

Living Well 2025 - Call for applications

Summary

The likelihood of developing arthritis and the experience of living with arthritis varies considerably across different groups in society, including by ethnicity, gender and level of deprivation index.

We want people with arthritis to feel in control of their health and to be well equipped to manage their physical and emotional wellbeing. We want to ensure that people with arthritis are supported by knowledgeable health and care professionals, and that everyone has equitable access to healthcare.

Support does not always take into account people's social, economic and environmental circumstances. There is a low level of ability to find, understand, and use information and services to inform decisions and actions (health literacy). Easy access to information, treatments and support is very difficult for people with arthritis to manage across multiple conditions. The multidisciplinary support people need from health care services can be lacking and inconsistent.

We want to see health care and public services that are well informed by relevant, good-quality health data and knowledge to generate, evaluate and implement definitive models of person-centred care. We want people to experience clear, consistent and integrated care across clinical and community settings. This includes supporting individuals moving from paediatric to adult services.

This funding Call seeks to improve health care service access and health care service pathways. We seek to address health inequalities and the unmet needs around health and care access and delivery for people with arthritis, including community, primary, intermediate, and secondary care health services, community pharmacies and community mental health services delivered by health and care professionals.

We are particularly interested in helping disadvantaged communities through addressing health inequalities, in supporting people across the life course including but not limited to when moving from paediatric to adult services, and in research which will impact people across the four UK Nations.

Applications that have agreement for part-funding from a third party will be accepted but applicants should contact us to discuss their application as early as possible.

Applications should involve people with arthritis in the development of the outlined work as well as plans for continued collaboration with them in the oversight, delivery and dissemination of the proposed research.

Applicants must carefully read the application form and [guidance](#) documentation before starting an application. Please ensure that the most appropriate language is being used in each section of the form and that the correct sections are completed.

Applicants are invited to submit applications to this one-stage process through [Grant Tracker](#). The deadline for the receipt of applications is **16:00 on Wednesday 11 September 2024**.

If you have any questions about this call document, eligibility or would like to discuss your research proposal with the office please email awards@versusarthritis.org

Context and changes we want to see

We want people with arthritis to feel in control of their musculoskeletal health and to be well equipped to manage their physical and emotional wellbeing.

Our [Better Lives Today, Better Lives Tomorrow Research Strategy 2022-2026](#) focusses our investment and influence on four priority areas. It is striving to bring ground-breaking scientific discoveries to people with arthritis at pace and with precision.

This call for applications for research funding focusses on one priority area:

Living Well - Addressing musculoskeletal health inequalities for individuals and wider society by striving for better musculoskeletal health and care at home, in leisure, at work and in communities.

There are differences in health between different groups of people across the UK. Such health inequalities can involve differences in a number of factors, including access to good quality health and care services as well as individual behaviours and wider determinants including housing and income. ([What Are Health Inequalities? | The King's Fund \(kingsfund.org.uk\)](#)). There is a need for better access to effective, evidence-based, efficient healthcare for people with arthritis.

People with arthritis and MSK conditions are more likely to contact and use community, primary, intermediate and secondary healthcare. Treating the two most common forms of arthritis (osteoarthritis and rheumatoid arthritis) is estimated to have cost the economy £10.2 billion in direct costs to the NHS and wider healthcare system in 2017 ([The State of Musculoskeletal Health](#)).

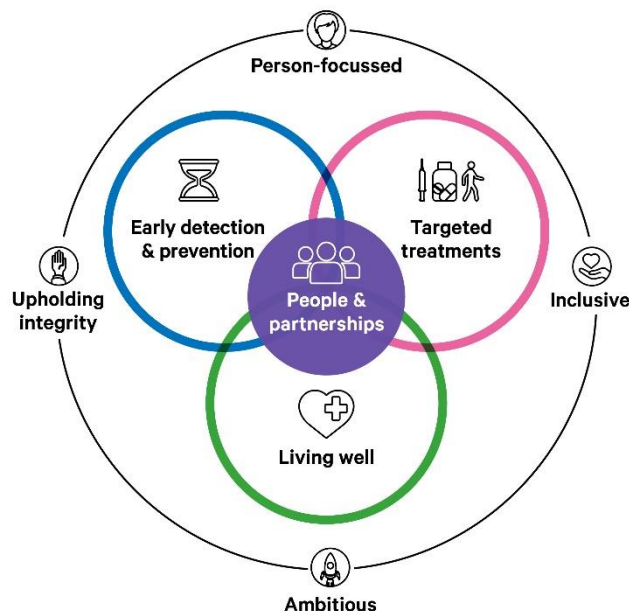
Living with the pain, fatigue and limited mobility caused by arthritis erodes good physical and mental health, and quality of life. People with arthritis often experience other long-term conditions too but these are treated separately not collectively. The current healthcare landscape is not sophisticated enough to meet the complex needs of people with arthritis and lacks a 'whole person' approach.

There is a low level of ability to find, understand, and use information and services to inform decisions and actions (health literacy). Easy access to information, treatments and support is very difficult for people to manage across multiple conditions. The multidisciplinary support people need from health care services can be lacking and inconsistent.

Access to care is not equal for all.

Joint replacement is an important treatment for osteoarthritis, when other less invasive interventions have not worked. We know that people who experience the most deprivation across England and Wales are more likely to need a hip replacement than those experiencing less deprivation. Yet those living in deprived areas are less likely to receive an NHS funded hip replacement than those in more affluent areas ([The State of Musculoskeletal Health](#)).

For those with inflammatory arthritis we know that target referral times are not being met in far too many cases, leaving people waiting for the care they need. There is significant geographical variation in referral times, leading to the so-called 'postcode lottery' ([The State of Musculoskeletal Health](#)).



[NICE guidelines](#) for the diagnosis and management of osteoarthritis in over 16s recommend clinical diagnosis without imaging in most cases, followed by advice on weight management, therapeutic exercise, nonsteroidal anti-inflammatory drug, psychosocial support for stress, anxiety or depression, and follow-up or referral to a physiotherapist or local musculoskeletal team or other allied health professional. The evidence-based management information from NICE for osteoporosis includes scans to assess bone density, bone-sparing drug treatment, exercise and a balanced diet. However the way in which people with osteoarthritis and osteoporosis interact with health care services is not well understood (Versus Arthritis publication on health care utilisation for [osteoarthritis](#) and [Royal Osteoporosis Society](#) All Party Parliamentary Group's findings).

A [recent report](#) by the Kings' Fund highlights the impact which poverty has on health and the ability to access and benefit from health care services. Building trust at the neighbourhood level, making access to health care and navigating health care easier through a single point of contact patient hub, 'poverty-proofing' services, and other thoughtful approaches to health care delivery can improve support for people in deprived areas. Another [report](#) by the Health Equity Evidence Centre highlights inequalities in the primary and secondary outpatient interface, and recommends that services be connected, intersectional, flexible, inclusive and community-centred.

A 2020 report by the Race Equality Foundation [Musculoskeletal conditions and Black, Asian and minority ethnic people: addressing health inequalities](#) calls for investment in research that builds the evidence base on ethnicity and MSK conditions, including addressing inequalities.

In a [2023 report](#) by the British Medical Association, innovative practices within General Practices such as improving continuity of care through personal list systems were found to be beneficial in areas of deprivation. Continuity of care can benefit older people, people with chronic conditions, and those in more deprived areas, however the number of General Practitioners are lowest in areas of highest deprivation ([The Health Foundation, 2023](#)).

Other models shown in the British Medical Association report to have potential benefits for both people with chronic conditions such as arthritis, as well as the General Practitioner practices. Models include working at scale where different practices work together across a larger geographic footprint, and chronic diseases focused care where proactive chronic disease management can lead to better care and reductions in acute demands on the practice.

Changes we want to see.

- We want everyone to experience clear, consistent access and pathways through high quality evidence-based integrated care across clinical and community settings - with a particular focus on osteoarthritis, osteoporosis and gout.
- We are particularly interested in helping disadvantaged communities access and utilise healthcare services with ease and clarity.
- We want good practice mechanisms to enable smooth transition supporting individuals moving from paediatric to adult services.
- We want to see improvements in communication between people with arthritis and healthcare professionals with helpful decision aids.
- We want healthcare and public health services to be well informed by relevant, good-quality health data and knowledge to generate, evaluate and implement definite models of person-centre care, across multiple long-term conditions.

Our Research Impact framework focuses on seven areas of research impact (listed below). We anticipate that in delivering against the outcomes set out above research projects will achieve impacts relevant to one or more of the four areas highlighted in bold. The final impact area 'leveraged funding' is of secondary interest for this call.

- **Policy and Practice** – our research is influencing how arthritis is treated or managed.
- **Intellectual property, products, and services** – new innovations, treatments or tools which improve patients' lives.
- **New knowledge** – our research has changed what we know about arthritis.
- **Patient and Public Involvement** – the benefit that patients bring to the research itself.
- Partnerships – new networks, partners and collaborations which extend research.
- Capacity Building – our investments are increasing the human or technical capacity to conduct research.
- Leveraged funding – new funding that has been awarded to continue the research we funded.

More detail around these impact areas can be found in our [guidance](#) document, including examples of outcomes which relate to each impact area.

Scope and Requirements

This funding Call seeks to address health inequalities and the unmet needs around health and care access and delivery for people with arthritis, including community, primary, intermediate, and secondary care health services, community pharmacies and community mental health services delivered by health and care professionals.

We will invest in novel research in the following areas with the aim of influencing practice and policy change:

- *Improving health care service access* – with a particular focus on improving service delivery for communities with less access to health care services, including innovative ways of enabling access health care. This could include novel strategies for accessing or providing evidence for the effectiveness of existing access models.
- *Improving health care service pathways* – aiming to understand the current experience from diagnosis to treatment/management and follow-up, to identify what good referral pathways should look like, and ways to improve and deliver co-ordinated/joined-up care. A particular focus on osteoarthritis, osteoporosis and gout (not necessarily in the same proposal).

Across these we are interested in addressing:

- *Improving holistic patient specific approaches* - We are seeking to invest in development of novel, ambitious *patient-specific* approaches to health care service access and delivery across multiple conditions. Paying attention to symptoms (pain, fatigue, mental health) and experiences such as treatment of arthritis and mental health, rather than focussing on discrete conditions and symptoms.
- *Improving the interaction of health care providers and people with arthritis* – Taking into account the wide range of factors contributing to health literacy, to empower people with arthritis in their interactions with healthcare professionals.

- *Improving the ability of healthcare professionals to provide appropriate evidence-based support – Including by ensuring healthcare services are better informed by relevant, good quality health data and knowledge.*

This call scope includes the many types of arthritis described in our Research Strategy and their differential development at any stage of life, including but not limited to when moving from paediatric to adult services.

The scope includes approaches that take account of the specific structures and delivery models that differ across the four UK Nations.

Proposed studies can include the development of novel health care delivery strategies where there is sufficient evidence to support the concept and the route to moving into practice is clearly defined. Proposed studies can also include the generation of evidence for the effectiveness of existing health care delivery strategies.

- We welcome research involving individuals from any specialism, including those without a background in arthritis research, or employing any techniques as appropriate to addressing the aims of the Call. We expect applications to take a collaborative and multidisciplinary approach to answering research questions as appropriate.
- We encourage inclusion of expertise in implementation of the outputs in the project team - health and social care service delivery/definition and policy expertise.
- We are interested to see and encourage follow-on work from the £4M portfolio of health service research previously funded by Versus Arthritis.

Research Advisory Group priorities

Versus Arthritis has four [Research Advisory Groups](#) each uniting specialist researchers, people with lived experience of arthritis, and health professionals in covering: Adult Inflammatory Arthritis; Autoimmune Rheumatic Diseases; Musculoskeletal Disorders and Paediatric Rheumatology.

We particularly welcome research addressing priorities identified by our Research Advisory Groups. They are captured in a dynamic reference document; and refreshed by our ongoing insight gathering activities. This can be found at the foot of this page of our website:

<https://www.versusarthritis.org/research/for-researchers/how-we-deliver-research/our-research-strategy/> . The document is entitled “Gaps and Opportunities for Arthritis Research.”

If required, please contact the research team for guidance (awards@versusarthritis.org) on the scope of the call and the relevance of your application.

Requirements

Research Involvement

Applications should involve people with arthritis in the development of the outlined work as well as plans for continued collaboration with them in the oversight, delivery and dissemination of the proposed research. More information and guidance can be found here: [Involving people with arthritis \(versusarthritis.org\)](#)

Diversity and Inclusion

Proposals must demonstrate careful consideration of appropriate representation and diversity (ethnicity, socioeconomic, gender, age, geography) as relevant to the aims of the proposal.

Clinical Research Delivery

With the current clinical research challenges in the NHS, investigators and sponsors are required to make transparent and realistic assessments of capacity and capability to deliver.

Co-applicants and collaborators at NHS sites are asked to support proposals only if there is a certainty that they can meet recruitment targets and timelines indicated. It will be taken that host institution signatories are wholly satisfied and supportive of the assurances provided upon submission of the application.

Data and sample resources

We require researchers to make use of established, pre-existent cohorts, collections and registries, notably the British Society for Rheumatology registries.

Who can apply

The lead applicant must be based at an eligible UK institution, for further information see the associated [guidance](#) document.

At least one applicant must have a tenured position within the lead institute. People with lived experience may be included as co-applicants.

Applications can include lead applicants and/or co-applicants with expertise relevant to this initiative but who do not have a track record of musculoskeletal research.

We expect applications to take a collaborative and multidisciplinary approach to answering research questions. We encourage inclusion of health and social care service definition and policy expertise.

Applicants with proposals that include part-funding from a third party are allowable, but **applicants should contact us to discuss their application as early as possible** and will be subject to appropriate multi-party contracting arrangements around award.

What you can apply for

Costs for salaries, expenses and small items of essential equipment can be requested.

Awards of up to 36 months duration, between £400,000-£1,000,000 in value are available.

We plan to invest around £2M in a small number of ambitious awards. We plan to make between 2-5 awards in total.

For further details on what you can apply for, please see the associated [guidance](#) document.

How to apply

Applicants are invited to submit applications through [Grant Tracker](#), where the form is available.

Applicants must carefully read the application form and [guidance](#) documentation before starting an application.

Please ensure that the most appropriate language is being used in each section of the form and that the correct sections are completed.

There is a single stage application process for all applications.

The deadline for the receipt of applications is **16:00 on 11th September 2024**. Submissions after 16:00 will not be accepted.

Please allow time for management of appropriate reviewers and signatories to access the Grant Tracker system and provide their approvals.

How will applications be assessed

We will assess applications and make funding recommendations via a single-stage process; assessment panel members will review applications. All eligible applications will be reviewed and reviewer feedback provided. If necessary, a panel triage process may be implemented such that only a proportion of the proposals will advance to provide rebuttal to reviews before a formal funding panel meeting.

Assessment by people with lived experience of arthritis forms a key part of the review process. Further information and guidance can be found on our [website](#) and in the application [guidance](#) document.

Applications will be reviewed by an assembled panel of scientific, clinical and industry experts and people with lived experience of arthritis and assessed on the following criteria:

- Importance and potential impact,
- Scientific quality and scope,
- Novelty and innovation,
- Involvement,
- Research design and delivery,
- Feasibility,
- Value for money.

We plan to invest around £2M in a small number of ambitious awards. We plan to make between 2-5 awards in total.

Award management

To maximise the impact for people living with MSK conditions award holders will be asked to convene an advisory group, which can include Versus Arthritis staff, to connect the outputs of the research through to implementation.

It is expected that all awards will report annually via Researchfish, clinical projects that require recruitment will report every six months to the Progress Review Committee.

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All original peer-reviewed articles published as a result of this research must comply with our open access policies. You should tell us directly about all articles in peer-reviewed literature or disseminated publicly (for example, press releases) as soon as the article has been accepted for publication or dissemination.

Versus Arthritis must be notified of any information relating to intellectual property and commercial activity arising from this award.

Versus Arthritis is dependent on funds raised from public donations and receives no funding from the Government, therefore it is important that you join us in raising the awareness of our charity. Our logo should be used on all documents/presentations relating to this award.

Award holders may be invited to meetings with Versus Arthritis to discuss their research and/or asked to contribute written summaries.

Timelines

Deadline for applications	16:00 on Wednesday 11 September 2024
Invitation to provide a rebuttal to the panel review	December 2024
Deadline for rebuttal of panel review	16:00 on Wednesday 15 January 2025
Notification of award	March 2025
Project start	From April 2025 at earliest

Contact details

For all enquiries, please contact awards@versusarthritis.org