximise the impact of existing research** and evidence (see section 2).

Applications in other areas would be considered, but not without a pre-submission discussion with Marie Curie's research team (please email research.grants@mariecurie.org.uk).

Portfolio gaps

Marie Curie's developing RPPA strategy emphasises the importance of achieving real-life impact and is aiming for a balanced portfolio across our new strategic themes.

Reviewing our current research grant portfolio, we have recognised that we have a gap in our **financial insecurity** theme. **We are particularly interested in applications addressing this issue, as well as applications focusing on real-life impact and translation of research findings into practice or policy.**

Involving people with lived experience of dying, death and bereavement

Where possible and appropriate, we encourage applications for projects which seek to involve people directly affected by issues explored in their project at all stages of the research process. We would be particularly interested in applications that, as part of their methodology, **propose to review their involvement approach**, to the benefit of the palliative and end of life care research community.

If you are looking to get feedback from lay members, please email a request to research.grants@mariecurie.org.uk to be put in touch with our Research Voices Group.

Maximising relevant policy impact

All applications should be clear about the impact that they seek to have on policy and practice and how they will seek to work in partnership with Marie Curie in order to achieve this. Applications aiming to produce evidence that will **likely produce impact on policy across the UK or in a devolved nation are strongly advised to get in touch with Marie Curie to discuss relevant influencing opportunities** with the respective Policy Teams in **England, Wales, Scotland or Northern Ireland**. Please contact research.grants@mariecurie.org.uk for the relevant contact details.

Where policy impact is time-sensitive, we expect that relevant publications will be **made available on a suitable preprint or open peer review platform**, to minimise delays. Learning from research carried out and published during the Covid-19 pandemic has shown that this is a very effective way of quickly disseminating policy-relevant research findings.

Strategic fit

Marie Curie is keen to reduce the time from application to funding decision and there will therefore be no outline proposal stage in this round. **Applicants are strongly advised to get in touch with Marie Curie at an early stage of idea development to confirm the fit of their proposal with Marie Curie's strategic priorities. A short form is provided for that purpose.**

Clinical trials

Because of the limit in funding available for the Marie Curie Research Grants Scheme, we are unable to consider full clinical trials for funding. Feasibility work can be considered, but only if there is a clear plan, in case of a successful feasibility study, where funding for a full trial will be sourced.

Funds available

A total of £750,000 is available for this round of the Marie Curie Research Grants Scheme. We would expect the cost of individual proposals not to exceed £150,000, and also welcome smaller proposals in the £30,000 to £150,000 range. If your proposals falls outside of this range on either side, for justifiable reasons, please get in touch with the research team to discuss (email research.grants@mariecurie.org.uk).

2. Scope of call

2.1 Route to impact – knowledge translation, implementation, evaluation and quality improvement

We invite applications that aim to take the next step towards and accelerate the impact of research findings in the real world. Projects could be based on research findings produced with Marie Curie or other research funding (requests can be small as well as large).

Projects could include novel and innovative methods of dissemination and/or engagement with relevant stakeholders as well as evaluations of evidence-based interventions.

We are looking for **rigorous methodology** with the potential for interventions to be **scalable and applicable widely**. Evaluations of small initiatives without the potential for wider applicability will not be considered.

Project aims should focus on producing knowledge that can be used by local or national decision makers and influence policy and practice. There must be a **clear trajectory to impact** and applications need to include information on precisely who the evidence user/s will be.

We particularly welcome applications that suggest working in partnership with Marie Curie. **Where the evidence users are policy makers, it is essential that applicants get in touch with the Marie Curie Policy Teams** (please email research.grants@mariecurie.org.uk to be put in touch with the relevant policy leads) to discuss how Marie Curie might (co-)lead on maximising the policy impact of the evidence to be produced. If many such requests are received, there might be a need to prioritise projects due to capacity issues.

2.2 Thematic priority 1: To provide quality care and support for the mental and physical health and wellbeing of people affected by dying, death and bereavement

We recognise that interventions are needed to support both physical *and* mental health and wellbeing of people living with terminal illness, their friends, family and carers and the health and social care professionals that support them. We are interested in projects that seek to understand or improve the mental and/or physical health and wellbeing of any group affected by dying, death and bereavement.

The three longer term outcomes that are of particular interest to Marie Curie in the themes of mental and physical health and wellbeing are:

1. **Increasing mental and physical wellbeing support for people at the end of life, carers, families/friends and staff from relevant organisations (signposting and access).**
2. **Reducing complexities for patients and carers in contacting support services and organisations (system level).**
3. **Increasing awareness of barriers faced by carers and patients, and the impacts that caring can have on physical and mental health (including feeling able to ask for support).**

We are also interested in what the key drivers of change are in health and social care for people with a terminal illness over the next 5-10 years, and their implications for future service models and wider approaches to supporting people and their carers.

Of particular interest are proposals to **address and improve out of hours (OOH) palliative and end of life care provision**. Following the Palliative and Priority Setting Partnership (PeolcPSP) that raised the issue of out of hours care as the top priority for carers, health and social care professionals and patients, Marie Curie funded a number of related research studies. The following priorities for next steps were highlighted in a 2020 Marie Curie workshop on the issue that brought together researchers, practitioners and policy makers (workshop report in preparation):

- The need to expand research around emergency admissions in the last year of life and the time of day that these admissions (deemed necessary or inappropriate) occurred.
- The level of all unscheduled care in the last year of life, not just OOH.
- Rigorous evaluations of existing and new OOH service models.
- The use of real-time data for improvement.
- Risk in OOH care, for instance addressing the following questions:
 - Is professional fear of consequences justified? What can be done to mitigate risk in out of hours palliative care?
 - Exploring team cultures around risk.
 - What is needed for staff to feel comfortable making decisions based on the information in front of them?

2.3 Thematic priority 2: To end financial insecurity at end of life and ensure that everyone has the support they need to address their practical concerns

Terminal illness profoundly affects every aspect of someone's life, including the need for financial and practical support. Too many people still experience unacceptable living conditions towards the end of life as a result of poverty.

The three longer term outcomes that are of particular interest to Marie Curie in the theme of financial insecurity at the end of life are:

- 1. Increasing income and reducing costs for people at the end of life and their carers.**
- 2. Reducing complexity in accessing financial support at the end of life.**
- 3. Reducing stress about financial security at the end of life for people with a terminal illness and their families, carers and friends.**

2.4 Thematic priority 3: To ensure that everyone affected by death and dying – including the family, friends and carers of the dying person - are supported through and beyond the end of life (including bereavement)

End of life experience cannot be understood as something involving one individual, but is a social experience, involving a wide range of people around and beyond the dying person themselves. Meaningful relationships at the end of life are important both to the experience of the dying person, but also to their loved ones, for whom experiences at this time can have a long-term impact.

One consequence of understanding death and dying as a social experience is that it extends beyond the point of mortality. The experience of bereavement is a critical aspect of delivering the best possible end of life experience for all, and we are also interested in projects exploring this topic.

The three longer term outcomes that are of particular interest to Marie Curie in this theme are:

- 1. Increasing the understanding of the unique nature of relationships, and that these can change over the course of a terminal illness.**

2. **Reducing stress and anxiety pre & post-death, by signposting access to support services and Advance Care Planning (Anticipatory Planning in Scotland) for patients and people around them.**
3. **Increasing user involvement to identify gaps in services and build person-centred services.**

2.5 Priority area 4: To end inequity in end of life experience by ensuring access to excellent standards of care and support for all

There are profound inequities in experience at the end of life, and it is critical that we seek to address these. Whilst poverty (both at a household and area based level) is a major contributor to poor end of life experience, other factors – including, but not limited to, age, diagnosis, gender, location, ethnicity, sexuality, religion, marital status, housing status, mental health and disability can all profoundly affect end of life experience as well.

We are open to all projects relating to protected characteristics and other relevant causes of potential inequities experienced by people affected by dying, death and bereavement. These could be new projects or projects building on existing evidence. Projects that consider intersectionality of circumstances and inequity in end of life experience are also welcome.

The following longer term outcomes are of particular interest to Marie Curie in this theme:

1. **Eliminating inequalities in access to and experience of palliative and end of life care.**
2. **Providing individualized care according to the specific needs of the patient.**
3. **Creating services that are representative and non-judgmental.**

2.6 Cross-cutting topics

Marie Curie is interested in receiving proposals proposing to generate evidence or evidence summaries in a number of topics which cut across our thematic priority areas.

2.6.1 Sustainable funding for palliative and end of life care

Recent research has predicted that demand for community palliative and end of life care services is likely to increase in the coming years. These need to be equipped to support people with increasing complexity with regards to a number of factors, including multimorbidity. There is a need for more evidence on how this future demand will be funded and delivered in a sustainable way.

2.6.2 Listening to, understanding and responding to people's preferences at the end of life

Marie Curie is interested in approaches to ensure people's preferences at the end of life are listened to and met, independent of their background or personal circumstances. Advance Care Planning (or Anticipatory Care Planning in Scotland) is only one way to work towards achieving this. We are interested in identifying the most effective (and cost-effective) ways (tools and approaches) to ensure people's preferences are heard and responded to.

2.6.3 Considering the future – future need for palliative and end of life care/support and how to meet that need

We are interested in proposals that look to the future and consider future need for palliative and end of life care and support by people living with terminal illness and their carers, families and friends. This could include future need for informal carers, workforce issues, disease profiles and future service models.