EPSRC Funding Opportunity: Transforming prediction and early diagnosis in the community

Webinar held on 27th March 2024

Recordings are available under “additional information” section of the funding opportunity.

This is from the question and answer section of the webinar. There has been some editing for clarity.

Question (from Q&A session)	Answer (typed)
Hi, can we get access to the recording of this webinar? Thanks	Hi, We will ask our webteam to upload a copy to the "additional information" section of the funding opportunity.
Will the recording be shared with us?	Hi, We will ask our webteam to upload a copy to the "additional information" section of thr funding opportunity.
is EOI mandatory?	No, nor is there any kind of disadvantage to putting in an EoI and then deciding not to apply to this particular opportunity. Please do let us know if you plan to apply as we want to ensure the most appropriate panel membership for outlines.
Hi, Does EOI or Outline stage require just plan or some evidence of patient and public involvement?	EoI asks just a few questions to give us an idea of volume and help us plan the review processes.
Is there opportunities for third party SMEs to participate in the bid? If yes, in what capacity	Standard eligibility applies. This opportunity is for fundamental research (up to proof of concept). Collaboration from companies is welcome and might be expected, if it would be appropriate for the project being proposed.
Is there a specific peer review panel set up for this ?	There will be a panel convened particularly for the ouitlines submitted to this opportunity.
In additio to University, which is the lead on the application, can an SME join the team? Will their activity be considered as a partner in the project, or via subcontracting model? Thank you	There are roles on research grants such as project leads and co-leads. Only people employed at organisations eligible to hold EPSRC research grants can take on those roles. If you have something more specific in mind, would you like to email me at kate.reading@epsrc.ukri.org?
Can researchers outside UK participate in the project?	There are a few ways that international collaboration can be included in a research proposal.
Does the project have to address inequalities in the UK or also abroad. For example if our project brings lower cost diagnostic tools to poorer less developed countries. Tools that are probably accessible to everyone in the UK, but not to everyone in the world.	As with any proposal to EPSRC, there must be a substantial element of research in engineering, physical sciences, ICT or maths. Proposals can be up to about proof of concept. If that fits with what you have in mind, then yes, it could be targetting benefit outside the UK.

How is proof of concept being defined for this call?	There's more information on the website here: https://www.ukri.org/councils/epsrc/guidance-for-applicants/costs-you-can-apply-for/proof-of-concept-studies-in-healthcare/
Will it be possible to share a list of people looking to partner for this opporuntity? We are a healthcare provider with strong data capabilities and health innequality work, interested in a collaboration with a research organisation.	We have not offered that kind of brokering, but if you are looking for organisations that have had funding for particular kinds of research, we could suggest information on what (and who) we have funded previously. For example, have you seen "Gateway to Research"? https://gtr.ukri.org/
Is it expected to present evidence of patient and public involvement alongside the plan during the Outline stage?	The criteria for the outline stage include how the aplicants have: - demonstrated how the project will engage with relevant partners to ensure the research is co-created and co-delivered with users - demonstrated how the project has considered health equity in the research and how equitable, diverse, and inclusive PPIE will be embedded in the project. It will be for you to decide how best to show how your proposal meets the criteria.
I am curious about the "mental and physical health conditions" in the scope and remit of the call. Would this include neurological and/or neurodevelopmental conditions? I am not sure such conditions are necessarily "physical" and mental health often is understood as related to psychiatric conditons, not neurological ones.	I'm not sure I fully understand the question. Research might address mental health conditions such as anxiety or depression. Also neurological and neurodevelopmental conditions.
how about application, can we pick the area like alzheimers diesease or epilepsy, and how many institutes?	EPS research to improve person-specific prediction or diagnosis of Alzheimers could definitely be included. I don't know what you mean by institutes?
Does the principle of >50% of the objectives of the project within the EPSRC remit apply to this call? I am asking given the emphasis on health inequalities, co-production and PPIE.	In short, yes. There must be substantial research content in engineering, physical sciences, ICT or maths (or combination).
Is the use of existing technologies in a novel context eligible for this particular EPSRC funding call?	There must be research content in the engineering, physical sciences, ICT or maths. If the application of a technology to a new circumstance means there must be development of that technology, then it might. We have remit queries or you could outline it and send an email to me if you wish?
Does the usual 50% or above EPSRC remit requirement apply to this call?	In short, yes. There must be substantial research content in engineering, physical sciences, ICT or maths (or combination).
can "mental and physical health conditions" mental OR physical health conditions?	Yes.

can "mental and physical health conditions" mean mental OR physical health conditions?	Yes, mental health conditions can be the focus.
is there any minimum number of institutions?	No. It should be appropriate to the project that is being proposed.
can it be single institute with multidisciplinary?	Yes. Collaboration with clinicians, companies and other research organisations should be appropriate to the project being proposed.

Question (from Q&A session)	Answer (live answered)
Is the collaboration with physicians or clinicians required?	We're not specifically requiring collaboration with specific people like clinicians. However PPI is a key aspect of this opportunity, so we'd encourage you to consider collaboration with healthcare professionals, such as physicians or clinicians, or patients or people with lived experience. But we're not specifically mandating certain people within those areas. So it's for you to consider who are the most appropriate people that you should be engaging and partnering with in your application and making the case to kind of peer review, and the the panel members. It may be that the time when you submit your application, you don't have those formal partnerships. But please do say where you see the need for links, and your thoughts about how you might make those links, if your research were to be supported. We realize that sometimes partners can be a dynamic concept.
Any guidelines on how to balance engineering / ICT novelty with the applied aspects?	We don't have any specific guidance. This opportunity asks for engineering and physical sciences research up to proof of concept, but it's for you to address the key objectives of this opportunity. And so we don't mandate a specific balance between the applied aspects and engineering/ICT novelty. There is information on our website about costs that you can apply for. So if you were to search, for example, for proof of concept, it shows that we fund research up to that point roughly. So it means that just bear in mind what we, as research councils can fund through our grants.
primary care is often not about disease prediction, but about predicting high risk change for actions - is that within scope?	If you have specific questions about what's within scope for your specific proposal, then we'd encourage you to get in touch with us via email. For this opportunity we're really looking at patient-specific prediction and early diagnosis. We'd encourage you to look at our healthcare technology strategy which has more detail and some example areas. With all EPSRC funding opportunities, and this call is no different, there is the focus for a particular project idea, but the really great proposals give some sense about the downstream potential impact.

Question (from Q&A session)	Answer (live answered)
	So I think, thinking about the if you identify risks, what does that mean for the person? What does that mean for the onward sort of potential issues, the care pathway, the interface with other parts of the system? We're not expecting these proposals to deal everything, but contextualizing is, I think, really important.
Must clinical staff from the target community settings be involved?	We're not mandating, but we're looking, as we said before, for patient public involvement and engagement. Inequality is a key aspect of this opportunity. So we want you to be thinking about who are the most appropriate partners and people to be engaging with, whether that's clinical staff, whether that's patients, whether that's people with lived experience. And it's really who are the most appropriate people for your project, and making a case and explaining your rationale through your PPI and health inequalities plan. Do please have a look at the criteria, how the proposals will be assessed and how you're going to make your case against those criteria within your proposal. You need to be demonstrating to the peer reviewers how you meet those criteria.
Is there health need rank order of priorities, for example HIV was presented in this, could applications be directed at NCD risk factors and risk behaviours as opposed to disease itself. So a focus on prevention of disease?	So the question is about whether there could be a focus on prevention rather than patient-specific prediction and diagnosis? A: EPSRC Health Strategy has put quite a lot of emphasis on prevention, in the broad sense. And there's been a recent announcement of new funding for population health improvement clusters. So prevention is part of our strategy. There's obviously a spectrum, but in this particular case we decided we were particularly keen to look at it through the lens of prediction and early diagnosis so that may or may not help clarify so. But I'm always interested of ideas that that challenge the remit. But we're not looking to stretch the remit, because I say there is quite a lot of funding and plans, including we've got some ideas, but we're the early stages of how we might pursue the strategy on prevention and population health.
	Maryam Shahmanesh: One thing from my perspective. The prevention says screening prevention into treatment cuts into treatment from non-communicable.

Question (from Q&A session)	Answer (live answered)
	I mean, for chronic diseases and non communicable diseases, if you're screening more, if you're picking people up earlier through better screening, you will get more people onto primary or secondary prevention in some ways. So in that context, it won't be like stopping people smoking, but you might be identifying people that would require a sort of more intensive intervention by screening them earlier and having kind of better ways of reaching people. So screening can be the test being better, but can also be reaching people sooner, because of the way you're doing the screen. Will the screen being easier to do so? I wonder if that would fall in your call?
	Lynn Laidlaw: I hate the word behaviours in this context because I often feel as it's fairly stigmatizing. If only you change your behaviour when actually, choice is a matter of privilege. And that's Michael Marmots' work. People don't. People make the choices that are available to them and it's got to be seen in the wider context of the politics of austerity. And what's been happening in in in this country. I would run a mile if a researcher came to me to talk about a proposal around behaviours - it can be very stigmatizing.
would 10% of permanent academics seem little as involvement in a project? would 20% be preferred?	We're not specifically mandating like a certain amount of academic time. You will want to demonstrate that you're gonna be able to give enough time to the project to be able to kind of deliver it. Think about how you might make the case to peer review and panels that you will be able to kind of be involved enough to deliver the project.
Can an investigator be involved in different proposals to this call?	Yes, we're not specifically limiting investigators to only apply to one proposal. You should however consider how you might split your time if both were funded, and how and you can ensure that you are able to contribute effectively and ensure the delivery of the projects. In short, we're not limiting people to only applying for one application.
Is the emphasis of this call on predicting outcomes at the individual patient level rather than at the broader population level?	Yes. So we're looking at predicted outcomes at an individual patient level as opposed to at a population level. We're looking for patient specific prediction and early diagnosis tools and technologies.

Question (from Q&A session)	Answer (live answered)
	With obviously some understanding about what that means for broader, patient groups and the population at large. But if you like, it's the other end of the spectrum, rather looking at the population and then drilling down. You can deploy at scale. We are looking at very much from the other end of the lens, but understanding the onward, you know, impact it would have from benefiting as many people in society as possible downstream.
The term “early diagnosis” can mean different things. Is it fair to say that this call is really about screening?	No, but we're not excluding screening. We absolutely realize there is a continuum. Is screening part of it potentially? Yes. But the excitement of this call is drawing on the ideas, the knowledge, and the expertise of our community. And we're really looking for people to respond to this framework and give their ideas of interpretations where they think engineering, physical sciences research can really make a difference.
Lab on chip or organ on chip are considered ways to study pathological conditions. Is such research in the focus of the call?	We've not excluded it. So we'd ask where's the novelty? Where's the added value? And where's the relevance to community settings? As well as it within the context of looking at health inequalities and PPI. As a generalism, we absolutely haven't mentioned particular technologies or excluded any.
would a digital tool/AI method be in scope? this AI method would be making patient specific risk predictions	If there's enough novel engineering, physical sciences in it. The reason I say that is because there are a lot of AI and digital tools out there already. So I think you would need to ask yourselves how you might show the added value? Where is the potential impact? What's different about this one and trying to put it in the context of a lot of related activity. Also bear in mind that the other key aspects of this opportunity is about health inequalities and PPI and community focus.