

Health and Social Care Delivery Research

Improving discharge delivery across Health and Social Care

Overview

Opportunity status: Open

Type: Programme

Opening date: 24 June 2026 at 1:00 pm

Closing date: 16 September 2026 at 1:00 pm

Reference ID: 2026/457

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Apply for this funding opportunity through our online application form

Apply now

(https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp%3Fappid%3D105112%26nextlevel%3D1%26opportunityid%3D10261104)

The [Health and Social Care Delivery Research \(HSDR\) Programme](https://www.nihr.ac.uk/research-funding/funding-programmes/health-and-social-care-delivery-research)

(<https://www.nihr.ac.uk/research-funding/funding-programmes/health-and-social-care-delivery-research>) is interested in funding high-quality research studies across the UK, to evaluate potential improvements to discharge delivery in health and social care services, spanning patient-level, service-level and system-level improvements for children and young people (C&YP) and for adults. The scope includes discharge from acute hospital settings, mental health inpatient services and specialist inpatient

services, for example, those for people with learning disabilities and autism. Although applications may address discharge delivery across the entire system pathway, particular interest is given to community focused and integrated discharge pathways that support the broader health and social care ambition of shifting care from hospital to community settings.

This is a 2-stage, commissioned funding opportunity. To apply for the first stage you should submit an outline application. If invited to the second stage, you will then need to complete a full application.

Key dates

24 June 2026

Outline application opening date

14 September 2026

Outline application closing date

November 2026

Outline application shortlisting decision and full application opening date

February 2027

Full application closing date

March/April 2027

Full application funding decision

Webinar

A webinar to support the funding opportunity will be held on Tuesday 18 August at 2pm. Please register via hsdrcommissioning@nihr.ac.uk (<mailto:hsdrcommissioning@nihr.ac.uk>).

Apply now

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Research specification

Introduction

Our Health and Social Care Delivery Research (HSDR) Programme invites applications in response to specific research priorities and questions. These have been identified, developed and prioritised for their importance to stakeholders including:

- Department of Health and Social Care
- NHS
- service users, patients and public
- local authorities

Priority

Discharge delays, where a person is assessed as medically fit to leave hospital but is not yet discharged, have been a longstanding and an ongoing challenge for health and social care services. The [consequences \(.PDF\)](https://researchbriefings.files.parliament.uk/documents/CBP-7415/CBP-7415.pdf) (<https://researchbriefings.files.parliament.uk/documents/CBP-7415/CBP-7415.pdf>) of such delays are significant. Discharge delays, alongside issues such as premature discharge and poor service coordination, are costly to health and social care services, and detrimental to the [health and wellbeing of patients and their carers \(.PDF\)](https://impact.bham.ac.uk/wp-content/uploads/2024/07/IMPACT-Network-Hospital-Discharge-Discussion-material-FINAL-revised.pdf) (<https://impact.bham.ac.uk/wp-content/uploads/2024/07/IMPACT-Network-Hospital-Discharge-Discussion-material-FINAL-revised.pdf>). They contribute to an increased risk of infection, loss of independence and decline in mental health, leading to wider system pressures. Improving discharge delivery has therefore been a key priority for the government, as outlined in the [Urgent and emergency care plan \(.PDF\)](https://www.england.nhs.uk/wp-content/uploads/2025/06/Urgent-and-emergency-care-plan-2025-26.pdf) (<https://www.england.nhs.uk/wp-content/uploads/2025/06/Urgent-and-emergency-care-plan-2025-26.pdf>), the [Medium term planning framework \(.PDF\)](https://www.england.nhs.uk/wp-content/uploads/2025/10/medium-term-planning-framework-delivering-change-together-2026-27-to-2028-29.pdf) (<https://www.england.nhs.uk/wp-content/uploads/2025/10/medium-term-planning-framework-delivering-change-together-2026-27-to-2028-29.pdf>), and reflected in additional funding for integrated health and social care through the [Better Care Fund](https://www.gov.uk/government/publications/better-care-fund-framework-2026-to-2027/better-care-fund-framework-2026-to-2027) (<https://www.gov.uk/government/publications/better-care-fund-framework-2026-to-2027/better-care-fund-framework-2026-to-2027>).

The HSDR Programme is interested in funding high-quality research, across the UK, to evaluate potential improvements to discharge delivery in health and social care services, spanning patient-level, service-level and system-level improvements for children and young people (C&YP) and for adults. The scope includes discharge from acute hospital settings, mental health inpatient services and specialist inpatient services, for example, those for people with learning disabilities and autism. Although applications may address discharge delivery across the entire system pathway, particular interest is given to community focused and integrated discharge pathways that support the broader health and social care ambition of shifting care from hospital to community settings.

The HSDR Programme aims to invest funding in the region of £5 million, across a number of research studies, in relation to this funding opportunity.

Study design

The HSDR Programme is not prescriptive about study design. Funded applications often use mixed methods approaches and applicants should ensure the chosen design and methods are appropriate for addressing their proposed research question(s). Applicants should demonstrate an awareness of the challenges of evaluating integrated models of care and how their proposed study design accounts for these. Applications may include use of any appropriate, existing primary and/or secondary data sources.

Background

The [Hospital discharge and community support guidance](https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance) (https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance) outlines the expectations for NHS bodies and local authorities to work together in meeting local population needs, including joint commissioning and delivery of discharge services for adults across health and social care. It promotes integrated discharge approaches spanning health, social care and community services, with approaches such as discharge to assess, home first, multidisciplinary hospital discharge teams and care hubs to support effective discharge. [Separate guidance](https://www.gov.uk/government/publications/discharge-from-mental-health-inpatient-settings/discharge-from-mental-health-inpatient-settings) (https://www.gov.uk/government/publications/discharge-from-mental-health-inpatient-settings/discharge-from-mental-health-inpatient-settings) applies to discharge from mental health inpatient settings (including specialist inpatient services for people with a learning disability and autistic people), and for C&YP. This guidance, and related policies, similarly emphasise the importance of integrated working, multi-agency collaboration, patient and carer involvement and continuity of care between hospital and community support. However, despite these guidance and policy frameworks, in

England, there has been a [rise](https://www.health.org.uk/reports-and-analysis/analysis/delayed-discharges-from-hospital-comparing-performance) (<https://www.health.org.uk/reports-and-analysis/analysis/delayed-discharges-from-hospital-comparing-performance>) in the number of delayed discharges from hospital and pressures on bed capacity in different care settings.

Challenges in discharge delivery are experienced across all age groups, with prolonged delays often experienced by patients whose needs span multiple services and organisational boundaries. These challenges are particularly evident for older adults, who are more likely to experience age-related conditions, such as, frailty and dementia, and who often have greater care needs at the [point of discharge](https://www.gov.uk/government/statistics/adult-social-care-activity-report-england-2024-to-2025/adult-social-care-activity-report-2024-to-2025-commentary) (<https://www.gov.uk/government/statistics/adult-social-care-activity-report-england-2024-to-2025/adult-social-care-activity-report-2024-to-2025-commentary>), placing them at risk of poorer outcomes when discharge is delayed or poorly managed. While there is currently insufficient data on discharge delays for children, a recent [report](https://www.childrenscommissioner.gov.uk/resource/children-waiting-to-leave-hospital/) (<https://www.childrenscommissioner.gov.uk/resource/children-waiting-to-leave-hospital/>) by the Children's Commissioner for England highlights the extent and impact of the issue, which remains under-reported compared with adults. The report found that children from ethnic minority backgrounds and those living in deprivation were disproportionately affected by prolonged hospital stays. Multiple factors have been attributed to delayed discharge for C&YP, with under-resourced community and social care services identified as a central factor.

This gap between guidance, policy ambition and service delivery raises important questions about the effectiveness, implementation and sustainability of discharge approaches. Delayed discharge is widely acknowledged as a complex, system-level challenge. It is driven by interacting pressures across health and social care services and requires an integrated, whole-system response. However, discharge initiatives that focus on individual parts of the care pathway, without wider system coordination, may shift pressures elsewhere along the health and social care system. A recent [rapid mapping review of UK evidence](https://www.journalslibrary.nihr.ac.uk/hsdr/KRWH4301) (<https://www.journalslibrary.nihr.ac.uk/hsdr/KRWH4301>), highlighted the need for further research to examine discharge interventions within a whole-system approach, recognising the interaction between hospitals, primary care, social care services, community services (including housing) and the voluntary, community and social enterprise (VCSE) organisations.

There is a recognised need for a person-centred approach to discharge; however, there is [limited research](https://www.journalslibrary.nihr.ac.uk/hsdr/KRWH4301) (<https://www.journalslibrary.nihr.ac.uk/hsdr/KRWH4301>) examining the impact and acceptability of different approaches to discharge – on patients, their carers and on staff delivering the interventions. Across both acute hospital settings, mental health inpatient services, and specialist inpatient services, previous research with [patients and carers](https://impact.bham.ac.uk/delivery-models/ask-impact-) (<https://impact.bham.ac.uk/delivery-models/ask-impact->

[guides/hospital-discharge-what-matters-to-older-people/](#)) has found discharge transitions as particularly challenging. Similarly, [young people](#) (<https://www.barnardos.org.uk/research/discharge-planning-and-aftercare-camhs-tier-4-care-young-peoples-experiences-and>) have reflected experiencing discharge as abrupt, under-supported and anxiety-provoking. Carers report the [“intolerable stress \(.PDF\)](#) (<https://www.carersuk.org/media/gmrk1hec/carers-experiences-of-hospital-discharge-report-2021.pdf>)” some discharge models can place on them when support and information is insufficient. Young carers may be especially vulnerable, as their caring roles can be under-recognised within health and social care systems, despite the significant impact these roles can have on their [health, wellbeing and life opportunities \(.PDF\)](#) (<https://carers.org/downloads/appg-for-young-carers-and-young-adults-carers-reportlr.pdf>). There has been a call for further research to better capture [patient and carer needs, experiences and outcomes](#) (<https://www.journalslibrary.nihr.ac.uk/hsdr/GHTY5117>) as a measure of effectiveness beyond length of stay or readmission rates, including [longer-term outcomes and the sustainability](#) (<https://bmjopen.bmj.com/content/11/2/e044291>) of initiatives.

Social care capacity is often cited as a key cause of delayed hospital discharge, however, the scale of the problem remains unclear due to [limited data](#) (<https://www.kingsfund.org.uk/insight-and-analysis/blogs/delayed-discharges-social-care-capacity>). There is also limited high-quality evidence demonstrating the impact of social care interventions on healthcare outcomes, patient-centred outcomes and timely discharge. Further research is needed to examine the role of social care, community and VCSE organisations in supporting discharge, and their impact on service, patient and carer outcomes. This should include studies examining inequalities in experiences of, and outcomes of discharge, particularly among underserved populations, and the key features of effective integrated health and social care partnerships in coordinating discharge planning.

Research has also highlighted workforce complexities in discharge planning, including differing [professional perspectives](#) (<https://www.journalslibrary.nihr.ac.uk/hsdr/HBSH7124>) which can exacerbate discharge delays. This is particularly evident in patients with complex needs, where a gap may exist between medically fit for discharge and functionally safe discharge, where there may be differing risk management approaches between patients, families and carers, and different professional groups. Further research is needed to explore how health and social care systems manage risk collectively, in order to reduce discharge delays and support patient outcomes.

Technology-enabled approaches to discharge delivery, such as, digital remote monitoring and remote consultation platforms are being increasingly developed,

offering the potential to support more integrated and efficient discharge processes. However, the current evidence base remains limited and further high-quality research is needed to evaluate their impact on patient, carer and system-level outcomes.

Scope

The HSDR Programme welcomes proposals aimed at improving discharge delivery across health and social care services. Applicants should demonstrate awareness of existing research in this area and clearly articulate how their proposed application addresses an identified evidence gap. Proposals should show how the research builds on the existing evidence base and demonstrate clear potential for impact, going beyond purely descriptive work.

Applicants considering this funding opportunity are also advised that the HSDR Programme has recently conducted a funding opportunity (now closed) on Hospital at Home/virtual wards. Proposals related to C&YP should demonstrate how they complement the active award, [Systems and Process Redesign and Optimisation at Childhood Key Events and Transitions](https://www.nihr.ac.uk/funding/awards/NIHR156988).

(<https://fundingawards.nihr.ac.uk/award/NIHR156988>)

This funding opportunity is deliberately broad, reflecting a range of identified research needs across discharge delivery for C&YP and adults. Research applications are not expected to address all areas outlined in this specification and the areas identified are not an exhaustive list of research gaps and needs. Applications must fall within the remit of the [HSDR Programme](https://www.nihr.ac.uk/research-funding/funding-programmes/health-and-social-care-delivery-research) (<https://www.nihr.ac.uk/research-funding/funding-programmes/health-and-social-care-delivery-research>). The focus should be on service delivery, with an emphasis on improving quality, accessibility and organisation of care. Proposals should also be grounded in evidence and an understanding of organisational culture, workforce and other factors.

The following areas are of particular interest; however, other related areas may be proposed with appropriate justification.

- Evaluation of whole-system approaches to discharge planning including:
 - examining the key features and impact of effective integrated partnerships across hospitals, primary care, social care services, community and VCSE services in coordinating discharge planning; managing risk; workforce capacity; system resilience and sustainability.

- effectiveness and implementation of whole-system discharge approaches, and their integration with neighbourhood health teams and wider partners, to improve discharge efficiency and patient and carer outcomes.
- Co-producing and/or evaluating innovative approaches to discharge that:
 - embed shared decision making and outcomes that are meaningful to patients, carers and families.
 - incorporate longer-term outcomes at both patient-level, and health and social care system-level.
 - embed innovative adaptations to service design and delivery aimed at improving equity in access and meeting the needs of diverse groups, including (but not limited to) C&YP, young carers and those with complex needs post-discharge.
- Evaluations of alternative approaches to service delivery that have not been rigorously evaluated, and their impact on patient health outcomes, wellbeing, quality of life, patient experience and hospital utilisation. Areas of interest include (but not limited to):
 - [alternative delivery sites](https://www.journalslibrary.nihr.ac.uk/hsdr/KRWH4301) (https://www.journalslibrary.nihr.ac.uk/hsdr/KRWH4301)
 - social care and community-based interventions (e.g. [home interventions post discharge](https://www.nice.org.uk/guidance/ng27/chapter/Recommendations-for-research)) (https://www.nice.org.uk/guidance/ng27/chapter/Recommendations-for-research)
- Evaluating how services support health and social care professionals to develop the skills and experience needed to support flexible, cross-organisational working and the impact on:
 - patient and carer outcomes, including patient safety and safeguarding
 - wider service and system discharge outcomes
- Evaluations of innovative technology-enabled discharge approaches and the impact on:
 - cross-organisational coordination and continuity of care
 - workforce efficiency and acceptability
 - patient and carer experience and outcomes

Outputs

Pathways to Impact – NIHR is focused on the potential impact of the research it funds. Applicants are asked to consider the timing and nature of deliverables in their applications; and encouraged to maximise the potential for impact of their research, by explaining how knowledge will be mobilised and to ensure that findings are useful and relevant to stakeholders, such as:

- service commissioners and providers
- policy makers
- health and social care practitioners
- patients, service users, carers and families
- special interest groups
- voluntary and community sector
- community audiences
- other stakeholders including housing
- public health officers

Duration and costs

You are advised that we are custodians of public funds and value for money is a key criterion that Funding Committees assess applications on.

Inclusive research

You must detail how you have considered inclusivity in your research design, including sex and gender, throughout the whole research lifecycle and provide information on any associated costs. For full details, see the [inclusive research funding application guidance](https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/funding-application-guidance) (<https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/funding-application-guidance>).

Supporting information

Ongoing and completed studies of interest in our portfolio include:

- [Interventions to minimise hospital winter pressures related to discharge planning and integrated care: a rapid mapping review of UK evidence](https://www.journalslibrary.nihr.ac.uk/hsdr/KRWH4301) (<https://www.journalslibrary.nihr.ac.uk/hsdr/KRWH4301>)

- [A Pre-implementation Study to develop and test an Integrated Discharge Intervention \(PreSIDInt study\)](https://fundingawards.nihr.ac.uk/award/NIHR205674) (https://fundingawards.nihr.ac.uk/award/NIHR205674)
- [Exploring the Impact of a Housing Support Service on Hospital Discharge: A Mixed-Methods Process Evaluation in Two UK Hospital Trusts](https://onlinelibrary.wiley.com/doi/10.1155/2023/4027277) (https://onlinelibrary.wiley.com/doi/10.1155/2023/4027277)
- [Hidden costs of hospital discharge: Understanding the costs and outcomes associated with hospital discharge from the perspective of people, carers and local authorities.](https://sscr.nihr.ac.uk/research/care-economics/hospital-discharge-family-support/) (https://sscr.nihr.ac.uk/research/care-economics/hospital-discharge-family-support/)
- [‘Why are we stuck in hospital?’ Barriers to people with learning disabilities/autistic people leaving ‘long-stay hospital: a mixed method study](https://www.journalslibrary.nihr.ac.uk/hsdr/HBSH7124) (https://www.journalslibrary.nihr.ac.uk/hsdr/HBSH7124)
- [Coproducting improved mental health acute inpatient discharge using a Systems Approach: MINDS study](https://fundingawards.nihr.ac.uk/award/NIHR133013) (https://fundingawards.nihr.ac.uk/award/NIHR133013)
- [SPROCKET: Systems and Process Redesign and Optimisation at Childhood Key Events and Transitions](https://fundingawards.nihr.ac.uk/award/NIHR156988) (https://fundingawards.nihr.ac.uk/award/NIHR156988)
- [The impact of hospital discharge funding on health and social care outcomes](https://fundingawards.nihr.ac.uk/award/NIHR206637) (https://fundingawards.nihr.ac.uk/award/NIHR206637)
- [Reducing Avoidable Admissions in Acute Hospital Care: The role and impact of Same Day Emergency Care Services.](https://fundingawards.nihr.ac.uk/award/NIHR160821) (https://fundingawards.nihr.ac.uk/award/NIHR160821)
- [What are the clinical outcomes and patient experiences of adults accessing medical Same Day Emergency Care Services? A multi-phase design mixed methods study \(The SDEC study\)](https://fundingawards.nihr.ac.uk/award/NIHR304566) (https://fundingawards.nihr.ac.uk/award/NIHR304566)
- [Carer and patient-led development of recommendations for people with dementia returning home from hospital: understanding what is important](https://fundingawards.nihr.ac.uk/award/PB-PG-1112-29064) (https://fundingawards.nihr.ac.uk/award/PB-PG-1112-29064)
- [Impact of interventions to improve recovery of older adults following planned hospital admission on quality- of life- following discharge: linked- evidence synthesis](https://www.journalslibrary.nihr.ac.uk/hsdr/GHTY5117) (https://www.journalslibrary.nihr.ac.uk/hsdr/GHTY5117)

- [Reducing unplanned hospital admissions from care homes: an updated and extended systematic review](https://fundingawards.nihr.ac.uk/award/NIHR133884) (https://fundingawards.nihr.ac.uk/award/NIHR133884)
- [Discharge planning for the homeless, examining The London Pathway. Does a GP led discharge team reduce the in-patient burden and improve quality of care?](https://fundingawards.nihr.ac.uk/award/PB-PG-0110-21014) (https://fundingawards.nihr.ac.uk/award/PB-PG-0110-21014)
- [Effectiveness and Cost-effectiveness of 'Usual Care' versus 'Specialist Integrated Care': A Comparative Study of Hospital Discharge Arrangements for Homeless People in England](https://fundingawards.nihr.ac.uk/award/13/156/10) (https://fundingawards.nihr.ac.uk/award/13/156/10)
- [Delivering exceptionally safe transitions of care to older people: a qualitative study of multidisciplinary staff perspectives](https://link.springer.com/article/10.1186/s12913-020-05641-4) (https://link.springer.com/article/10.1186/s12913-020-05641-4)
- [Knowledge sharing across the boundaries between care processes, services and organisations: the contributions to 'safe' hospital discharge and reduced emergency readmission](https://fundingawards.nihr.ac.uk/award/10/1007/01) (https://fundingawards.nihr.ac.uk/award/10/1007/01)

Application guidance

Please read the following guidance to help you complete your application:

- [domestic outline funding application guidance](https://www.nihr.ac.uk/research-funding/application-support/guidance/domestic-programmes-outline-application-guidance) (https://www.nihr.ac.uk/research-funding/application-support/guidance/domestic-programmes-outline-application-guidance): this lists the fields that appear in the awards management system and explains what information you need to include for each one
- HSDR Programme application guidance: see our [checklist](https://www.nihr.ac.uk/checklist-describe-intervention-and-context-features-hsdr-research-proposals) (https://www.nihr.ac.uk/checklist-describe-intervention-and-context-features-hsdr-research-proposals) and the information below - for specific requirements our HSDR Programme looks for in applications
- [HSDR Programme page](https://www.nihr.ac.uk/research-funding/funding-programmes/health-and-social-care-delivery-research) (https://www.nihr.ac.uk/research-funding/funding-programmes/health-and-social-care-delivery-research): details about the programme remit
- [funding assessment criteria](https://www.nihr.ac.uk/research-funding/application-support/domestic-funding-programmes-assessment-criteria) (https://www.nihr.ac.uk/research-funding/application-support/domestic-funding-programmes-assessment-criteria)

- [research inclusion guidance](https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/funding-application-guidance) (https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/funding-application-guidance): it is important that you fully consider inclusive research design and sex and gender throughout the whole research lifecycle
- [finance guidance for applicants](https://www.nihr.ac.uk/research-funding/application-support/guidance/finance-guidance-for-applicants) (https://www.nihr.ac.uk/research-funding/application-support/guidance/finance-guidance-for-applicants)

Research plan

Write a maximum of 5 A4 pages for your research plan. When reviewing applications, we will not consider any additional information over this 5 page limit.

Background and rationale

There are different types of needs your research could address under our HSDR Programme. Your research may address one or a few needs; it does not have to address all. Read each need for information on what to include in your application:

Research needs

Health or care need

If your proposed research shows the benefits of improving health for the public, patients or carers, please state the benefits and explain how they will have an impact. Benefits include potentially preventing avoidable mortality and morbidity, improving quality of life, and preventing diseases. Research in this area is likely to identify new ways of working that enhance opportunities for health promotion or quality and safety of care. Benefits may also arise from improving the acceptability and effectiveness of care, cost effectiveness to the NHS (health and social care), better targeting of services, or equity of access to care.

Expressed need

If someone from the health and care management community has expressed a need for research in a particular area, you should show the evidence for this and how it relates to the wider NHS (health and social care). You should also consider why patients and the service will want to act on the outcomes of your research.

Sustained interest and intent

Show that the issue or area you are researching will have sustained interest in the future. The results of your research must remain highly relevant and important to the needs of the NHS in the future. If your research addresses an NIHR area of ongoing need, you should reference this fact in your proposal (under this heading).

Capacity to generate new knowledge

If you have identified a knowledge gap where new research is needed which cannot be addressed by any existing research, you should describe this in your application.

Generalisable findings and prospects for change

Research in this area is likely to produce generalisable or transferable findings which are valuable to the health and care management community. In your application, describe how health and care organisations are likely to be able to use your findings in their decision-making in ways that bring about change and improvement.

Building on existing work

Your research might contribute to building a coherent body of knowledge in the area. You should show how your research builds on, but does not duplicate, previous research.

What is the problem being addressed?

You must clearly identify the health and care need your research meets or contributes to. Please outline the anticipated value or contribution your study will provide.

Review of existing evidence. How does the existing literature support your proposal?

For some commissioned funding opportunities, we will have already reviewed existing evidence to inform the research specification. Please ensure you meet the requirements in the research specification.

Aims and objectives

Please summarise the research question(s) and key aims and objectives.

HSDR funds research projects, not programmes of work or ongoing work. You must have clearly defined research questions, and aims and objectives, and describe how the planned methodology is likely to achieve these objectives.

Methodology/plan

Include the below detail in your methodology and plan:

Project design and methods

Summarise your project plan plus any additional points required to support statements made in the previous sections. Include any key references required to justify them, for example, the use of particular outcome measures or methods of analysis.

For HSDR funding opportunities there are no fixed limits on the duration of projects, funding amount, or the number of co-applicants.

Design

Clearly summarise the type of study design you will be using. For example, primary research; controlled trial; evidence synthesis; or systematic review. Include methods, proposed sample size, and analysis methods, and explain why you have chosen the proposed methodology.

Methodological sub studies (Studies Within A Trial/Review/Project)

We encourage you to embed a methodological sub-study into your research. In particular, we are interested in sub-studies that support the decarbonisation of research, and review tangible ways to reduce environmental impact. See our [methodological sub-studies page](https://www.nihr.ac.uk/methodological-sub-studies-studies-within-trial-or-project-swat-and-studies-within-review-swar) (<https://www.nihr.ac.uk/methodological-sub-studies-studies-within-trial-or-project-swat-and-studies-within-review-swar>) for more information, including any restrictions of specific funding programmes.

Timeline and milestones

Project timetables including recruitment rate

Indicate the anticipated duration of the study. Where relevant, pay particular attention to the expected recruitment rate and justify your estimate. Outline the main stages of your proposed project including regulatory steps; team recruitment; participant recruitment; data collection, access, linkage, analysis; and knowledge mobilisation. Include the expected duration of each.

Study management

Clinical Trials Unit involvement

Clinical Trials Units are regarded as an important component of many trial applications. They can advise and participate throughout the process from initial idea development through to project delivery and reporting. However, they may not be essential for all types of studies. If you feel this is the case, please justify the reasons in your application.

If you are looking for a Clinical Trial Unit to collaborate with in your application, you can find all UK-registered units on the [UKCRC CTU Network website](https://ukcrc-ctu.org.uk/industry-collaborations-find-a-ctu/) (<https://ukcrc-ctu.org.uk/industry-collaborations-find-a-ctu/>).

Please note that we will check all proposals recommended for funding which involve a clinical trial. We check potential overlaps using [WHO trials](https://trialsearch.who.int/) (<https://trialsearch.who.int/>) before we communicate any funding decision. Consequently, a funding

recommendation may not be taken forward if a major overlap is identified at this stage. It is therefore important that you highlight any potential overlaps before your application is considered by the funding committee.

UK Biobank

[UK Biobank](https://www.ukbiobank.ac.uk/) (<https://www.ukbiobank.ac.uk/>) is a major national health resource, and a registered charity in its own right. It holds a health research database and aims to improve the prevention, diagnosis and treatment of a wide range of serious and life-threatening illnesses.

We encourage you to consider whether Biobank may be able to provide suitable data for your study. We do not want to discourage you from establishing new participants and data where this is necessary to address your research question. Our aim is to avoid applications looking to set up Biobank-like cohorts where the use of Biobank would prevent wasteful duplication of Biobank-like activities.

Reasonable costs and value for money

The HSDR Programme accepts that some variance in costs is likely to occur between the outline and full applications. We will carefully scrutinise all full application costs and any variance from the outline application. All costs need to be fully justified by the applicants to reassure that the study offers good value for money for the NHS and social care services.

Uploads

Please add the following to the 'Uploads' section of your application. Please note that any additional uploads not required at the outline stage, or larger than the stated limits, will be removed without notice.

Flow diagram (mandatory)

Upload a flow diagram on a single side of A4. The diagram should illustrate the study design and the flow of participants, if appropriate. If your project consists of more than one work package, consider a diagram that conveys the sequence and timing of research packages as well as how the work packages are linked. For qualitative work it may be appropriate to set out your theoretical framework. You must give full consideration to research inclusion and working with people and communities.

Logic model

You do not need to upload a logic model.

References (mandatory)

Upload 1 single-side A4 page PDF document of references.

Flexible upload

You do not need to upload any additional files.

Download application form template

You can download a Word document template of the application form below. Please use this template as a guide only, to help you prepare your application. For example, to see how many characters are accepted in each section and to see how information in the form is laid out. Please do not try to use this as an application form; it cannot be submitted as an application. You must submit your application online via our awards management system.

(/media/34891/download/)

domestic-programmes-outline-application-form-template.docx

DOCX |

Last updated: 28 January 2026

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Application process

Find out how to apply for this funding opportunity and what you need to do to get your application ready.

How to apply

[Log in to our application system to apply](#)

([https://awardsmanagement.nihr.ac.uk/s_Login.jsp?](https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp%3Fappid%3D105112%26nextlevel%3D1%26opportunityid%3D10261104)

[dest=/Apps/app_viewopportunity.jsp%3Fappid%3D105112%26nextlevel%3D1%26opportunityid%3D10261104](https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp%3Fappid%3D105112%26nextlevel%3D1%26opportunityid%3D10261104)). This funding opportunity is on our new awards management system and

you will need to create a new account if you do not have one already.

The closing date is 16 September 2026 at 1pm. Applications received after 1pm on the closing date will not be considered.

Please read all guidance detailed in the 'Application guidance' section of this funding opportunity.

Our commitment to research inclusion and reasonable adjustments

At NIHR we are committed to [creating a diverse and inclusive culture](https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion) (<https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion>). We encourage applications from people from all backgrounds and communities bringing diverse skills and experiences. If you need any reasonable adjustments throughout the application process, please contact the programme team via the information in the Contact Details tab.

Research Support Service

Got a research idea and not sure how to turn it into a funding application? The NIHR Research Support Service (RSS) supports researchers in England to apply for funding, and to develop and deliver clinical and applied health, social care and public health research post award. [Find out how the RSS can help you](https://www.nihr.ac.uk/explore-nihr/support/research-support-service/) (<https://www.nihr.ac.uk/explore-nihr/support/research-support-service/>).

Contact Details

- For help with your application contact hsdrinfo@nihr.ac.uk (<mailto:hsdrinfo@nihr.ac.uk>).
- For more information about the funding programme, visit the [HSDR page](/node/62886) (</node/62886>).
- For help developing your application, if in England, contact the [Research Support Service](https://www.nihr.ac.uk/explore-nihr/support/research-support-service/) (<https://www.nihr.ac.uk/explore-nihr/support/research-support-service/>).

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