

Marie Curie Research Grants Scheme Call: 'Care close to home, in and out of hours' Scope and Applicant Guidance

Marie Curie's Research Grants scheme aims to invest in innovative research that supports system, service and practice changes, to improve palliative and end of life care. In this research Call we are interested in receiving applications on the theme of 'Care close to home, in and out of hours'.

This theme closely aligns with Marie Curie's mission to close the gap in end of life care. It also aligns with a number of the top 24 priorities for palliative and end of life care research, identified and prioritised by people with lived and professional experience in the [refresh of the palliative and end of life care Priority Setting Partnership with the James Lind Alliance](#).

Background

Demand for palliative and end of life care is rising rapidly as the population ages and the prevalence of multimorbidity increases.¹ At the same time, more people are dying in the community; at home (28%), in care homes (22%), hospices and other residential settings (7%) increasing pressures on primary and community care services.²

Failing to meet this rising demand results in an estimated 200,000 people in the UK dying each year with unmet need for palliative care.³ That means dying with both significant levels of unaddressed symptoms and concerns and inadequate access to sufficient care from GP services.⁴ There are also profound inequities in access to palliative and end of life care, with people from different groups and with different diagnoses having widely differing experiences.⁵

Across the UK, all four nations are pursuing a similar shift in health and social care: delivering more care closer to home, prioritising prevention, and making better use of digital innovation. England and Northern Ireland are adopting a formal Neighbourhood Health approach. Both have published guidance and identified palliative and end of life care as priority cohorts.^{6,7,8} Scotland and Wales share the same principles but embed them within broader community based strategies.^{9,10}

The current reality, however, is that, when commissioning prioritises crisis response over planned person-centred care for palliative and end of life care, it can result in lack of integration across primary

¹ Etkind et al. (2017), [How many people will need palliative care in 2040? Past trends, future projections and implications for services](#)

² DHSC (2026) Palliative and End of Life Care factsheet: patterns of care, England 2024, [Understanding the health care needs of people with multiple health conditions.pdf](#)

³ Marie Curie (2026), Measuring unmet need for palliative care, [unmet-need-in-uk-report-2026](#)

⁴ *ibid.*

⁵ Hudson et al. (2023), [Intersectionality factors and equitable end-of-life experiences: rapid review](#)

⁶ NHS England (2025), [NHS England » Neighbourhood health guidelines 2025/26](#)

⁷ DHSC & NHSE (2026), [Neighbourhood health framework - GOV.UK](#)

⁸ Department of Health Northern Ireland (2026) [Neighbourhood Model of Health and Wellbeing | DH](#)

⁹ NHS Wales (2025), [National Service Specification for Wales: Palliative and End of Life Care Services](#)

¹⁰ Scottish Government (2025), [Palliative Care Matters for All, Palliative care strategy \(2025–30\)](#)

and social care and voluntary, community and social enterprise partners as well as lack of infrastructure to deliver symptom management 24/7.¹¹ Inadequate 24/7 service coverage and poor integration of care often results in lack of timely care and access to medicines for symptom relief, particularly out of hours and in rural and deprived areas.¹² Care is also poorly coordinated with the risk of unmet need being greater for those with more complex health problems.^{13,14} When care is not available, people may have no choice but to go to the Emergency Department where attendances increase steeply in the last 3 months of life, particularly out of hours.¹⁵

This research call therefore seeks to produce evidence to support positive, scalable change in how care is delivered close to home - both in and out of hours - so that more people can receive high quality, coordinated palliative and end of life care where and when they need it.

Research Call: Care close to home, in and out of hours

Marie Curie invests in innovative research around thematic areas that closely align with:

- Marie Curie's mission, strategy and the challenges we focus on,
- The external health policy landscape,
- Relevant research priorities identified by people with lived and professional experience through a James Lind Alliance Priority Setting Partnership (PSP).

In 2025, Marie Curie, in partnership with the James Lind Alliance and other charities and research funders, published a refresh of this PSP setting out [the top 24 priorities for future palliative and end of life care research](#).

For this research call, Marie Curie is interested in receiving high-quality applications with a prospect of short to medium term impact which address the core theme of 'Care close to home, in and out of hours', with the key JLA question: '[What are the best ways to provide palliative and end of life care in the community, for example what are the roles of different services and professions?](#)' (priority 21).

This question also links closely to another **four JLA questions dealing with skills staff need to enable people to die well at home (priority 3), best ways to provide palliative and end of life care out of hours (priority 9), improving communication and care coordination (priority 6) and better meeting the complex needs of people with multiple health conditions (priority 5).**

This research call aims to close the gap in end of life care by addressing one or more of four broad areas of evidence need:

1. Understanding current provision in primary and community care and patient experience
2. Developing, evaluating and implementing models of service delivery or interventions
3. Reducing inequality in out of hours provision
4. Economic (eg cost benefit) evaluation of service delivery models and their comparative benefits¹⁶

¹¹ Health & Social Care Committee (2025), [Expert Panel: Evaluation of Palliative care in England](#)

¹² Johansson et al. (2024), Better End of Life 2024, Time to care: Findings from a national survey of experiences at the end of life in England and Wales, [Better End of Life Report | Marie Curie](#)

¹³ *ibid.*

¹⁴ Stafford et al. (2018) [Understanding the health care needs of people with multiple health conditions.pdf](#)

¹⁵ Pask et al. (2022). [Better End of Life 2022. Mind the gaps: understanding and improving out-of-hours care for people with advanced illness and their informal carers](#)

¹⁶ Researchers considering economic evaluation are encouraged to draw on the following in their approach: [Comprehensive Investment Appraisal \(CIA\) Model and guidance - GOV.UK](#) & pages 27/28 of [Marie Curie's toolkit](#)

Within the overall theme of improving ‘**Care close to home, in and out of hours**’ and informed by a review of evidence gaps, the views of people with lived and professional experience, Government policies and Marie Curie’s strategic priorities, we are particularly interested in receiving proposals for research which address any of the following areas:

- How health and social care teams can provide **more coordinated care for people with advance serious illness** and how cost benefit analysis might justify care co-ordination time.
- Ways to **improve integration and coordination of primary and community palliative and end of life care**, and the impact of this on emergency hospital admissions.
- The potential **skills and knowledge gaps of non palliative specialist staff** providing care close to home.
- Ways to improve the **safety and effectiveness of care close to home particularly for people with multiple health conditions** who have **palliative and end of life care needs**.
- **Evidence-based models (including digital) for providing 24/7 palliative and end of life care**, especially in rural and island areas, areas of socioeconomic deprivation and to those with a non-cancer diagnosis.
- The most **clinically and cost-effective Multi Disciplinary Team (MDT) composition to facilitate continuity and coordination** of care close to home for people in the last year of life.

Please note that, at this stage, Marie Curie is not seeking research proposals focussing on or incorporating care homes and will look to fill evidence gaps relating to care homes through other routes.

JLA PEOLC Priority Setting Partnership Priorities

- **Priority 21:** What are the best ways to provide **palliative and end of life care in the community**, for example what are the roles of different services and professions?
- **Priority 3:** What kinds of palliative and end of life care support need to be in place **to enable people to die well at home?** What skills do staff need? What helps or hinders the delivery of care at home?
- **Priority 5:** How can palliative and end of life care better meet the complex needs of people with **multiple health conditions?**
- **Priority 6:** How can **communication and care co-ordination be improved** across the teams of health and social care professionals caring for people with any serious life-limiting illness?
- **Priority 9:** What are the best ways to provide palliative and end of life care, **support and advice at all hours (24/7 or out of hours)?**

Key Principles

We want research funded through the call to be supported by the following key principles, all of which will be core elements of assessment and decision-making for the call. We **also encourage researchers to work with Marie Curie to highlight outputs produced along the way of a project**. We also **expect the research to have clear milestones for delivery and potential impact and would encourage research teams to build in ongoing outputs/reporting during their grant**.

Adding value: Research proposals should show a clear awareness of existing research and delivery activity addressing the research question and make a strong case for the value that they will add to the evidence base for all four nations. Evidence reviews and ongoing research grants relevant to the particular topic area should be referenced within the proposal to support this.

Partnership for Impact: Research proposals should have well specified and feasible pathways to impact on practice and/or policy within the funded timeframe of the grant or in the near term after it completes. Decision makers and other key stakeholders who sit on the specified pathways to impact for the research (i.e. who will use the evidence generated to drive change) should be engaged in the project from the outset. Applicants should have existing relationships or clear pathways for forging new relationships with relevant service delivery organisations and include a specific clinical or management partner from such organisations as co-applicants. 10% of the requested budget should be used for impact-related activities.

Lived experience: The views of people with lived experience sit at the core of the research priorities identified as part of the James Lind Alliance Priority Setting Partnership. People with relevant lived experience to the issue the project addresses should be included in the setup and design of the project and included as co-investigators on the project. The data from the PSP are openly available and the individual questions from people with lived or professional experience underlying each research priority can be thus accessed to inform research proposals.

Equity: Marie Curie is committed to being a diverse and inclusive charity that is accessible and equitable to all, including those with protected characteristics. Marie Curie has signed a [joint statement](#) with other major UK research funders committing to better inclusion of older adults in health and care research.¹⁷ We want the research we fund to reflect these commitments to equity, diversity and inclusion. Regardless of the specific topic of a proposal, it is expected that equity issues are a central consideration for both project design and delivery, including making strong efforts to engage research participants reflective of the diversity of the population from which they are drawn, reporting demographics of people recruited and involving a diversity of voices with lived experience to help inform an inclusive research project. We would encourage applicants to draw on best practice on involving underrepresented groups in research on palliative and end of life care, including the 13 principles for developing, undertaking and supporting research with minority ethnic populations.¹⁸

The call will be open to expressions of interest (EOIs) **from 2 June to 17 July 2026** and lead applicants of shortlisted EOIs will be invited to submit a full application to the scheme. **Guidance for applicants is provided below.** If you would like to discuss the scheme and any planned applications with a member of the Marie Curie Research Management Team, please email research.grants@mariecurie.org.uk.

Please read the guidance notes below carefully prior to completing the expression of interest form. Additional guidance on what to include in your EOI is provided within the form itself.

¹⁷ See NIHR (2025) [Statement of intent: Integrating older age into health and care research | NIHR](#)

¹⁸ See, for example, Elliott-Button et al. (2025), [Principles for developing, undertaking and reporting research with minority ethnic populations in palliative and end of life care: A modified Delphi study](#)

Timelines for the Call

The following are indicative timelines for the call, any significant changes to these timelines will be communicated to applicants accordingly.

2 June 2026	Research call opens
17 July 2026	Expression of Interest Deadline (@23:59)
August 2026	Expression of Interest review panel meeting
Early September 2026	Full applications invited
Mid October 2026	Deadline for full applications
November 2026	Peer review
7-14 December 2026	Applicant rebuttal response to peer reviews
Jan-Feb 2027	Research Funding Committee meeting
March 2027	Applicants notified of outcome

Process for the EOI stage of the Call

The expression of interest stage of the application process involves the submission of a short expression of interest form summarising the proposed research.

A finance summary is also required as part of the form. It does not, at this stage, have to be signed off by a University/NHS Trust Research Office but should reflect the required finances as accurately as possible.

Expressions of interest will be assessed by a panel which will include representatives from Marie Curie, and people with lived experience, who will bring a range of perspectives including clinical, policy, implementation, equity and lived experience.

The panel will be shortlisting expressions of interest based on the key principles outlined above, the below criteria, as well as strategic fit.

a) **Right topic and strategic fit:** Alignment of the application to the scope of the research call, as outlined above.

b) **Right team:** Suitability of the proposed project team, including quality of the plans for involvement of people with lived experience and evidence users in the development and delivery of the project. As well as relevant partnerships.

c) **Adding value:** Strength of the case made for the proposed research building on, and adding value to, existing research in this space.

d) **Impact:** Clarity and feasibility of the proposed routes to impact on policy and/or practice and quality of the plans and relevant partnerships to maximise and evidence that impact.

e) **Equity:** Inclusion and quality of the approach taken to address equity and diversity considerations in all aspects of project design and delivery.

Applicants with shortlisted expressions of interest will be invited to submit a full application and should ensure they address any feedback when preparing their full application.

Eligibility to apply and who to involve

Expressions of interest are invited from lead applicants at recognised Universities, NHS hospitals, hospices or research institutes within the UK. We're inviting proposals from clinical /allied health professional researchers within community care settings and non-clinical researchers with links to community care. Applications are welcome from researchers, including current and past Marie Curie research grant holders. Past grant holders who have not fulfilled reporting requirements for their grant/s are not eligible to apply.

The lead applicant must have a post which covers the entire duration of the proposed study. Host institutions must be in a position to comply with all clauses of the current [Marie Curie Terms and Conditions](#). It is essential that applicants from community care settings form links with an academic institution or NHS partner organisation to build collaborations and obtain support and guidance when preparing their applications, for instance with research governance issues.

Joint Lead Applicants are permitted – although, if successful, the contracted grant (and associated funding arrangements) will be with one Lead Applicant's institution only.

We particularly encourage applications from researchers with backgrounds traditionally under-represented in research and are happy to discuss any challenges or barriers to application to identify possible solutions.

There are no restrictions on co-applicants and collaborating partners and we strongly encourage Lead Applicants to ensure that they involve a collaborative team with all experience necessary to give the project the best chance of delivering impact. As well as relevant research expertise this should also particularly include a focus on evidence users (decision makers and other key stakeholders who sit on the specified pathways to impact for the research and who will use the evidence produced to drive change), as well as people with relevant lived experience to the proposal topic.

At the full application stage, each applicant team will be asked to include a Lived Experience Lead who has relevant lived experience of the issues that the proposal addresses. The Lived Experience Lead should be an equal partner within the team who are shaping and developing the proposed research, and Lead Applicants should think carefully about how to support their meaningful, authentic involvement from the earliest stages.

As well as planning for and supporting an individual to become the designated Lived Experience Lead, Lead Applicants should consider more broadly how to involve from the outset a diversity of people with lived experience of the issues that are the focus of the project and who are the intended beneficiaries of the research.

Early involvement funding

We understand the challenges of involving people with lived experience and evidence users at the pre-award stage when no funds have been allocated to support their time or to facilitate early involvement activities. We also understand that this can be a barrier to diversity and representation within research involvement.

We will therefore make available up to £500 per applicant team, where it is needed, to support the involvement of people with lived experience and evidence users in the design and development of the research proposal.

This funding is specifically for applicant teams without alternative sources of support for these early involvement activities and should be requested by emailing research.grants@mariecurie.org.uk with a

brief description and justification for how the money will be spent. The funding can be requested either prior to submitting an EOI or when developing a proposal from EOI to full application. Any request will need to be formally signed off by the Marie Curie Research Management team before expenses can be claimed and expenses should not be incurred before this sign off.

Guidance on Costs

The maximum limit for individual applications is £150,000, but smaller applications are also encouraged.

At this stage in the application process, we only request a finance summary broken down by staff costs, running costs (including equipment and publication costs) and other costs. This does not, at this stage, have to be signed off by a University/National Health Service (NHS) Trust Research Office and updates to the requested costs will be permitted between the EOI stage and the full application stage (major changes will require justification). However, the finance summary should reflect the anticipated required and allowable finances as accurately as possible and guidance to support this is provided below.

Marie Curie will only pay the directly incurred costs of research. Marie Curie will not pay either directly allocated (including estate costs) or indirect costs on individual research awards.

Awards are provided on the understanding that the host institution will meet directly allocated and indirect costs (previously referred to as overhead costs) including, but not limited to, lighting, heating, central support staff salaries, costs of equipment maintenance, telephones, office furniture, use of library facilities and general laboratory and office equipment.

Where institutions operate a policy of access charges to equipment, Marie Curie will consider payment of an access charge in lieu of consideration of maintenance costs.

Staff salary

Grant applications may include requests for the salaries (whole or part) of staff who are employed directly to work on the grant (directly incurred) and whose time spent on the grant is fully auditable. Consultancy costs will be considered where there is a clear justification and where the individual's expertise is essential for the project.

Costs for centrally pooled administrative staff should not be included, nor should directly allocated salary costs for estimated proportions of the time of lead or co-applicants already employed by their research organisation.

Staff salaries requested in an application should not be fully funded by another source. If Marie Curie funding for a post would result in it receiving funding for greater than 100% FTE, then it should not be included in the application.

Please note that requests for PhD studentships and Clinical Research Training Fellowships on project grants will not be funded through this scheme.

Funding is provided for salary, the employer's national insurance contribution and an employer's pension contribution which will be no higher than the rate used by the USS or NHS scheme and may not be used to offset any prior under-funding of the pension scheme. Apprenticeship levy fees should not be included within the proposed budget.

Costs of recruiting staff to posts will not be funded by Marie Curie. If the grant is awarded, the amount provided to fund each post will be stated in the Grant Award Letter and this amount should include provision for relevant increases in pay grade/scale/spine point and inflation if necessary. Marie Curie does not meet the cost of NHS merit awards or clinical excellence awards or any other supplement or enhancement earned in the course of providing patient care to NHS patients.

Running expenses

Running expenses may include contributions to the use of central facilities or charges for use of specialised equipment where these are required for the research project. In addition, computer costs should typically be capped at £750 per person over the duration of the grant.

Requests for travel expenses to attend conferences and meetings will be considered as part of the grant application. Costs for travel forming an integral part of the proposed study (such as travel between collaborating centres or steering group meeting expenses) can also be included. Costs for staff training relating to the project will also be considered.

Costs for transcription are eligible, however, please ensure the justification includes the cost per minute and the expected duration.

Marie Curie expects that publications resulting from its research funding are made Open Access in accordance with its [Open Access Policy](#). Therefore, Marie Curie will consider requests for Open Access publication fees within grant applications (either as article processing charges for fully Open Access journals, or fees paid to non-Open Access journals to make a particular article publicly available). Open Access costs should typically be capped at £4,500 over the duration of the grant.

Impact

Marie Curie is asking applicants to **dedicate 10% of their budget to activities related to producing impact on policy and practice**, in addition to any usual dissemination activities that can be requested as part of the usual budget.

Equipment

Marie Curie assumes a basic level of equipment provision by the host institution and applications should be limited to items required specifically for the research proposed. Applications should contain the equipment requirements for the full duration of the award at the time of application, since further equipment requests will not be considered in subsequent years of the award. Equipment requests in applications should typically not exceed £15,000.

Support provided in lieu

If you were to be successful, these are the support that Marie Curie can provide in lieu – please get in touch as support is dependent on strategic fit and team resource:

- Access to our Research Voices Group
- Advice from our Policy and Public Affairs team, with the ability to work together if strategically relevant
- Access to a wider group of teams funded through the specific themed call.
- Contact with our Information and Support teams who may be able to help with hosting toolkits and other materials, if agreed in advance
- Marie Curie is a NIHR RDN eligible funder and, where appropriate, we would encourage you to apply for NIHR portfolio adoption for your study, which has several potential benefits
- Gold standard open access costs if they are not paid by the University

Generative artificial intelligence (AI) declaration guidance

Marie Curie's expectations around the use of Generative AI in our research funding calls are aligned with [the funders joint statement](#) published by the Research Funders Policy Group in September 2023.

Our expectations for funding applicants include:

- When developing research funding proposals, applicants should take care to use AI tools responsibly and in accordance with legal requirements (including data protection and intellectual property) and ethical standards.
- Funding applicants should not input sensitive or personal data into AI tools.
- Funding applicants should ensure the accuracy of any information generated by AI that is included in their application.

Applicants should acknowledge when and how generative AI tools have been used in their funding application (including use of generative AI to check grammar or reduce word count for an application) and confirm that they have used these tools in compliance with this policy.

How to submit your application

The application form will be made available on the 2nd of June 2026. Please submit your application via email as a PDF file to research.grants@mariecurie.org.uk or share it with the research team via a secure link of your choosing.