

PGfAR Aims & Purpose:	To fund collaborative, multidisciplinary programmes of applied research to solve health and social care challenges.	To fund research in an area of priority or need for the NHS, public health or the social care sector, with particular emphasis on health and social care areas that cause significant burden, where other research funders may not be focused, or where insufficient funding is available.	To deliver research findings that will lead to clear and identifiable patient/service user or carer benefits , typically through promotion of health and well-being, prevention of ill health, and optimal disease management (including safety and quality).
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INPUTS	ACTIVITIES (PROCESSES)	OUTPUTS	OUTCOMES	IMPACT
<ul style="list-style-type: none">•Patients, Service Users, Carers, Public – e.g. research prioritisation, involvement and engagement in the application process•Evidence gaps flagged by health and care system – e.g. NICE, NHS England, Local Authorities, Integrated care systems•NIHR funding (long term) to cover award costs•Staff resource (DHSC, CCF) - e.g., CCF: systems and call documentation preparation•Applicants - e.g., health and care practitioners, methodological experts, host institution and their infrastructure to support application•NIHR infrastructure (e.g., CED, RDS, CRN, systems) to support the programme•NIHR Policy (e.g. EDI, UK Standards for Public Involvement etc) to guide applicants in terms of patient/service user involvement, participation and engagement, and equality, diversity and inclusion.	<p><u>Competition Management</u></p> <ul style="list-style-type: none">•Formulation of competitive application/ research programme•Application process (Two stage involving committee and peer review, impact strengthening activities, contracting)•Monitoring of awards: Progress reports / steering meetings (with DHSC oversight)•Linkage and involvement with other parts of NIHR and wider system (e.g., PPI, RDS etc) <p><u>Research Delivery:</u></p> <ul style="list-style-type: none">•Work on research in line with agreed research plan•Equality of participant access to research <p><u>Capacity & Network-Building:</u></p> <ul style="list-style-type: none">•Regular contact with thought leaders and commissioners•Technical learning and development and leadership experience for researchers•Establishing and developing collaborations•Patient/public/service user/carers involvement and training <p><u>Knowledge Creation & Dissemination:</u></p> <ul style="list-style-type: none">•Conference attendance•Writing of reports / outputs•Applying for additional funding <p><u>Translation & Adoption:</u></p> <ul style="list-style-type: none">•Translating research outputs to be accessible by policy, practitioners, carers, commissioners and public.	<p><u>Competition Management</u></p> <ul style="list-style-type: none">•A portfolio of selected awards that are monitored to track effective delivery <p><u>Capacity & Network-Building</u></p> <ul style="list-style-type: none">•Empowered patients, service users, practitioners, carers and the public adding perspectives to research•Strengthened pool of researchers & research leaders•Lasting partnerships between researchers, health and care practitioners, service managers, patients, service users, carers and policy-makers <p><u>Knowledge Creation & Dissemination:</u></p> <ul style="list-style-type: none">•Dissemination- participation and presentations at conferences/meetings•Publication (papers, conference abstracts, posters)•Publicity (Press releases, radio & TV, social media coverage, website, blogs, newsletters, Case studies)•PGfAR investment leverages further funding <p><u>Translation & Adoption:</u></p> <ul style="list-style-type: none">•Clinical/Public Health/Social Care manual / toolkits / IP products•Policy and Commissioners’ briefings, evidence synthesis•Patient/service user/carers/public friendly decision aids and self management tools.	<p><u>Capacity & Network-Building</u></p> <ul style="list-style-type: none">•‘Empowerment’ for patients, service users and carers•Research capacity builds and increases•Career progression for mid/mid-senior career researchers•Stronger collaborations (not just academic) <p><u>Knowledge Creation & Scientific Advancements</u></p> <ul style="list-style-type: none">•Improved evidence base (for example ‘Aging populace’)•Academic methodological advancements (Recent call for novel methods)•Application of knowledge to other areas of health and care need•Strong health and care research infrastructure focused on the needs of NHS, social care, patients, service users, carers and the wider public•Additional and/or leveraged funding for follow-on research <p><u>Translation & Adoption:</u></p> <ul style="list-style-type: none">•Improvements to health and social care practise, including Third Sector (Charities)•Commercial ventures•Changes/ additions to guidance for practitioners e.g. NICE, Royal Colleges•New or changed health and care policies (International, National, Regional and Local).	<p><u>Health & Care Benefits</u></p> <ul style="list-style-type: none">•Improved health and care delivery•Benefits to patients, service users, carers, the public and society (health outcomes including wellbeing)•Reduced inequalities in health and care•Reduction of disease progression / prevalence, including through a better informed patient, service user, carer and public base•Maintenance of independence, dignity and quality of life <p><u>Economic Benefits</u></p> <ul style="list-style-type: none">•Evidence of spending value for money or efficiencies gains within health and care system•Economic growth in the relevant industrial sectors and the wider economy•Net health benefits for patients/service users/carers/the public and society <p><u>Knowledge Benefits</u></p> <ul style="list-style-type: none">•Uptake of research evidence by health and care practitioners, methodological experts, host institutions and commissioners.•Evidence practice or clinical guidelines in use•System wide policy changes i.e. investment, changes in structures.

Logic Model Assumptions & Context:	<p>Focus on collaborative, applied research - PGfAR is designed to fund health and care practitioners to work together with academic partners, and provide stability of funding to support the long-term development of top-quality applied research groups.</p>	<p>PPI - Public engagement, patient empowerment, and reducing inequalities are key themes that thread across the logic model. Research inputs and analysis of a problem should reflect an understanding of communities in the UK and their needs. Outputs should reflect the demographics the health and care system serves.</p>	<p>Part of a funding continuum - PGfAR is complemented by Programme Development Grants (PDG) which can fund preliminary research to enable researchers to reduce uncertainties before applying for large PGfAR award, while follow-on PDG awards can be used to aid adoption of findings after the PGfAR grant. These generate efficiencies that enables PGfAR projects to have greater impact.</p>	<p>Impacts - Longer term impacts are outside the direct control of the programme (and therefore may be harder to measure), yet PGfAR hopes to achieve net health benefits, and efficiency through uptake of evidence and adoption of findings. Measuring economic benefits may be challenging but is still important; evidence of efficiencies may be easier to measure as a proxy.</p>	<p>Non-linear – the flow across the logic model is not expected to be linear, and links can be multi-dimensional.</p>
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