

Question Number	Theme	PSP Question (highlighted yellow if prioritised to a top ten question)	interventional		Grant Titles	direct		Grant Titles	indirect		total funding		
			Amount	Amount		Amount	Amount		Amount	Amount			
1	Communication	What are the best ways for healthcare professionals to tell patients, carers and families that a patient's illness is terminal and also explain the dying process compassionately and honestly? Can literature, including leaflets, be helpful? Who is the best person to provide this information and communication?	0	£0		1	£78,829	Care and communication between health professionals and patients affected by severe or chronic illness in community care settings: A qualitative study of care at the end of life (University of Nottingham)	12	£635,693	5	£425,084	£1,139,606
2		How can carers and families of people at the end of life be supported to communicate better with each other and their loved one?	0	£0		1	£5,519	Community-based Volunteer-led Support for Family Caregivers Caring for a Relative or Friend with Palliative and/or End-of-Life Care Needs at Home (Co-Care) (University Hospital Southampton NHS Foundation Trust)	1	£9,138	4	£341,249	£355,906
3		What are the benefits of Advance Care Planning and other approaches to listening to and incorporating patients' preferences? Who should implement this and when?	3	£234,801	<p>Care and communication between health professionals and patients affected by severe or chronic illness in community care settings: A qualitative study of care at the end of life (University of Nottingham).</p> <p>Decision making about implantation of cardioverter defibrillators (ICDs) and deactivation during end of life care (Newcastle University)</p> <p>CAPE study. Community cAre Pathways at the End of life: mapping the pathways to improve care (NHS Cambridgeshire and Peterborough CCG).</p>	10	£991,007	<p>After the Liverpool Care Pathway – What next for people with dementia? (UCL)</p> <p>Deciding not to dialyse in advanced chronic kidney disease - Health related quality of life, decision making, costs and impact on carers (Queen's University Belfast)</p> <p>Supporting Excellence in End of life care in Dementia (SEED programme) (Northumbria Healthcare NHS Foundation Trust)</p> <p>End of life care in advanced Chronic Obstructive Pulmonary Disease (COPD): identifying, understanding and meeting the changing care and support needs of patients and their carers (University of Cambridge)</p> <p>Advance Decisions: Informing implementation strategies through interdisciplinary and cross-national dialogue (University of York)</p> <p>Promoting informed decision making and effective communication through advance care planning for people living with dementia and their family carers (Queen's University Belfast)</p> <p>Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Decisions: Evidence Synthesis (University of Warwick)</p> <p>Between patient autonomy and physicians responsibility to save life: The implementation of advance directives in three European countries (England, France, and Germany). (University of Oxford)</p> <p>Evaluation of patient preferences for and cost effectiveness of community intravenous antibiotic services (Leeds Teaching Hospitals NHS Trust)</p> <p>The delivery of chemotherapy at home: an evidence synthesis (University of York)</p>	24	£4,465,882	28	£4,407,627	£10,089,317

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4		What are the best approaches to giving medicines, such as morphine, in a patient's home, for example using different cannulas such as BD-saf-T-intima? What are the pros and cons of training carers, families and non-palliative professionals, such as healthcare assistants, to give these medicines?	1	£99,274	3	£527,376	7	£765,503	1	£77,012	£1,469,165
5	Managing symptoms and medications	What is the best way to give palliative care to patients with dementia and their carers and families? This includes communicating about their diagnosis when they are being cared for at home or elsewhere?	4	£790,346	19	£3,888,382	22	£4,220,068	6	£824,091	£9,722,887

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5								<p>Strategies for managing Behavioural and Psychological Symptoms in Dementia (BPSD) for community dwelling older people: evidence into practice (Hertfordshire Partnership University NHS Foundation Trust)</p> <p>Achieving Quality and Effectiveness in Dementia Using Crisis Teams (AQUEDUCT) (North East London NHS Foundation Trust)</p> <p>Experiences and understandings of dementia among Black, Asian and Minority Ethnic (BAME) Groups in Wales: community, individual and intergenerational perspectives (Cardiff University)</p> <p>Adaptive Implementation and Validation of the Meeting Centres Support Programme for people with dementia and their carers in Europe (University of Worcester)</p> <p>A preliminary comparison of wards for people with dementia using patient engagement time with other wards delivering standard care alone (Norfolk and Suffolk NHS Foundation Trust)</p> <p>An Optimized Person Centred Intervention to Improve Mental Health and Reduce Antipsychotics amongst People with Dementia in Care Homes (Oxford Health NHS Foundation Trust)</p>						
6		What are the best approaches to providing pain relief for people who have communication difficulties, perhaps as a result of their disease, such as motor neurone disease (MND), dementia, brain tumour (including glioblastoma) or head and neck cancer?	2	£399,855	<p>Pain assessment and management for patients with advanced dementia nearing the end of life (Queen's University Belfast)</p> <p>The detection and management of pain in patients with dementia in acute care settings: development of a decision tool (University of Leeds)</p>	2	£603,908	<p>A Programme for ALS Care in Europe (ALS-CarE) (King's College London)</p> <p>The MARQUE project: Managing Agitation and Raising Quality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)</p> <p>The MARQUE project: Managing Agitation and Raising Quality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)</p>	3	£437,873	6	£759,403	£2,201,039	
7		What are the best ways to manage the problems associated with difficulty in swallowing, including for patients with Parkinson's disease, motor neurone disease (MND) and dementia who are at the end of their life?	4	£283,563	<p>Does cognitive behaviour therapy enhance swallowing outcomes in head and neck cancer? A feasibility study (City Hospitals Sunderland NHS Foundation Trust)</p> <p>Development and preliminary testing of a tailored pre-treatment swallowing intervention package for patients with head and neck cancer (University College London Hospital NHS Foundation Trust)</p> <p>Can cueing improve swallowing and prevent drooling in Parkinson's disease? (Northumbria Healthcare NHS Foundation Trust)</p> <p>Resources for Living (R4L) Pilot: Exploring the Potential of Progressive Cuisine for Quality of Life (Newcastle Upon Tyne Hospitals NHS Foundation Trust)</p>	2	£72,370	<p>Improvement for Head and Neck Cancer Survivors Prophylactic antibiotics to prevent recurrent respiratory infections in high risk children (University of Oxford)</p> <p>Innovative gel aid for administering tablets to stroke and other dysphagic patients (University of East Anglia)</p>	12	£730,574	5	£1,041,412	£2,127,919	

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8		What are the best ways to manage drooling and excessive salivation in patients with diseases such as motor neurone disease (MND) who are approaching the end of their life?	1	£49,362	Can cueing improve swallowing and prevent drooling in Parkinson's disease? (Northumbria Healthcare NHS Foundation Trust)	0	£0		1	£59,317	0	£0	£108,679
9		What are the best ways to manage respiratory secretions (death rattle) in patients at the end of life?	0	£0		1	£29,685	A cluster randomised trial of clinically-assisted hydration for cancer patients in the last days of life (feasibility study) (Royal Surrey County Hospital NHS Foundation Trust)	0	£0	0	£0	£29,685
10		What are the best ways to assess and treat pain and discomfort in people at the end of life with advanced dementia, Parkinson's disease and other diseases that affect cognition and communication?	2	£399,855	Pain assessment and management for patients with advanced dementia nearing the end of life (Queen's University Belfast) The detection and management of pain in patients with dementia in acute care settings: development of a decision tool (University of Leeds)	1	£526,063	The MARQUE project: Managing Agitation and Raising Quality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL) The MARQUE project: Managing Agitation and Raising Quality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)	4	£6,607,637	7	£619,448	£8,153,003
11		What are the best ways to make sure that palliative care patients receive adequate pain and symptom relief and which drugs for pain management are best in terms of side-effects, such as drowsiness?	4	£871,292	Improving the Management of Pain from Advanced Cancer in the Community (IMPACCT) (Leeds Teaching Hospitals NHS Trust) Self-Management of Analgesia and Related Treatments at the End of life (SMARTER) (University of Leeds) A phase I-II feasibility trial of Cancer Carer Medicines Management (CCMM): an educational intervention for carer management of pain medication in cancer patients at end of life. (University of Southampton) The detection and management of pain in patients with dementia in acute care settings: development of a decision tool (University of Leeds)	4	£169,960	Pain assessment and management for patients with advanced dementia nearing the end of life (Queen's University Belfast) Chemical compatibility of drugs administered by continuous subcutaneous infusion for end of life care (University of Liverpool) The impact of morphine fentanyl or codeine (oxycodone) on patient consciousness appetite and thirst (University of Bath) Understanding prescribing of opioids for chronic, non-cancer pain in general practice (NHS Bradford Districts CCG)	14	£1,107,739	16	£1,888,223	£4,037,214

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12		What are the best ways to manage acute and/or chronic breathlessness in patients with cancer and non-cancer terminal illnesses?	4	£232,539	<p>Pilot feasibility randomised trial of a novel non-pharmacological intervention for the management of the respiratory distress symptom cluster (breathlessness, cough, fatigue) in patients with advanced lung cancer (University of Manchester)</p> <p>"Does a breathlessness intervention service ('CBIS') reduce stress significantly more than usual care in breathless patients with advanced non-malignant disease and their carers? A phase II feasibility study." (Cambridge University Hospitals NHS Foundation Trust)</p> <p>Prospective randomised trial evaluating the efficacy of local anaesthetic thoracoscopy and talc slurry pleurodesis (TAPPS) (University of Bristol)</p> <p>A randomised trial of high versus low intensity training in breathing techniques for breathlessness in patients with malignant lung disease: early intervention (Hull and East Yorkshire Hospitals NHS Trust)</p>	5	£179,682	<p>A study of quality of care needs for patients with idiopathic pulmonary fibrosis, and their carers, across disease trajectory (Cardiff University)</p> <p>The adaptation and validation of an assessment tool to identify the palliative care needs of people with irreversible idiopathic interstitial lung disease for use in every day clinical practice (De Montfort University)</p> <p>The cost-effectiveness of domiciliary non-invasive ventilation (NIV) in patients with end-stage COPD. A systematic review and economic evaluation (University of Birmingham)</p> <p>A randomised controlled trial in patients with respiratory muscle weakness due to MND of the NeuRX RA/4 diaphragm pacing trial (University of Sheffield)</p> <p>The use of smartphone technology to reduce morbidity and mortality in ALS (Kings College London)</p>	17	£2,567,957	12	£1,356,100	£4,336,278		
13		What are the pros and cons of withdrawing MST (morphine sulphate) in people at the end of life?	0	£0		0	£0		0	£0	2	£105,130	£105,130		
14		Which sedative drugs (such as midazolam, haloperidol and levomepromazine) are most beneficial for managing agitation at the end of life and which are best in terms of sideeffects? Do these drugs have an effect on other symptoms?	1	£6,000	<p>Palliative pharmacological sedation for symptom relief in terminally ill adults (University of Bath)</p>	1	£26,685	<p>A cluster randomised trial of clinically-assisted hydration for cancer patients in the last days of life (feasibility study) (Royal Surrey County Hospital NHS Foundation Trust)</p>	0	£0	1	£16,695	£49,380		

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15		What are the best ways to diagnose and treat delirium, agitation, distress, and restlessness in people at the end of life?	3	£927,069	<p>The MARQUE project: Managing Agitation and Raising Quality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)</p> <p>The MARQUE project: Managing Agitation and Raising Quality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)</p> <p>Pilot trial of Stop Delirium! A complex intervention to prevent delirium in care homes for older people (Bradford District Care Trust)</p> <p>Investigation of the Delirium Observation Screening Scale for the routine detection of delirium in care homes by care home staff (Bradford Teaching Hospitals NHS Foundation Trust)</p>	6	£1,140,213	<p>A randomised trial of high versus low intensity training in breathing techniques for breathlessness in patients with malignant lung disease: early intervention (Hull and East Yorkshire Hospitals NHS Trust)</p> <p>Development and validation of the 4AT: a new rapid screening tool for delirium (University of Edinburgh)</p> <p>Strategies for managing Behavioural and Psychological Symptoms in Dementia (BPSD) for community dwelling older people: evidence into practice (Hertfordshire Partnership University NHS Foundation Trust)</p> <p>Evaluating the effectiveness and cost effectiveness of Dementia Care Mapping (DCM) to enable person-centred Care for people with dementia and their carers: A UK cluster randomised controlled trial in care homes (DCM EPIC trial) (University of Bradford)</p> <p>An investigation of the Hospital Elder Life Program (HELP) system of care in NHS acute trusts to prevent delirium (Bradford Teaching Hospitals NHS Foundation Trust)</p> <p>MICA: Development of a software application for detection and monitoring of attentional deficits in delirium (University of Edinburgh)</p>	20	£1,587,962	18	£2,816,434	£6,471,678
16		How can distress that is not related to pain be best assessed and managed in palliative patients with dementia, Parkinson's disease and other diseases that affect communication?	0	£0		1	£526,063	<p>The MARQUE project: Managing Agitation and Raising Quality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)</p> <p>The MARQUE project: Managing Agitation and Raising Quality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)</p>	3	£382,325	1	£152,189	£1,060,577
17		What are the benefits and limitations (physical, social, psychological) of providing artificial hydration and nutrition (for example, a drip) to patients at the end of life, including those with bowel obstruction? When should this be done?	1	£29,685	A cluster randomised trial of clinically-assisted hydration for cancer patients in the last days of life (feasibility study) (Royal Surrey County Hospital NHS Foundation Trust)	0	£0		5	£778,025	5	£259,578	£1,067,288
18		What are the best ways of managing cachexia (weight loss) in palliative care patients, including people with cancer or motor neurone disease (MND)?	2	£63,647	<p>Telehealth in Motor Neurone Disease (University of Sheffield)</p> <p>2011 AIIHPC Doctoral Fellowship: Developing a Cancer Cachexia Rehabilitation Intervention for People with Inoperable Advanced Non Small Cell Lung Cancer (Ulster University)</p>	2	£62,200	<p>Body composition and metabolic profile of children with end stage liver disease before and after liver transplant; relations with outcome and cell energy controlling metabolic pathways (King's College Hospital NHS Trust)</p> <p>Myosteatosis and muscle wasting in pancreatic cancer: murderer, mediator or mirror? (University of Edinburgh)</p>	3	£418,870	3	£312,782	£857,499
19		Is it ever necessary to withdraw food and water (non-artificial hydration/nutrition)?	0	£0		0	£0		2	£65,719	0	£0	£65,719

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20		Is there an appropriate time to withdraw artificial hydration and nutrition (for example, a drip) and how can this be done sensitively and consensually? What is the best way to communicate with the carers and family about this process?	0	£0		1	£18,475	Decision-making concerning eating and drinking for people with progressive neurological disease with and without decision-making capacity: patient, public, professional and family perspectives (University of Cambridge)	1	£47,244	2	£63,498	£129,217
21		What is the best diet for palliative care patients? For example can maintaining a healthy weight and eating fatty or protein-rich foods have an impact on their disease progression?	1	£39,116	Investigating and improving signs and symptoms of chronic kidney disease through a dietetic-led integrated model of care in older people nearing end stage renal disease with the aim of improving patient-centred and medical outcomes in a cost efficient manner (Imperial College Healthcare NHS Trust).	0	£0		5	£923,848	11	£1,838,766	£2,801,730
22		When should patients be (deeply) sedated? What are the benefits and limitations of sedation and what are the best ways of consulting patients, carers and families?	0	£0		0	£0		4	£173,983	1	£319,691	£493,674
23		What are the best treatments for nausea and vomiting (including for people with bowel obstruction and those having palliative chemotherapy)?	0	£0		1	£26,685	A cluster randomised trial of clinically-assisted hydration for cancer patients in the last days of life (feasibility study) (Royal Surrey County Hospital NHS Foundation Trust)	4	£455,512	1	£37,500	£519,697
24		How is incontinence best managed in people who are approaching the end of life (including those with Parkinson's disease)?	0	£0		2	£86,632	Managing Faecal Incontinence in people with advanced dementia resident in Care Homes a realist synthesis of the evidence (FINCH study) (University of Hertfordshire) ICONS: Identifying Continence Options after Stroke (Lancashire Teaching Hospitals NHS Foundation Trust)	1	£37,203	4	£167,694	£291,529
25		What are the best treatments for fluid retention in patients approaching the end of life?	0	£0		0	£0		0	£0	0	£0	£0
26		What are the best ways to prevent blood clots, deep vein thrombosis and pulmonary embolism for patients at the end of life? What is the role of low molecular weight heparin (LMWH)?	0	£0		1	£291,189	Improving the prevention and treatment of Venous Thromboembolism in Hospital and the Community (Birmingham Community Healthcare NHS Trust)	5	£1,134,520	1	£108,576	£1,534,285

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27		How are steroids best used in palliative care (dose, duration, etc) for patients with different conditions, including those with brain tumours?	0	£0		2	£84,190	CRUK/13/017: A randomized phase II trial of Hippocampal Sparing versus Conventional Whole Brain Radiotherapy after surgical resection or radiosurgery in favourable prognosis patients with 1-4 brain metastases (jointly funded with The Brain Tumour Charity) (UCL) CRUK/07/001: QUARTZ - A phase III multicentre randomised trial to assess dexamethasone +/- whole brain radiotherapy in patients with inoperable brain metastases from non-small cell lung cancer (UCL)	6	£857,404	7	£1,021,392	£1,962,986
28		What are the benefits and limitations of chemotherapy and radiotherapy for patients approaching the end of life, including those with brain tumours? How can healthcare professionals best communicate this?	0	£0		1	£95,853	CRUK/12/022: Alternative chemotherapy for frailer patients with advanced gastric or oesophageal cancer (GO-2) (University of Leeds)	14	£1,883,960	26	£4,247,867	£6,227,680
29		What are the best ways of managing constipation, including when caused by medication, such as opioids?	0	£0		1	£65,582	Self-Management of Analgesia and Related Treatments at the End of life (SMARTe) (University of Leeds)	0	£0	0	£0	£65,582
30		What are the benefits and limitations (physical, social, psychological) of blood transfusions at the end of life?	0	£0		0	£0		3	£144,960	1	£43,454	£188,414
31		What are the best ways to recognise and treat depression, anxiety and low mood in people who are dying? What are the pros and cons of different psychotherapeutic interventions, including drug therapies, and when is the best time to provide them?	2	£520,446	Getting down to coping' On-line self-management after treatment for prostate cancer: a feasibility study (Sussex Community NHS Trust) An Optimized Person Centred Intervention to Improve Mental Health and Reduce Antipsychotics amongst People with Dementia in Care Homes (Oxford Health NHS Foundation Trust)	7	£458,221	A pilot RCT of drug treatment for depression in patients undergoing Haemodialysis (East and North Hertfordshire NHS Trust) Screening for depression in South Asian patients with End Stage Renal Disease: An evaluation of the Beck Depression Inventory-II and the Patient Health Questionnaire-9 (East and North Hertfordshire NHS Trust) Individual Cognitive Stimulation Therapy for dementia (iCST Trial) (UCL) Behavioural Activation Therapy for Depression after Stroke (BEADS): A feasibility randomised controlled pilot trial of a psychological intervention for post-stroke depression (University of Nottingham) Exploring the cost effectiveness of mindfulness-based cognitive therapy for people living with cancer and their carers (University of Bangor) A randomised controlled trial to identify if cognitive behavioural therapy delivered by respiratory nurses reduces anxiety and depression in patients with chronic obstructive pulmonary disease. (Newcastle Upon Tyne Hospitals NHS Foundation Trust) The development of a telephone based therapy for people affected by primary and secondary progressive MS (King's College London)	25	£3,025,785	34	£5,624,513	£9,628,965

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32		What are the best ways to treat dry mouth in patients at the end of life, including medications and foods, such as pineapple?	1	£73,144	A salivary pacemaker in the treatment of radiation-induced xerostomia: a double-blind randomised controlled trial of a novel neuro-electrostimulator of salivary glands (University College London Hospitals NHS Foundation Trust)	0	£0		0	£0	1	£5,000	£78,144
33		What are the best ways to ensure that people with motor neurone disease (MND) receive essential care promptly on diagnosis, when is the best stage to transition to palliative care and when should a "just in case kit" be considered?	1	£1,667	Telehealth in Motor Neurone Disease (University of Sheffield)	1	£77,844	A Programme for ALS Care in Europe (ALS-CarE) (King's College London)	2	£294,184	2	£93,282	£466,977
34		What are the best models of palliative care for people who have learning difficulties?	0	£0		1	£90,000	Residential support workers meeting the health needs of older people with learning disabilities: An exploration of their developmental support needs (University of South Wales)	3	£426,985	4	£470,082	£987,067
35		What are the best models of palliative care for people who have mental health issues?	0	£0		1	£96,909	The metrics of person-centred care for older people: developing a new care quality measure for community mental health and social care services in later life. (University of Manchester)	4	£1,218,757	14	£2,097,473	£3,413,139
36		Does respite for people caring for a family member or friend who is dying benefit the patient's care and the quality of life for both the patient and carer? What is the best way to provide respite?	0	£0		0	£0		4	£403,642	2	£45,821	£449,463
37	Support: Carers and families	How can carers and families be encouraged to seek support for themselves at the right time?	1	£63,905	Trial to evaluate the impact of a Carer Support Needs Assessment Tool (CSNAT) intervention in hospice home care (Cambridgeshire Community Services NHS Trust)	4	£130,557	Family carers' perceptions of their educational needs when providing end-of-life care: a systematic review of qualitative research (University of York) A feasibility study of early identification, assessment and support for informal carers in primary care (University of Edinburgh) Cascading knowledge about end of life care at home: the development and piloting of a training programme for those who help carers and a carer resource pack (University of Nottingham) Supporting family carers to enable patient discharge from acute care at end of life: qualitative study with carers and professionals to adapt evidence-based carer assessment to acute care settings (University of Manchester)	11	£2,168,677	20	£2,275,827	£4,638,966

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38		What information and training do carers and families need to provide the best care for their loved one who is dying?	5	£265,383	4	£78,027	29	£3,906,124	30	£4,793,607								£9,044,141	
		A phase I-II feasibility trial of Cancer Carer Medicines Management (CCMM): an educational intervention for carer management of pain medication in cancer patients at end of life. (University of Southampton)																	
		A feasibility study of early identification, assessment and support for informal carers in primary care (University of Edinburgh)																	
		Cascading knowledge about end of life care at home: the development and piloting of a training programme for those who help carers and a carer resource pack (University of Nottingham)																	
		Trial to evaluate the impact of a Carer Support Needs Assessment Tool (CSNAT) intervention in hospice home care (Cambridgeshire Community Services NHS Trust)																	
		Community-based Volunteer-led Support for Family Caregivers Caring for a Relative or Friend with Palliative and/or End-of-Life Care Needs at Home (Co-Care) (University Hospital Southampton NHS Foundation Trust).																	
		Family carers' perceptions of their educational needs when providing end-of-life care: a systematic review of qualitative research (University of York)																	
		A study of quality of care needs for patients with idiopathic pulmonary fibrosis, and their carers, across disease trajectory (University of Wales, Cardiff)																	
		Supporting family carers to enable patient discharge from acute care at end of life: qualitative study with carers and professionals to adapt evidence-based carer assessment to acute care settings (University of Manchester)																	
		Carer involvement in the general hospital care of people with dementia: developing a framework for planning and implementing practices that meet the needs of patients, carers and staff. (University of Leeds)																	
39		Do people who are dying and their carers and families fare better if domestic support with shopping, washing up, laundry, etc, is provided?	0	£0	0	£0	0	£0	0	£0	1	£28,153						£28,153	
40		What are the benefits, and best ways, of ensuring patients, carers, families and friends are given privacy and not restricted in visiting hours when palliative care is given in a hospital, care home or hospice?	0	£0	0	£0	0	£0	0	£0	1	£44,106						£44,106	
41		What are the benefits of, and best approaches to, providing palliative care in care homes, including symptom relief, emotional and spiritual support for patients, carers and families?	0	£0	2	£243,476	9	£2,187,716	7	£633,243								£3,064,435	
42		Does practical advice for concerns about housing, finance and transport, etc, reduce anxiety for carers and families and increase their wellbeing?	0	£0	0	£0	3	£243,002	5	£561,447								£804,449	

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			Interventional	Amount		Direct	Amount		Indirect	Amount		Weak	Amount
43	Support: Bereavement	What are the best approaches to support carers and families of people at the end of life where there are substance and/or alcohol addiction and/or domestic violence issues?	0	£0		0	£0		3	£382,455	2	£600,422	£982,877
44		What are the best ways to support children and young people when someone close to them is dying or has died? This includes communicating with them about the diagnosis and dying process, enabling them to talk about their experience and providing bereavement support.	0	£0		0	£0		0	£0	0	£0	£0
45		What are the best ways and times to meet the emotional support needs of patients, carers and families, including one-on-one peer support, support groups and professional counselling?	1	£139,696	Establishing supportive care needs for frail elders and developing an intervention to address these in older adult acute medical settings. (King's College London)	1	£54,002	Behavioural Activation Therapy for Depression after Stroke (BEADS): A feasibility randomised controlled pilot trial of a psychological intervention for post-stroke depression (University of Nottingham)	11	£921,756	12	£1,772,173	£2,887,627
46		How can patients, carers and families be supported when the patient does not want their carers and families to know their prognosis?	0	£0		0	£0		0	£0	0	£0	£0
47		Should bereavement support be made available to all bereaved people and, if so, how? Should GPs or other professionals provide bereavement visits?	0	£0		0	£0		0	£0	0	£0	£0
48		How can the risk of intense and long-lasting grief best be assessed and treated? Can this be prevented through early bereavement support?	0	£0		0	£0		0	£0	3	£99,074	£99,074
49		What are the benefits of bereavement support, including preventing depression and other illness?	0	£0		0	£0		2	£125,635	2	£377,708	£503,343
50		When is the best time to introduce bereavement support, and for how long? Should it be offered before the death of a loved one? How can this support be catered to individual needs, including access to 24-hour support?	0	£0		0	£0		1	£3,789	0	£0	£3,789
51	Support: Training and staff support	What are the benefits of setting up universal training courses for volunteers, carers, families and complementary therapists who have regular contact with palliative care patients?	1	£45,821	Cascading knowledge about end of life care at home: the development and piloting of a training programme for those who help carers and a carer resource pack (University of Nottingham)	1	£36,687	ACCESSCare: Advanced Cancer Care Equality Strategy for Sexual minorities (King's College London)	5	£484,564	0	£0	£567,072

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			Amount	Grant Titles	Amount	Grant Titles	Amount				
52		Are hospices, hospitals and care homes providing adequate staff training to deliver specialist palliative care, and to what extent does funding affect this? How can high quality trained staff be ensured no matter where the care is being delivered?	1	£321,796	10	£1,092,692	19	£2,767,161	12	£1,137,324	£5,318,973
		Neighbourhoods and Dementia: A mixed methods study (University of Manchester)									
		Care and communication between health professionals and patients affected by severe or chronic illness in community care settings: A qualitative study of care at the end of life (University of Nottingham).									
		The experiences of community health professionals following their involvement in providing palliative care to a child with cancer within the family home (Birmingham Children's Hospital NHS Foundation Trust).									
		CAPE study. Community cAre Pathways at the End of life: mapping the pathways to improve care (NHS Cambridgeshire and Peterborough CCG).									
		Pain assessment and management for patients with advanced dementia nearing the end of life (Queen's University Belfast)									
		The Marie Curie Dementia Research Programme: developing an intervention to improve end of life care in advanced dementia (UCL)									
		Both sides of the fence: using action research to improve end of life care for prisoners (University of Lancaster)									
		ACCESSCare: Advanced Cancer Care Equality Strategy for Sexual minorities (King's College London)									
		Compassion By Design (Royal College of Art)									
		Evaluation of the MND awareness tool within primary care (University of Sheffield)									
		An investigation of the Hospital Elder Life Program (HELP) system of care in NHS acute trusts to prevent delirium (Bradford Teaching Hospitals NHS Foundation Trust)									
53		What are the benefits of all health and social care staff having training in bereavement awareness and support? Is this possible?	0	£0	0	£0	1	£30,082	0	£0	£30,082

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			Amount			Amount			Amount	Amount			
54	Service use: Care coordination	What are the best ways to facilitate communication across services and between healthcare professionals, including effective IT systems, team meetings and remote technology?	1	£4,988	The use of smartphone technology to reduce morbidity and mortality in ALS (Kings College London)	6	£464,649	<p>2012 AIIHPC Doctoral Fellowship: An organisational case study of transition to adult services by young people with life-limiting conditions in Ireland (Queen's University Belfast)</p> <p>Identifying patients who would benefit from palliative care, irrespective of diagnosis: the development and feasibility testing of a primary care-based intervention (University of Edinburgh)</p> <p>Both sides of the fence: using action research to improve end of life care for prisoners (University of Lancaster)</p> <p>The adaptation and validation of an assessment tool to identify the palliative care needs of people with irreversible idiopathic interstitial lung disease for use in every day clinical practice (De Montfort University)</p> <p>Improving health outcome for young people with long term conditions: the role of digital communication in current and future patient-clinician communication for NHS providers of specialist clinical services (The LYNCs study) (University of Warwick)</p> <p>Assisted Living Technologies for Older People at Home: creating a knowledge base for businesses and commissioners about falls and dementia patients (University of Leeds)</p>	10	£390,521	10	£1,169,721	£2,029,879
55		Since patients are often seen by a variety of professionals and services, would care improve if patients carried their own medical notes?	0	£0		1	£1,415	The Production And Self-Production Of Model Patients Through Health Information Technology (IT). (University of Sussex)	1	£297,663	3	£159,232	£458,310
56		What are the benefits of increasing the number of palliative clinical nurses/nurse specialists in hospitals, GP surgeries, nursing homes and other settings?	1	£37,066	Supportative Care in the Community for People Living with Advanced Liver Disease: a feasibility study (University of Edinburgh)	1	£68,119	Both sides of the fence: using action research to improve end of life care for prisoners (University of Lancaster)	8	£767,907	22	£2,366,567	£3,239,659
57		Who should be part of the care team (such as chaplains, occupational therapists, GPs, etc)?	1	£68,119	Both sides of the fence: using action research to improve end of life care for prisoners (University of Lancaster)	0	£0		6	£1,096,140	7	£1,961,509	£3,125,768

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58		When is it appropriate to receive care virtually (such as via Skype or video-phone calls)? What are the benefits and potential harms for patients, carers and families?	3	£89,263	<p>Community-based Volunteer-led Support for Family Caregivers Caring for a Relative or Friend with Palliative and/or End-of-Life Care Needs at Home (Co-Care) (University Hospital Southampton NHS Foundation Trust).</p> <p>Telehealth in Motor Neurone Disease: the TiM trial. A randomised controlled pilot study of the use of the TiM system to deliver highly specialised care to patients and carers of those living with motor neurone disease (University of Sheffiled).</p> <p>The use of smartphone technology to reduce morbidity and mortality in ALS (King's College London)</p>	8	£1,076,273	<p>Telehealth in Motor Neurone Disease (University of Sheffield)</p> <p>Development and pilot evaluation of a web-supported programme of Constraint Induced Therapy following stroke (LifeCIT) (Solent NHS Trust)</p> <p>Assisted Living Technologies for Older People at Home: creating a knowledge base for businesses and commissioners about falls and dementia patients (University of Leeds)</p> <p>MICA: Development of a software application for detection and monitoring of attentional deficits in delirium (University of Edinburgh)</p> <p>Open-architecture telehealth platform for COPD (University of Oxford).</p> <p>Open-architecture telehealth platform for COPD (University of Oxford).</p> <p>Home-based monitoring for the early detection of severe neutropenia in patients receiving chemotherapy to enable intervention and avoidance of adverse events (Philips Electronics UK Limited).</p> <p>Understanding the communication processes engaged in cancer telephone helpline work: A qualitative case study (University of Southampton)</p>	25	£3,750,475	18	£6,241,558	£11,157,569
59		What are the best ways to make sure there is continuity for patients at the end of life, in terms of the staff that they have contact with, and does this improve quality of palliative care? Would having a designated case coordinator improve this process?	0	£0		5	£528,015	<p>2012 AllHPC Doctoral Fellowship: An organisational case study of transition to adult services by young people with life-limiting conditions in Ireland (Queen's University Belfast)</p> <p>Carer and patient-led development of recommendations for people with dementia returning home from hospital: understanding what is important (University Hospitals Coventry and Warwickshire NHS Trust)</p> <p>Comorbidity and dementia: improving healthcare for people with dementia. (CoDem) (University of Hertfordshire)</p> <p>Optimal NHS service delivery to care homes: a realist evaluation of the features and mechanisms that support effective working for the continuing care of older people in residential settings (University of Hertfordshire)</p> <p>Enhanced integration of primary and secondary health systems and patient empowerment through improved continuity of patient care and clinical handover (University of Birmingham).</p>	6	£1,221,193	5	£1,019,637	£2,768,845
60		What are the best care packages for patients, carers, family and staff which combine healthcare and social care and take individual prognosis into consideration?	1	£180,104	<p>An evaluation of the effectiveness of care bundles as a means of improving hospital care and reducing hospital re-admission for patients with chronic obstructive pulmonary disease (COPD) (University of Bristol)</p>	3	£213,463	<p>Screening for depression in South Asian patients with End Stage Renal Disease: An evaluation of the Beck Depression Inventory-II and the Patient Health Questionnaire-9 (East and North Hertfordshire NHS Trust)</p> <p>Why do stroke patients not receive the recommended amount of therapy? (Bradford Teaching Hospitals NHS Foundation Trust)</p> <p>Comorbidity and dementia: improving healthcare for people with dementia. (CoDem) (University of Hertfordshire)</p>	16	£2,674,282	28	£3,948,895	£7,016,741

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			Amount	Amount		Amount	Amount		Amount	Amount			
61	Service use: Accessing services	Much palliative and end of life care is provided by charities. What are the benefits and risks of this and is it sustainable and efficient?	0	£0		3	£131,757	<p>Community-based Volunteer-led Support for Family Caregivers Caring for a Relative or Friend with Palliative and/or End-of-Life Care Needs at Home (Co-Care) (University Hospital Southampton NHS Foundation Trust).</p> <p>Service user feedback as a means of redeveloping a large scale survey instrument (University of Wales, Cardiff)</p> <p>Promoting informed decision making and effective communication through advance care planning for people living with dementia and their family carers (Queen's University Belfast)</p>	2	£355,114	3	£1,335,233	£1,822,104
62		Is there evidence that some volunteer services that provide support for patients, carers and families reduce the need for paid trained staff?	0	£0		3	£50,068	<p>Optimising palliative care for older people in the community: development and evaluation of a new short term collaborative service (King's College London)</p> <p>Community-based Volunteer-led Support for Family Caregivers Caring for a Relative or Friend with Palliative and/or End-of-Life Care Needs at Home (Co-Care) (University Hospital Southampton NHS Foundation Trust).</p> <p>Costs and effectiveness of UK palliative care day services: a three centre mixed methods study of impact upon patients and family carers (University of Ulster)</p>	6	£972,251	3	£559,650	£1,581,969
63		Do people at the end of life who receive support from volunteers, carers, family or friends, have better end of life experiences than those who do not?	0	£0		1	£52,469	<p>End of life care: the experiences and needs of lesbian, gay, bisexual and trans (LGBT) elders (University of Nottingham)</p>	3	£52,508	1	£308,611	£413,588
64		How can patients, carers and families easily access care services, equipment and statutory welfare benefits? How can people learn what resources are available and limit the time it takes to access these?	0	£0		1	£208,404	<p>Randomised controlled trial economic and process evaluation of domiciliary welfare rights advice for socio-economically disadvantaged older people recruited via primary health care (DO-WELL Trial) (University of Cambridge)</p>	0	£0	1	£1,667	£210,071
65		How can palliative care information and services be made more accessible to people whose first language is not English?	0	£0		1	£39,619	<p>Screening for depression in South Asian patients with End Stage Renal Disease: An evaluation of the Beck Depression Inventory-II and the Patient Health Questionnaire-9 (East and North Hertfordshire NHS Trust)</p>	1	£99,758	2	£44,436	£183,813

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66		How can access to palliative care services be improved for everyone regardless of where they are in the UK?	4	£528,256	<p>C-CHANGE: Delivering high quality and cost-effective care across the range of complexity for those with advanced conditions in the last year of life (King's College Hospital NHS Foundation Trust)</p> <p>A feasibility study of early identification, assessment and support for informal carers in primary care (University of Edinburgh)</p> <p>Both sides of the fence: using action research to improve end of life care for prisoners (University of Lancaster)</p> <p>Community-based Volunteer-led Support for Family Caregivers Caring for a Relative or Friend with Palliative and/or End-of-Life Care Needs at Home (Co-Care). (University Hospital Southampton NHS Foundation Trust)</p>	12	£1,387,084	<p>Identifying patients who would benefit from palliative care, irrespective of diagnosis: the development and feasibility testing of a primary care-based intervention (University of Edinburgh)</p> <p>End of life care in advanced Chronic Obstructive Pulmonary Disease (COPD): identifying, understanding and meeting the changing care and support needs of patients and their carers (University of Cambridge)</p> <p>Changing patterns of place of cancer deaths in children and young people, 1984-2010 (King's College London)</p> <p>Service user feedback as a means of redeveloping a large scale survey instrument (University of Wales, Cardiff)</p> <p>The effect of geography and socioeconomic status on health care costs at the end of life: implications for resource allocation and expenditure projections in (University of Glasgow)</p> <p>The MARQUE project: Managing Agitation and Raising QQuality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)</p> <p>The MARQUE project: Managing Agitation and Raising QQuality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)</p> <p>Trial to evaluate the impact of a Carer Support Needs Assessment Tool (CSNAT) intervention in hospice home care (Cambridgeshire Community Services NHS Trust)</p> <p>Telehealth in Motor Neurone Disease (University of Sheffield)</p> <p>Dementia and imagination: connecting communities and developing well-being through socially engaged visual arts practice (Bangor University)</p> <p>Getting down to coping' On-line self-management after treatment for prostate cancer: a feasibility study (Sussex Community NHS Trust)</p> <p>Improving access to high quality primary care for socio-economically disadvantaged older people in rural areas: a mixed method study (University of East Anglia)</p>	34	£4,209,251	41	£6,672,691	£12,797,282
67		What are the best ways of providing palliative care outside of 'working hours' to avoid crises and help patients to stay in their place of choice? This includes symptom management, counselling and advice, GP visits and 24-hour support, for patients, carers and families?	0	£0		4	£516,924	<p>Identifying patients who would benefit from palliative care, irrespective of diagnosis: the development and feasibility testing of a primary care-based intervention (University of Edinburgh)</p> <p>Randomised controlled trial of hospital at home compared to standard inpatient management of patients with an acute exacerbation of chronic obstructive pulmonary disease (AECOPD), triaged for hospital admission by Accident and Emergency and with low mortality risk according to the novel DECAF score. (Northumbria Healthcare NHS Foundation Trust)</p> <p>Mixed methods analysis of the London Hyperacute Stroke System: identifying lessons on 24/7 working (METRO-24/7) (University College London Hospitals NHS Foundation Trust)</p> <p>The future of 24/7 care: investigating the links between staffing levels patient access and inequalities in health outcomes (University of York)</p>	9	£1,037,800	0	£0	£1,554,724

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			Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount			
68		Are outcomes (for example, symptom control and incidental prolonging of life) better for terminally ill patients the sooner palliative care is introduced and services are accessed?	0	£0			3	£82,961			11	£1,422,954	17	£2,605,826	£4,111,741
69		How can people who live alone and do not have friends or family nearby receive adequate palliative care, particularly if they wish to stay in their homes?	0	£0			0	£0			1	£17,731	0	£0	£17,731

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70	Service use: Place and type of care	What are the best ways to begin and deliver palliative care for patients with non-cancer diseases (such as chronic obstructive pulmonary disease (COPD), heart failure, motor neurone disease (MND), AIDS, multiple sclerosis, Crohn's disease and stroke)?	1	£95,581	Phase 2 randomised trial of early versus delayed future care planning for patients with advanced heart disease (University of Edinburgh)	13	£1,762,238	<p>Understanding the experiences and multi-dimensional needs of people with major stroke: a mixed methods study (University of Edinburgh)</p> <p>Deciding not to dialyse in advanced chronic kidney disease - Health related quality of life, decision making, costs and impact on carers (Queen's University Belfast)</p> <p>A study of quality of care needs for patients with idiopathic pulmonary fibrosis, and their carers, across disease trajectory (University of Wales, Cardiff)</p> <p>Identifying patients who would benefit from palliative care, irrespective of diagnosis: the development and feasibility testing of a primary care-based intervention (University of Edinburgh)</p> <p>End of life care in advanced Chronic Obstructive Pulmonary Disease (COPD): identifying, understanding and meeting the changing care and support needs of patients and their carers (University of Cambridge)</p> <p>Initiating End of Life Care in Stroke: clinical decision-making around prognosis (University of Wales, Bangor)</p> <p>The adaptation and validation of an assessment tool to identify the palliative care needs of people with irreversible idiopathic interstitial lung disease for use in every day clinical practice (De Montfort University)</p> <p>A Programme for ALS Care in Europe (ALS-CarE) (King's College London)</p> <p>The MARQUE project: Managing Agitation and Raising Quality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)</p> <p>The MARQUE project: Managing Agitation and Raising Quality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)</p> <p>EFFECTIVE HOME SUPPORT IN DEMENTIA CARE: COMPONENTS, IMPACT AND COSTS OF TERTIARY PREVENTION (Pennine Care NHS Foundation Trust)</p> <p>Using Conversation Analysis in the Differential Diagnosis of Memory Problems: a pilot study (Sheffield Teaching Hospitals NHS Foundation Trust)</p> <p>Promoting Effective And Rapid Stroke care (PEARS) (Newcastle Upon Tyne Hospitals NHS Foundation Trust)</p> <p>Palliative care needs in patients with heart failure (University of Glasgow)</p>	47	£4,012,526	29	£5,690,385	£11,560,730
		Does earlier palliative intervention for patients with chronic obstructive pulmonary disease (COPD) improve quality of life? When is the right time to intervene to improve understanding of prognosis, exercise tolerance, overall progression and access to pulmonary rehabilitation?	1	£190,082	Trajectories in advanced chronic obstructive pulmonary disease (COPD): determining a new paradigm for the care and support of patients and their informal carers at the end of life. (University of Cambridge)	3	£287,007	<p>COPD in primary care: from case finding to improving patient outcomes (Birmingham Community Healthcare NHS Trust)</p> <p>Longitudinal determination of the role of inactivity in skeletal muscle dysfunction in individuals with chronic obstructive pulmonary disease (Cambridge University Hospitals NHS Foundation Trust)</p> <p>A randomised placebo-controlled trial investigating the effect of bilateral quadriceps neuromuscular electrical stimulation on exercise capacity in patients with severe COPD. (King's College London)</p>	18	£2,880,005	22	£2,809,807	£6,166,901

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			Amount		Amount		Amount					
72		What are the core palliative care services that should be provided no matter what the patients' diagnosis are?	0		5	<p>CAPE study. Community cAre Pathways at the End of life: mapping the pathways to improve care. (NHS Cambridgeshire and Peterborough CCG)</p> <p>C-CHANGE: Delivering high quality and cost-effective care across the range of complexity for those with advanced conditions in the last year of life (King's College Hospital NHS Foundation Trust)</p> <p>Identifying patients who would benefit from palliative care, irrespective of diagnosis: the development and feasibility testing of a primary care-based intervention (University of Edinburgh)</p> <p>BRIGHTLIGHT on End of Life care for young adults – what do young adults and their families need and how can it best be delivered? (UCL)</p> <p>Costs and effectiveness of UK palliative care day services: a three centre mixed methods study of impact upon patients and family carers (Ulster University)</p>	17	£628,219	£2,293,817	9	£1,441,011	£4,363,047
73		What are the benefits for patients, carers and families of day hospices and day therapies such as complementary therapies, rehabilitation and physical exercise? Do they help people stay more independent? When are the best times to refer palliative patients to these services and who benefits most?	0		8	<p>Costs and effectiveness of UK palliative care day services: a three centre mixed methods study of impact upon patients and family carers (Ulster University)</p> <p>Dementia and imagination: connecting communities and developing well-being through socially engaged visual arts practice (Bangor University)</p> <p>"Physical activity for non-ambulatory stroke survivors living at home: developing a feasible and acceptable intervention" (Glasgow Caledonian)</p> <p>PRIDE - Promoting Independence in Dementia (UCL)</p> <p>Clinical and cost effectiveness of physiotherapy and occupational therapy versus no therapy in mild to moderate Parkinson's disease: a large pragmatic randomised controlled trial (PD REHAB) (University of Birmingham)</p> <p>What is the clinical and cost-effectiveness, and acceptability, of Wii Sports for improving dominant arm function after stroke? (Royal Cornwall Hospitals NHS Trust)</p> <p>The delivery of chemotherapy at home: an evidence synthesis (University of York)</p> <p>Development and preliminary testing of strategies to enhance routine physical activity in care homes) (Bradford Teaching Hospitals NHS Foundation Trust)</p>	17	£1,520,480	£2,111,189	26	£3,330,556	£6,962,225

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74		What are the benefits, and best ways, of providing care in the patient's home and how can home care be maintained as long as possible? Does good coordination of services affect this?	1	£45,820	Cascading knowledge about end of life care at home: the development and piloting of a training programme for those who help carers and a carer resource pack (University of Nottingham)	10	£1,520,096	<p>Development and Evaluation of an Intervention to Assist Lay Carers to Provide Physical Care to Family Members with Cancer at End-of-Life (NHS Central Manchester CCG)</p> <p>Improving the Management of Pain from Advanced Cancer in the Community (IMPACCT) (Leeds Teaching Hospitals NHS Trust)</p> <p>Exploration of factors associated with place of care and place of death in patients with haematological malignancies (University of York)</p> <p>Trial to evaluate the impact of a Carer Support Needs Assessment Tool (CSNAT) intervention in hospice home care (Cambridgeshire Community Services NHS Trust)</p> <p>Randomised controlled trial of hospital at home compared to standard inpatient management of patients with an acute exacerbation of chronic obstructive pulmonary disease (AECOPD), triaged for hospital admission by Accident and Emergency and with low mortality risk according to the novel DECAF score. (Northumbria Healthcare NHS Foundation Trust)</p> <p>Telehealth in Motor Neurone Disease: the TiM trial. A randomised controlled pilot study of the use of the TiM system to deliver highly specialised care to patients and carers of those living with motor neurone disease. (University of Sheffield)</p> <p>Assistive Technology and Telecare to maintain Independent Living At home for people with dementia: The ATTILA Trial (South London and Maudsley NHS Foundation Trust)</p> <p>Behavioural Activation Therapy for Depression after Stroke (BEADS): A feasibility randomised controlled pilot trial of a psychological intervention for post-stroke depression (University of Nottingham)</p> <p>A multi-centre randomised controlled trial of Comprehensive Geriatric Assessment in an admission avoidance hospital at home setting (University of Oxford)</p> <p>The delivery of chemotherapy at home: an evidence synthesis (University of Sheffield)</p>	21	£3,872,404	13	£1,274,635	£6,712,955
75		What are the pros and cons of receiving palliative care in different environments, including at home, in a hospice, hospital or care home? Are there certain people and conditions that each are best for?	0	£0		6	£750,107	<p>CAPE study. Community cAre Pathways at the End of life: mapping the pathways to improve care. (NHS Cambridgeshire and Peterborough CCG)</p> <p>The Marie Curie Dementia Research Programme: developing an intervention to improve end of life care in advanced dementia (UCL)</p> <p>Exploration of factors associated with place of care and place of death in patients with haematological malignancies (University of York)</p> <p>Advance Decisions: Informing implementation strategies through interdisciplinary and cross-national dialogue (University of York)</p> <p>A study to understand and optimise community hospital ward care in the NHS (University of Leeds)</p> <p>Evaluation of patient preferences for and cost effectiveness of community intravenous antibiotic services (Leeds Teaching Hospitals NHS Trust)</p>	19	£3,310,742	14	£3,026,819	£7,087,668

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			Interventional	Amount		Direct	Amount		Indirect	Amount		Weak	Amount
76		What are the best models of palliative care in an acute setting, such as a hospital?	0	£0		4	£557,499	<p>Palliative care needs in patients with heart failure (University of Glasgow)</p> <p>Improving the acute hospital care experience from admission through to discharge for older patients with cognitive impairment and their carers / families. (Norfolk and Norwich University Hospitals NHS Foundation Trust)</p> <p>An investigation of the Hospital Elder Life Program (HELP) system of care in NHS acute trusts to prevent delirium (Bradford Teaching Hospitals NHS Foundation Trust)</p> <p>MICA: Development of a software application for detection and monitoring of attentional deficits in delirium (University of Edinburgh)</p>	22	£3,708,287	34	£3,778,822	£8,044,608
77		How can the spiritual support needs of palliative care patients and their carers and families best be met in a way that is appropriate for people of different religions and people who are not religious?	0	£0		1	£12,955	The Influence of Faith and Belief on the Formulation, Content and Operation of Health Law in the United Kingdom (De Montfort University)	2	£31,828	1	£10,416	£55,199
78		Are some palliative care approaches better than others (eg holistic support, coordinated care, nurse-led care, early intervention) and for whom?	1	£37,066	Supportative Care in the Community for People Living with Advanced Liver Disease: a feasibility study (University of Edinburgh)	5	£478,209	<p>A MULTICENTRE NON-BLINDED RANDOMISED CONTROLLED TRIAL TO ASSESS THE IMPACT OF REGULAR EARLY SPECIALIST PALLIATIVE CARE TREATMENT ON QUALITY OF LIFE IN MALIGNANT MESOTHELIOMA – ‘RESPECT-MESO’ (Queen Alexandra Hospital)</p> <p>Investigating and improving signs and symptoms of chronic kidney disease through a dietetic-led integrated model of care in older people nearing end stage renal disease with the aim of improving patient-centred and medical outcomes in a cost efficient manner. (Imperial College Healthcare NHS Trust)</p> <p>Does early referral of patients with metastatic non-small cell lung cancer to UK specialist palliative care services make a difference in their quality of life or survival? Acronym: SPECIAL (Standard or Palliative Care In Advanced Lung cancer) (University of Sheffield)</p> <p>PATHWAYS: Pulmonary Arterial Hypertension - Workings with Anxiety and Stress. A randomised pilot study (University Hospitals Bristol NHS Foundation Trust)</p> <p>Telehealth in Motor Neurone Disease (University of Sheffield)</p>	10	£1,229,762	6	£472,860	£2,217,897

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			Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount			
79		What are the benefits of occupational, beauty and diversion therapies (such as mindfulness, meditation, art, dance and gardening) for palliative care patients? How and where are these best provided?	0	£0			11	£1,090,556	<p>"Does a breathlessness intervention service ('CBIS') reduce stress significantly more than usual care in breathless patients with advanced non-malignant disease and their carers? A phase II feasibility study." (Cambridge University Hospitals NHS Foundation Trust)</p> <p>'New Thinking on Living with Dying': Research Network (University of Liverpool)</p> <p>Why do stroke patients not receive the recommended amount of therapy? (Bradford Teaching Hospitals NHS Foundation Trust)</p> <p>Dementia and imagination: connecting communities and developing well-being through socially engaged visual arts practice (Bangor University)</p> <p>The arts in dementia care - A Critical Review of cultural and arts practices in dementia care in the UK (University of the Arts London)</p> <p>Individual Cognitive Stimulation Therapy for dementia (iCST Trial) (UCL)</p> <p>A feasibility study of a randomised controlled trial of an Arts for Health group intervention to support self-confidence and psychological wellbeing following a stroke. (Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust)</p> <p>The development of a telephone based therapy for people affected by primary and secondary progressive MS (King's College London)</p> <p>Can an arts based creative engagement intervention following stroke improve psychosocial outcomes? A feasibility trial of a creative engagement intervention for in-patient rehabilitation. (University of Dundee)</p> <p>Can an occupational therapy intervention increase independence in activities of daily living in people who use homecare reablement services (University of Nottingham)</p> <p>Music for the brain: Music and mindfulness intervention for the improvement of cognition and mood after stroke. (University of Glasgow)</p>	7	£722,794	15	£2,564,341	£4,377,691	
80		What are the benefits of alternative therapies (such as homeopathy) or complementary therapies (such as acupuncture) for palliative care patients? How and where are these best provided?	0	£0			0	£0			3	£582,325	4	£862,789	£1,445,114

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81	Understanding Dying	How can we best determine a person's palliative care needs, particularly for patients with noncancer diseases such as motor neurone disease (MND), Parkinson's disease, dementia and heart failure?	6	£758,347	<p>Understanding the experiences and multi-dimensional needs of people with major stroke: a mixed methods study (University of Edinburgh)</p> <p>Pain assessment and management for patients with advanced dementia nearing the end of life (Queen's University Belfast)</p> <p>The Marie Curie Dementia Research Programme: developing an intervention to improve end of life care in advanced dementia (UCL)</p> <p>End of life care in advanced Chronic Obstructive Pulmonary Disease (COPD): identifying, understanding and meeting the changing care and support needs of patients and their carers (University of Cambridge)</p> <p>Assessing palliative care needs in Parkinson's Disease: Developing a needs assessment tool (University of Hull)</p> <p>Phase 2 randomised trial of early versus delayed future care planning for patients with advanced heart disease (University of Edinburgh)</p>	25	£3,548,693	<p>Palliative care needs in patients with heart failure (University of Glasgow)</p> <p>Deciding not to dialyse in advanced chronic kidney disease - Health related quality of life, decision making, costs and impact on carers (Queen's University Belfast)</p> <p>Supporting Excellence in End of life care in Dementia (SEED programme) (Northumbria Healthcare NHS Foundation Trust)</p> <p>C-CHANGE: Delivering high quality and cost-effective care across the range of complexity for those with advanced conditions in the last year of life (King's College Hospital NHS Foundation Trust)</p> <p>A study of quality of care needs for patients with idiopathic pulmonary fibrosis, and their carers, across disease trajectory (University of Wales, Cardiff)</p> <p>Identifying patients who would benefit from palliative care, irrespective of diagnosis: the development and feasibility testing of a primary care-based intervention (University of Edinburgh)</p> <p>Initiating End of Life Care in Stroke: clinical decision-making around prognosis (University of Wales, Bangor)</p> <p>The adaptation and validation of an assessment tool to identify the palliative care needs of people with irreversible idiopathic interstitial lung disease for use in every day clinical practice (De Montfort University)</p> <p>Evaluation of the clinical and cost-effectiveness of Short-term Integrated Palliative Care Services (SIPC) to OPTimise CARE for people with advanced longterm Neurological conditions (OPTCARE Neuro) (King's College London)</p> <p>A Programme for ALS Care in Europe (ALS-CarE) (King's College London)</p> <p>The MARQUE project: Managing Agitation and Raising QQuality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)</p> <p>The MARQUE project: Managing Agitation and Raising QQuality of Life. A project to improve quality of life in people with moderate or severe dementia (UCL)</p> <p>COPD in primary care: from case finding to improving patient outcomes (Birmingham Community Healthcare NHS Trust)</p> <p>Care for Late Stage Parkinsonism (UCL)</p> <p>Why do stroke patients not receive the recommended amount of therapy? (Bradford Teaching Hospitals NHS Foundation Trust)</p> <p>EFFECTIVE HOME SUPPORT IN DEMENTIA CARE: COMPONENTS, IMPACT AND COSTS OF TERTIARY PREVENTION (Pennine Care NHS Foundation Trust)</p> <p>Carer and patient-led development of recommendations for people with dementia returning home from hospital: understanding what is important (University Hospitals Coventry and Warwickshire NHS Trust)</p>	93	£12,977,642	72	£8,589,421	£25,874,103

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81								<p>Dementia and imagination: connecting communities and developing well-being through socially engaged visual arts practice (Bangor University)</p> <p>Risk Communication in Dementia Care (Ulster University)</p> <p>2012 Doctoral Fellowship: Deactivation of Implantable Cardioverter Defibrillators at end of life: An exploratory study of heart failure patients', carers' and healthcare Prof.essionals' perspectives (Ulster University)</p> <p>Psychosocial Therapy to Benefit Patients with Parkinson's-related Dementia: A Feasibility and Exploratory Pilot Study (ManchesterMental Health and Social Care Trust)</p> <p>Telehealth in Motor Neurone Disease: the TiM trial. A randomised controlled pilot study of the use of the TiM system to deliver highly specialised care to patients and carers of those living with motor neurone disease. (University of Sheffield)</p> <p>A randomised controlled trial in patients with respotory muscle weakness due to MND of the NeuRX RA/4 diaphragm pacing trial (University of Sheffield)</p> <p>Decision-making concerning eating and drinking for people with progressive neurological disease with and without decision-making capacity: patient, public, professional and family perspectives (University of Cambridge)</p> <p>The use of smartphone technology to reduce morbidity and mortality in ALS (King's College London)</p>					

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			Amount	Amount		Amount	Amount		Amount	Amount			
82		Do people with various types of terminal cancer have different palliative care needs? If so, what are the best ways of managing their symptoms?	0	£0		8	£786,843	<p>A MULTICENTRE NON-BLINDED RANDOMISED CONTROLLED TRIAL TO ASSESS THE IMPACT OF REGULAR EARLY SPECIALIST PALLIATIVE CARE TREATMENT ON QUALITY OF LIFE IN MALIGNANT MESOTHELIOMA – ‘RESPECT-MESO’ (Queen Alexandra Hospital)</p> <p>C-CHANGE: Delivering high quality and cost-effective care across the range of complexity for those with advanced conditions in the last year of life (King’s College Hospital NHS Foundation Trust)</p> <p>A study of quality of care needs for patients with idiopathic pulmonary fibrosis, and their carers, across disease trajectory (University of Wales, Cardiff)</p> <p>Pilot feasibility randomised trial of a novel non-pharmacological intervention for the management of the respiratory distress symptom cluster (breathlessness, cough, fatigue) in patients with advanced lung cancer (University of Manchester)</p> <p>BRIGHTLIGHT on End of Life care for young adults – what do young adults and their families need and how can it best be delivered? (UCL)</p> <p>Changing patterns of place of cancer deaths in children and young people, 1984-2010 (King’s College London)</p> <p>ACCESSCare: Advanced Cancer Care Equality Strategy for Sexual minorities (King’s College London)</p> <p>Resources for Living (R4L) Pilot: Exploring the Potential of Progressive Cuisine for Quality of Life Improvement for Head and Neck Cancer Survivors (Newcastle Upon Tyne Hospitals NHS Foundation Trust)</p>	26	£4,228,216	15	£2,223,735	£7,238,794
83		What are the signs that a person will die in the next few days and how can detection of these signs be improved? How can families be made aware?	0	£0		1	£67,946	<p>Initiating End of Life Care in Stroke: clinical decision-making around prognosis (University of Bangor, Wales)</p>	0	£0	1	£47,244	£115,190

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