NHS
Gloucestershire
Integrated Care Board

NHS
Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

Research Capability Funding (RCF)

Responsive Call
NIHR Grant Preparation
(Type 2)

Supporting research in primary care, community care, public health & social care

Guidance for Applicants

Version: Autumn 2026-2027

One Gloucestershire
Transforming Care, Transforming Communities

Healthier Together

Contents

The Responsive call

There will be three Responsive call reviews per year, January, June and October. Exact dates will be advertised on the ICB website.

There are two "*types*" of Research Capability Funding (RCF) on offer in our Responsive call.

Early Ideas (Type 1) RCF awards have a set award of £3,000 intended to **explore a topic area** with all relevant people (stakeholders) and to co-design a specific research question. It is paramount that the population with lived experience are involved in the very start of research question development, in research design, and throughout delivery.

NIHR Grant Preparation (Type 2) RCF awards have an upper limit of £20,000 which can be used to **develop a specific research question into a National Institute for Health and Care Research (NIHR) grant application**. Unfortunately, this does not include Fellowships, but we have other RCF schemes to support this activity.

We expect a Type 2 application to have a clear research question already defined and already having considerable PPIE involvement. If this is not the case, please consider applying for Early Ideas (Type 1) funding.

We encourage Service Led collaborations and Type 2 applications that are 'service led' can apply for additional funding up to £10,000. This is because ideas from health and care service colleagues require more time for academic colleagues to familiarise themselves in the topic and establish a viable academic team.

We define service-led research ideas as ideas that originate directly from frontline service staff, such as those in provider services and health and care planners, rather than being generated by colleagues with an academic role. These ideas are rooted in the practical experiences and needs observed by those directly involved in delivering or designing services, aiming to address real-world challenges and improve service delivery.

Please note that this is a competitive process with limited funds available.

Themed Call

The ICB research aim is to support *health and care research that makes a difference to those who need it most*. We have a research strategy that aims to bring research resources (academic skills and funding) to areas of high need within our Integrated Care System (ICS). To support this aim and our strategy, the ICB will invite applications to develop research in areas of high priority to the ICS through **Themed Calls**.

Information on the current Themed Call will be available on the ICB's Research Capability Funding webpage. The submission dates and review process will be the same as the Responsive Call.

The highest scoring application that responds to the Themed Call will be prioritised for funding before all other applications deemed fundable by the panel are prioritised for funding through their scores. This may result in a Themed Call application being awarded funding when other applications scored higher but are unsuccessful.

Themed calls will be determined by the ICB Research Team, based on the needs of our population and our current portfolio of research and improvement projects.

NIHR Grant Preparation (Type 2) RCF

The expectations on recipients of Type 2 awards are to write and submit a research grant application to the NIHR with NHS Gloucestershire and Bristol, North Somerset and South Gloucestershire Integrated Care Board (G+BNSSG ICB) named as the Host (contracting organisation) of the research.

Type 2 awards are intended to support research development activities, and to apply for external NIHR funding to undertake actual/significant research activities. It is not intended that RCF will fund research projects.

Budget

Applications can seek up to £20,000 for Type 2 awards, and should the project be service led (as defined above on page 3) applicants can apply for additional funds up to £10,000. **A note to applicants**: budget limits are not a target to aim for, they are based on reasonable expectations of need to help applicants scale their ambitions for the RCF work, so all work should be costed in line with planned activity.

RCF funds **development work of research applications**. If the activities you have planned would cost above the expected budget limit, it is likely that RCF is not the right funding source for you, and that RfPB or RPSC would be more suited (RCF can be sought to apply for the RfPB/RPSC, and we would be pleased to receive applications of this nature). Further guidance on NIHR funding streams can be found here.

Legitimate Activities

All Type 2 awards should include the time required to write an NIHR grant application. However, to turn an idea for a research project into a viable grant application to the NIHR, some preliminary work may be required, e.g.:

- Piloting local data collection*
- Analysis of local data*
- Stakeholder meetings
- Interviews with patients, clinicians and commissioners
- Patient and Public Involvement and Engagement (PPIE) work
- Workshops with collaborators.

*Please let us know if you already have access to data or need access to system data.

Application Form

The application form can be found on our website. Word limits are provided in the application form, any wording beyond the stated word limit will not be considered as part of the application.

The **NIHR Grant Preparation (Type 2)** RCF application form asks applicants to explain:

Element	Why we ask, and what the panel are looking for
1. Project details	• Check the Applicant works for an appropriate organisation to receive our RCF (e.g. NHS, HEI, Local Authority, provider of health &/or care services, VCSEs commissioned to deliver services within our ICS), and to log details of the plan for NIHR submission. • Check if the application requires access to health and care system data • Check if the application is service led. *Service-led research ideas originate directly from frontline service staff, such as those in provider services and health and care planners, rather than being generated by colleagues with an academic role. These ideas are rooted in the practical experiences and needs observed by those directly involved in delivering or designing services, aiming to address real-world challenges and improve service delivery.* • Check if the application focuses on the ICB's themed call. *To find out more about the ICB's themed call and the priority research areas it aims to support, please visit our website.*

2. The project title	If awarded, this title will be used on the ICB website alongside the Plain English Summary.
3. Plain English summary • *What is the problem? Background of the health or care topic, and justification for the Department of Health and Social Care (DHSC) funding being invested in this project. Please mention if your work is aligned with a published local or national priority area for a health or care organisation. ICB Priorities can be found on page 13 of this document* • *Describe the work to be undertaken for the RCF? Explain the work you will undertake using RCF to develop a strong NIHR application* • *Describe the work to be undertaken for the intended NIHR funded project? Explain the current plan for the future NIHR funded research*	This is a key part of the application for the reviewers to understand the project. Please use the subheadings provided in the application form. For all awarded applications, we will transfer this information on to our website. This is to show internal and external audiences the projects we support with RCF.
4. Please explain/describe the work you plan to undertake within the RCF project. *Please describe the work you plan to undertake as part of the Type 2 project, including an outline of the proposed methodology and how Patient and Public Involvement (PPI) will be incorporated.* *Please justify which people, groups or communities you are working with, or plan to work with, to develop the research, and why they are most important for your research aims.*	This is a key part of the application, as it helps the panel understand how the project will address health inequalities and provides the rationale for the proposed methodology and why it has been selected.
5. ***Where & how will your NIHR Project make a difference?*** *Considering how the evidence will be used to make changes will help make sure the research is designed appropriately. E.g. if you are trying to improve service user experience in a complex*	Considering how the evidence will be used in order to make changes and improvements will help make sure the research is designed appropriately.

environment the evidence users may appreciate Realist evidence, whereas a Randomised Controlled Trial might be required if change would only come through updates to NICE guidelines	Please use the subheadings provided in the application form. Different types of evidence are more or less impactful in different situations. There is a hierarchy of evidence, and an established belief that the higher the evidence type within the hierarchy (Randomised Controlled Trials (RCTs) are 'above' qualitative research) the more useful the evidence will be. But that is not the case in practice. If introducing a new medicinal product, then multiple RCTs systematically reviewed would be required for BNF and NICE approval, prior to changing practice. However, these methods are not only very expensive, they do not produce evidence that is as helpful as qualitative and/or Realist Evaluation methods for decision makers commissioning in a complex health system. Be sure to explore different methods when designing your research and have the end user of the evidence in mind, tailoring the methods to meet their needs.
6. Explain how you have and will work with CORE20PLUS populations throughout your research project. *CORE20PLUS are the people living in the 20% most disadvantaged groups, ethnically minoritised communities, people with learning disabilities and autistic people (Please note CORE20PLUS is not one community).* *Please indicate which communities you are working with during your RCF and NIHR project and why you are working with those communities.* *G + BNSSG ICB is committed to reducing inequalities in access, experience and health outcomes. The research we support should aim to*	This question refers to both the Type 2 and NIHR Project. Please use the subheadings provided in the application form. Research is the ideal tool for tackling difficult and long-standing challenges, and for providing evidence on what the future of health and care delivery should/could be. The future health and care sector needs to improve services for those populations who have been under-served by current and historical systems. With that in mind, the ICB has a clear ambition that all research development supported by the ICB should aim to work

contribute to these efforts. Please see the guide for Increasing Diversity in Research Participation here.	with under-served populations throughout design and delivery of research. G+BNSSG has a wide variety of communities, with obvious inequality. See here for detailed insight into our population. If the application intends to focus on specific populations, the rationale for this focus should be clearly articulated here. For Equity provide more information and practical help. Please see part one and part two of the NIHR guidance when interpreters and/or translation is required. Please see the PRO EDI guide to help improve how equity, diversity and inclusion are managed in trials and evidence synthesis G+BNSSG ICB is the proud lead of a Research Engagement Network aimed to increase diversity of participants in health and care research. Please see a guide for increasing diversity in research here. Independent Patient and Public Involvement (PPI) members and reviewers assessing the projects' impact on Health Inequalities will assess this section. For any support, please contact bnssg.research@nhs.net. The ICB Research Team can facilitate contact with community groups across G+BNSSG if you need help.
7. **Describe the cultural and/or language barriers (including health literacy) that might affect equitable access to the research and its**	This question refers to both the Type 2 and NIHR Project. People with protected characteristics often experience barriers to access for example

outcomes, and mitigations that will be embedded in your RCF and NIHR Project. *G+BNSSG ICB is committed to reducing inequalities in access, experience and health outcomes. Our long-term ambition is for the research supported by G+BNSSG ICB to over-recruit research participants from CORE20PLUS populations within G+BNSSG.* *How will you make sure that the eventual NIHR project can contribute to this ambition? Please include barriers to inclusion and the methods you will take to mitigate these***.**	cultural and language barriers can impede accessibility to research and innovation in diverse populations where health literacy levels, language differences, and cultural perceptions of healthcare vary widely. G+BNSSG ICB is committed to reducing inequalities in access, experience and health outcomes. The research we support should aim to contribute to these efforts. Please describe barriers you have identified and your plans to address these barriers. By prioritising these strategies, researchers can reduce barriers and foster equitable access, ensuring that the innovation benefits all segments of society, especially those traditionally marginalised. Our aim is *research that makes a difference to those who need it most*. To achieve this aim, research needs to be inclusive of those people with the greatest needs. Consistently those same people are excluded from research. The ICB aims to over-represent those with the greatest needs in research is to help us gather evidence of improvements that do actually help those people with the greatest needs. The NIHR are very strong on their ambition to fund inclusive research practice. For any support, please contact bnssg.research@nhs.net.
8. Existing Collaborators	The panel want to ensure that RCF is invested in projects that are viable, and having a strong team of collaborators is vital for success with the NIHR. If you don't have many collaborators yet, the next section is where you can include plans for

	which roles you would hope to bring in during the RCF period. For the application to be eligible, the ICB expects that the application has collaboration which includes: • Academic Partners • Health and/or Care System Partners Please also list existing BNSSG Diverse Research Engagement Networks (REN)* and GPs at the Deep End Bristol Network* partners in this section.
9. Future Collaborators	The panel and ICB Research Team aim to support applicants identify collaborators that could strengthen an NIHR application. We have an extensive network of colleagues across health & care commissioning, delivery and research, as well as access to health & care system PPI groups.
10. Health inequalities expertise	A combination of experience and training in health inequalities will allow research teams to effectively engage underserved populations and address health inequities throughout research projects. Please provide details on the team's experience and training with health inequalities. This could include: • Training in cultural competence, health literacy, and inclusive research methodologies. • Team members may have successfully conducted projects that emphasize equitable access to healthcare innovations, demonstrating their commitment to reducing disparities and promoting inclusivity in health outcomes.

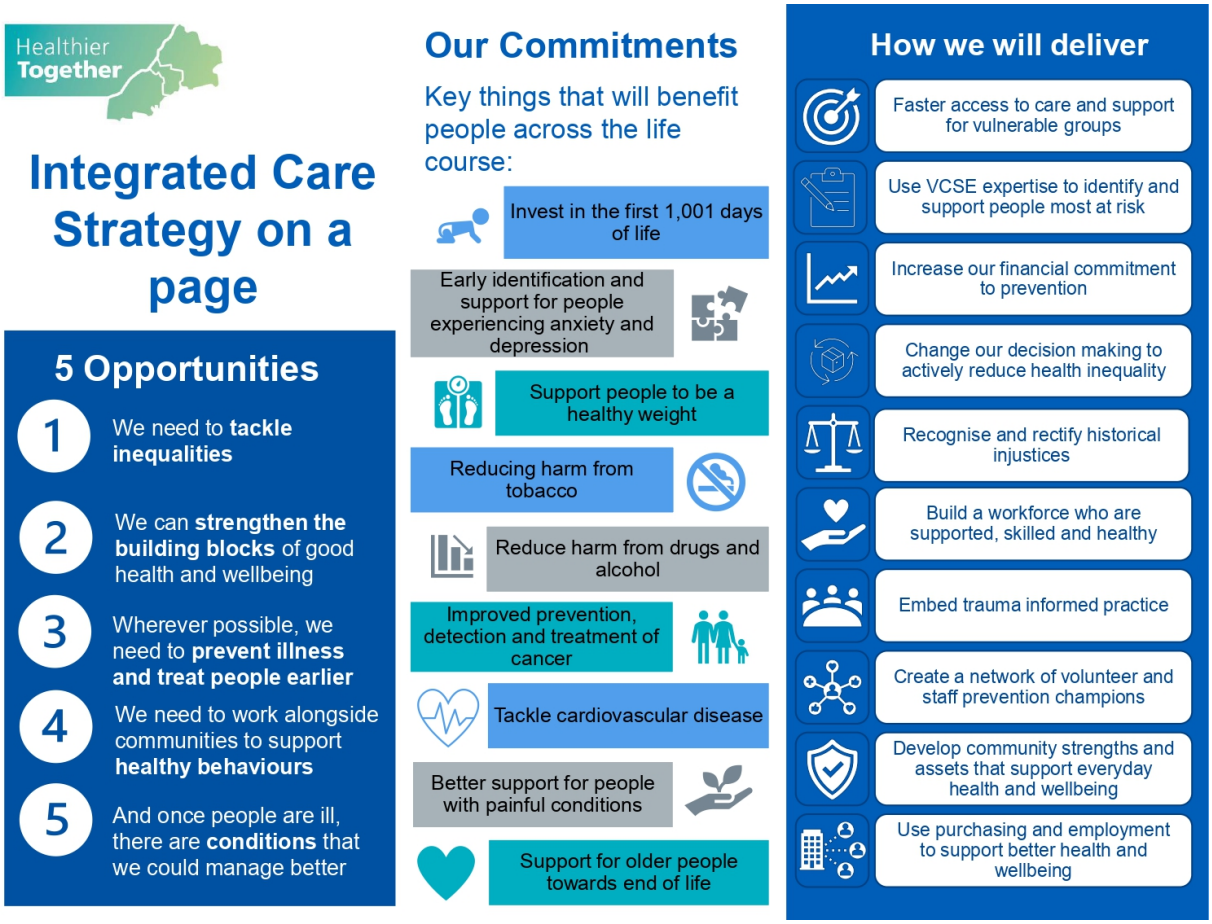
	• The research team may include members with “lived experience”.
11. **Budget for your RCF work**	Based on previous awards activities we commonly fund with RCF are: • Grant application preparation and writing. • Patient & Public Involvement (including translation). • Consumables, travel, transcription, etc. • Rapid literature review . • Stakeholder engagement . • Pilot aspects of research process in research sites (e.g. General Practices with payments to practice staff). • Pilot data collection. • Analysis of data This list is intended to help you add reasonable costs, and for us to help better manage the finite sum we have available. If you require funding for other costs, please add details and brief justification in your application. Please see further guidance here. Realistically RCF can support up to 3 of the activities listed, as well as PPI, grant application writing & consumables. Please ensure your costings reflect the actual and accurate costs that will be incurred. **Please note:** RCF cannot be used to top-up already funded research grants and

	cannot be used to fund the delivery of interventions. Any unused RCF will be reclaimed at the end of the award duration. RCF funds the **development of research applications**. If the activities you have planned would cost above the expected budget limit, it is likely that RCF is not the right funding source for you, and that RfPB or RPSC would be more suited. RCF can be sought to apply for the RfPB/RPSC, and we would be pleased to receive applications of this nature. Please submit costings approved by your finance team with your application. We will not be able to issue outcome letters until costings is provided to us.
12. Declaration and Agreement	This ensures you understand what would be expected from an award of RCF. We will meet with all awardees to let you know how the research team can help, and what we need in return for RCF awards. Details on training can be found below within the “Constraints on award” section.

NHS Gloucestershire Integrated Care Board

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board

ICB Priorities



Areas of Research Interest

The G+BNSSG ICB Research Team encourages applications that align with relevant Areas of Research Interest (ARIs). ARIs are specific policy and service challenges where Government departments have identified a need for research evidence to support decision-making.

ARIs cover a broad range of topics, including health and social care, economic and social policy, environmental issues, international relations, and national security. By identifying ARIs, Government departments can help ensure that research efforts are focused on areas where robust evidence is most needed to inform policy development, improve public services, and address priority challenges.

Further information about Areas of Research Interest can be found here

Version: Autumn 2026-2027

Outcomes that matter most to patients

The G+BNSSG ICB Research team encourage people to utilise the existing outcomes that matter most to patients; the **International Consortium for Health Outcomes Measurement (ICHOM)** is a global organisation that supports healthcare systems to measure, compare and improve outcomes that matter most to patients. Through the development of internationally recognised patient-centred outcome measures and support for value-based healthcare, ICHOM aims to improve healthcare quality and outcomes worldwide. [ichom.org]

Further information can be found here: International Consortium for Health Outcomes Measurement (ICHOM)

References

References can be supplied, either embedded into the answer, added as a list to the end of the application or as a separate document.

Review Process

Our aim is to ensure that our RCF investments complement health and care priorities, and that the resultant NIHR submissions are strong and have a good chance of being approved for funding by the NIHR panel.

Process

Step 1: Remit Check

The ICB Research Team reviews each application to ensure it is eligible for funding. Please refer to the eligibility criteria for Type 2 applications please see below for further information.

As part of the remit check, the team will:

- Conduct a search of existing literature and research funding to identify whether there is already sufficient evidence or funding in place that would make the proposed RCF application unlikely to secure future NIHR funding.
- Ensure that the application contains a clearly defined research question.

  The term research means different things to different people, but is essentially about finding out new knowledge that could lead to changes to treatments, policies or care. The definition used by the Department of Health and Social Care (DHSC) is: “The attempt to derive generalisable new knowledge by addressing clearly defined questions with systematic and rigorous methods.”

  For further information please see the NIHR Glossary

Step 2 Review

Seven Factors will be assessed in parallel, with 6 scored and 1 unscored (as shown on the next page).

The Research Team will identify appropriate Practitioners for the Practitioner review.

Step 1: Remit Assessment
Judged by trained members of ICB Research Team

Step 2:

NIHR Viability & Credibility Scored 1 6 Judged by: University of Bristol academic, UWE academic, ICB Research Team	Practitioner Assessment Scored 1 6 Judged by: Relevant practitioners, e.g. GP, Practice Nurse, AHP, ICB programme lead, PH consultant, Adult Social Care, Children's Social Care, VCSE	PPI Scored 1 6 Judged by: PPI panel including representation from the BNSSG Diverse Research Engagement Network	Health Inequalities Scored 1 6 Link to BNSSG Outcomes Framework. Reviewed by trained members of the ICB Research Team	Digital Exclusion Scored 1 6 Link to BNSSG Outcomes Framework. Reviewed by trained members of the ICB Research Team	Knowledge mobilisation Not Scored Insights register, BHP, Methods review by University of Bristol and UWE academics

Score of 1 in any of the categories above (Step 2) not fundable.
All remaining applications have their scores combined.
A score of 20 or above fundable subject to available budget

Step 3:
Strategic Alignment
(BNSSG and National)
Scored 1 6
Judged by trained members of ICB Research Team using ICB Strategic Alignment checklist
The Strategic alignment scores are added to the total scores for ranking of fundable projects.

Scoring will be between 1 and 6, from 2 assessors per criterion where possible.

Score	Definition
6	Excellent
5	Good
4	Minor weaknesses/concerns
3	Moderate weaknesses/concerns
2	Significant weaknesses/concerns
1	Severe weaknesses/concerns

During Step 2 of the assessment, the average scores from each of the scoring criterion will be combined into a total per application.

If an application receives a score of 1 from any reviewer on any of the scoring factors it will be rejected.

If the application scores under 20 from the combined average scores, it will not be funded. If the combined score is 20 or above, it will be recommended for funding, subject to budget.

Step 3 adds the average Strategic alignment scores to the total scores for the ranking of fundable projects, ensuring we award limited budget in line with the ICS priorities.

If there is not enough budget to meet all recommended applications, they will be ranked according to their score and the ICB will award as many as is possible.

If there are multiple applications with the same total score, they are separated by ranking on their individual factor scores, in the following order of priority:

1. Practitioner score
2. Health Inequalities score
3. Strategic Alignment score
4. Digital Exclusion
5. PPI score
6. NIHR Viability and Credibility

Panel

The panel consists of:

- ICB's Research Team
- Topic relevant ICS Colleagues e.g. Programme Manager or Head of Locality, Public Health Consultant or Head of Adult Social Care at a Local Authority
- PPI representatives
- Bristol Health Partners representative
- Representatives from both the University of Bristol and the University of the West of England Bristol (UWE).

Timings

We will review applications three times a year, with deadlines in January, June and October.

We aim to confirm outcomes within 6 weeks of the deadline, however, due to the nature of the bespoke panel members required for the assessment, it may sometimes take longer to obtain outcomes. **We will release all outcomes on the same day.**

Awardees will be expected to join an online meeting to meet the ICB Research Team, hear about the other RCF awards, and hear what support is available for their projects.

Eligibility

Applications will be eligible if all criteria below are met:

- The lead applicant must be working for an organisation within the Gloucestershire and Bristol, North Somerset and South Gloucestershire (G+BNSSG) Integrated Care System. This includes VCSEs commissioned to deliver services within our ICS, or a Higher Education Institution (HEI) supported by the G+BNSSG ICB Research Team.
- The project must be in the area of Primary Care, Public Health, Community Healthcare, Social Care and/or Integrated Care Systems or ICB Strategic Commissioning.
- The plan is to develop an idea into an NIHR grant application (not a Fellowship) that will be appropriate for submission to the NIHR with NHS Bristol, North Somerset and South Gloucestershire ICB named as Host (contracting organisation).
- The application has a clear research question.
- The application has collaboration which includes:
    - Academic Partners

  - Health and/or Care System Partners
- We also expect to see strong PPI work for all RCF supported projects, this includes both planned PPI activities as well as those already completed.
- Applications should clearly demonstrate the **need** for the research, why **research** is the best choice (as opposed to implementation with evaluation), and clearly present the potential impact for the health & care system.

Please be aware:

- We strongly encourage applications that have the patient perspective as a clear priority.
- If the project is intending to test a medical device, the applicant must confirm the product has a UKCA/CE marking for the purpose intended in the research
- Type 2 Funding is to prepare an NIHR grant and not deliver research

- **This scheme is not intended to support the writing of NIHR Fellowship applications.** Please contact the ICB Research Team directly at bnssg.research@nhs.net if you need support for a Fellowship application.

Context of RCF

NIHR Research Capability Funding (RCF) is a research funding stream made available by the NIHR to help research-active NHS organisations attract, develop and retain high-quality research, clinical and support staff. Please find more information here.

The ICB's RCF can be used to free up time to prepare an NIHR grant application, and for pump-priming work to generate preliminary data which will support an NIHR grant application.

Please do refer to this list of examples where projects are not suitable for RCF considering applying.

Please be aware: This scheme will not fund any activities that do not directly contribute towards an NIHR grant application.

Constraints on award

Timing

The NIHR RCF is intended to be started within the financial year in which it is issued.

Therefore, we prioritise applications for funding to support work which will start within four months of the submission deadline. The work does not need to have concluded within this same financial year.

Award amount

The £20,000 upper limit for Type 2awards is not a target to aim for, the amount of funding must be proportionate to the work you intend to undertake, and the work you intend to undertake must be appropriate to the situation.

As guardians of NHS funding, the panel will be judging the appropriateness of the activities listed, and the appropriateness of the associated costs.

We know that working on "*service led*" applications takes more time, and so these projects are allowed a higher budget limit: an additional amount up to £10,000 can be applied for.

As a reminder, the G+BNSSG ICB define service-led research ideas as ideas that originate directly from frontline service staff, such as those in provider services and health and care planners, rather than being generated by colleagues with an academic role. These ideas are rooted in the practical experiences and needs observed by those directly involved in delivering or designing services, aiming to address real-world challenges and improve service delivery

You can apply for more funding if you need it, but you will need to provide a strong justification. Our expectation is that if the development work would cost more than the amounts indicated on the application form, then it is probably that other externally funded research budgets would be a more appropriate option for your project (such as RfPB or RPSC).

Targeting the greatest needs Award

G+BNSSG ICB is committed to increasing research activity within our populations with most need. To help make being involved in research a positive experience for organisations involved in the BNSSG Research Engagement Network (REN)* and GPs at the Deep End Bristol Network.

We offer *additional* funding to REN and GPs at the Deep End Bristol Network organisations involved in RCF projects to be used to support any improvement projects. The funding will be paid to the organisations of existing collaborators involved in the application. This funding is over and above and separate to the funding they should receive for their RCF development activities, which should be fully costed in the funding application.

If they are lead applicants and from the GPs at the Deep End Bristol Network or a REN organisation, the funding is equivalent to 48 hours of a GP/NHS band 8a.

If they are collaborators on the application, the funding is equivalent to 16 hours of a GP/NHS band 8a.

Transparency

The spending of government funds must be transparent, and we promote and encourage genuine collaboration and sharing of information.

In line with this, all RCF applicants agree upon submission that if their application is awarded, their name, job title, place of work and a plain English summary of their application will be published on the G+BNSSG ICB website. This provides transparency on the RCF applications approved by the panel, enables other potential applicants to see what is within our remit, and gives opportunity for potential collaborators to see what work is going on locally.

We will not share the details of unsuccessful applications, but in order to help future applicants, we do publish a list of reasons for rejection provided by the panel.

If you have special circumstances which would make such a publication difficult, please indicate this clearly when submitting your application.

All RCF awardees will need to report on their spend to the ICB. We will contact recipients for our annual reporting period, and at the end of their RCF duration.

The ICB reports all names and salary details of all RCF recipients to the DHSC as part of our annual finance reporting. This is completed using secure data sharing methods and is a condition of RCF awards.

Training obligations

G+BNSSG ICB is proud to be a leading a Research Engagement Network, which is committed to increasing the diversity of participants in research. We have learned a lot from our local community members, and as part of a national peer network led by NHS England.

One clear need is that all researchers working with communities need support to be “community ready” and for our research to make the impacts we all want to see, we need to ensure research is developed with equality, diversity and inclusion at the forefront of activities, as well as colleagues supported to understand anti-racism and cultural humility.

As such, all recipients of RCF will be expected to undertake training on these elements, or to show evidence of having been on training within the preceding 24 months.

The plan is to develop face to face training which will be delivered by some of our partners Voluntary, Community or Social Enterprise organisations based within G+BNSSG. In the meanwhile, the training expected of RCF recipients are below:

- Trauma Informed = Trauma-informed training for those working in health and care research - Bristol Health Partners
- Cultural Competence = https://www.e-lfh.org.uk/programmes/culturalcompetence/
- Health Inequalities = Introducing health inequalities in Primary Care

Evidence of completion (or equivalent training) will be required for the final payment of the RCF award.

Project Reporting and Performance Management

All projects funded through this call will be supported and monitored by the ICB Research Team.

The ICB Research Team approach is that we are partners working to support RCF recipients to maximise their chances of success with the NIHR. Whilst we will work with you to make progress, as guardians of NHS funds the ICB retain the right to withdraw or curtail funding if progress is not satisfactory.

A member of the ICB Research Team will contact each recipient of RCF to agree a plan of progress with, if appropriate, performance indicators which will signify success for their RCF funded work.

At the end of the financial year when the award was given, a report will be required of each recipient of RCF. This information will contribute to the ICB's report to the DHSC on our RCF spend.

All RCF recipients will also be required to produce a final report at the end of their funding. For the final payment of RCF Type 2 awards an end of award report as well as a final statement of expenditure will be required along with the evidence of completion of training as described in training obligation section above.

All NIHR grant applications resulting from work funded by this scheme **must be submitted with NHS Bristol, North Somerset and South Gloucestershire ICB named as grant Host (contracting organisation)**.

Work funded by ICB RCF should start within 3 months of notification, and if the project has not started within 6 months, funding may be withdrawn.

Applicants must seek input from the Research Support Service, or from a registered Clinical Trials Unit (as appropriate) to support their research design post-award of RCF (not prior to application).

Recipients of RCF will be contacted regularly to review progress and for the ICB Research Team to provide appropriate support. The ICB Research Team are here to help ensure applications submitted to the NIHR are of the highest possible quality. We collate feedback from the NIHR on previous applications to help improve future submissions, and would also value your feedback on what would have been helpful, that we can look to introduce for future recipients of RCF.

You can contact the ICB Research Team at any time if you have any queries, or would like some support with any aspect of preparing a grant application (bnssg.research@nhs.net). We encourage all RCF recipients to contact us as soon as there is a query or issue. Because we work on so many grant applications, the query or issue is often something we have dealt with several times previously. Our main aim is to help make your NIHR application as good as it can be.

Sharing expertise and Collaborating

NHS G+BNSSG ICB is committed to the production of research relevant to health and social care.

As part of our ongoing drive to increase collaborations between researchers and healthcare professionals, a condition of acceptance of all RCF awards is that applicants will be willing to spend up to 6 hours over the lifetime of the award, or within 12 months post-completion of the award, working closely with local commissioners.

This may take the form of:

- offering general advice,
- inputting research evidence into business cases,
- delivering presentations, such as an ICB seminar,
- meeting with commissioners to discuss their interests, or
- suggesting possible evaluation approaches.

You will be contacted by the ICB Research Team if commissioners indicate that your skills and experience would be useful in this way.

Deadlines

Electronic submission of form (email attachment) to bnssg.research@nhs.net will be accepted throughout the year.

We will acknowledge receipt of your email.

Version: Autumn 2026-2027

See our website or the latest information on deadlines.

We plan to hold panel reviews in June, October and January each year. These timings are depending on available budget.

Contacts

We are always happy to speak through any questions applicants may have. Please email the G+BNSSG ICB Research Team: bnssg.research@nhs.net

FAQs

I already know what research question I want to investigate. Can I apply for an NIHR Grant Preparation (Type 2) without having received an Early Ideas (Type 1) award?

Yes: Applicants can submit a NIHR Grant Preparation application if they have already identified a specific question to investigate. However, the panel are charged with supporting research which is co-developed with NHS and/or Local Authority colleagues and with strong PPI. Applicants who choose not to apply for Type 1 funding will need to demonstrate strong collaboration with health & care and PPI partners. The panel may recommend funding an Early Ideas award if the project is strong on other elements but is deemed in need of stronger PPI to design the Type 2 work.

I have developed several ideas from an Early Ideas award. Can I submit more than one NIHR Grant Preparation applications from a single Early Ideas award?

Yes absolutely: We hope that Early Ideas awards will identify several research questions. We will be open to receiving as many as the applicant wishes to submit. If there are a high number of ideas, it would be wise to prioritise with the collaborators as the main limiting factor will be the applicants' time available to dedicate to writing NIHR applications. We are happy to help prioritise if you would like our input on this.

Further, there may be ideas for improvements that do not require research and could be enacted if the information was provided to the right team within the health system. The ICB Research Team are here to deliver this. Please highlight any and all learning to the ICB Research Team.

Can I defer an NIHR Grant Preparation application from an Early Ideas award?

The intention is that each recipient of an Early Ideas award will submit at least one NIHR Grant Preparation application within 12 months. However, should several potential research ideas develop from an Early Ideas award, we would have an open door policy, and welcome further NIHR Grant Preparation applications at any/all subsequent RCF calls.

Do I need to have completed a costing at my organisation before submitting an RCF application?

Yes, an approved costing is expected to be provided with your application and the finance officer will need to sign your application.

What are the panel looking for in an NIHR Grant Preparation application?

The panel are looking to invest in projects which:

- are within the remit of G+BNSSG ICB research – primary care, community care, social care, public health, integrated care and population health management.
- are within the remit of an NIHR funding stream and have a strong chance of securing NIHR funding:
    - appropriate Chief Investigator
    - viable project
    - proof of concept
    - will produce useful evidence for the health &/or care services.
- make a convincing case that they will be feasible
- have genuine **co-development** in a) planning development activities, b) identifying issues of concern, c) generating potential solutions, d) planning the research methodology, and e) planning the dissemination and implementation of the findings
- will produce results of real value to the users of evidence within the healthcare system. Factors which will be considered include:
    - the timing of the delivery of the results (will the issue still be an issue when the final report is published?)
    - balance of robust vs pragmatic approaches
    - outcomes which are meaningful to the evidence users
    - results that could lead to viable changes in the delivery of health and care services.
    - Project aligned to our ICP system priorities

Do I need to submit both an Early Ideas and an application for an NIHR Grant Preparation submission?

No. This was the case with our first two rounds of our revised RCF format (in 2019) but following feedback we amalgamated questions so that you only need to complete 1 form per submission: either an Early Ideas or NIHR Grant Preparation application form.

Does NIHR Grant Preparation application includes costs of writing Outline (Stage 1) and Full (Stage 2) NIHR applications?

Yes, NIHR Grant Preparation applications are expected to include costs of writing both Stage 1 and Stage 2 NIHR applications. Award holders will need to ensure that some of the funding is retained for Stage 2 submissions. If application is unsuccessful and not invited to Stage 2, we expect these funds to be returned to us.