



## Marie Curie Research Grants Scheme Call 14 Scope and Applicant Guidance

In February 2025, the Refresh of the Palliative and end of life care Priority Setting Partnership (PeolcPSP) with the James Lind Alliance published [a top 10 and a top 24 research priorities](#) for palliative and end of life care, identified and prioritised by people with lived and professional experience<sup>1</sup>. One of the questions new in the top 10 referred to improving the quality of palliative and end of life care in hospital.

The 2024 Marie Curie Better End of Life: Time to Care report<sup>2</sup> showed that in 2023:

- more than a third of the people who died in England and Wales died in hospital;
- one in eight people who died spent more than 30 days in hospital in their last three months of life;
- more than half of the people who died used an ambulance at least once in the last three months of life;
- almost half visited the Accident & Emergency (A&E) department once or more;

Research from the Nuffield Trust and the Health Economics Unit, commissioned by Marie Curie, found that in 2022<sup>3</sup>:

- UK public expenditure for people in the last year of life, across healthcare, social care and social security, was in the region of £22 billion;
- over half (53%) of this public spending in the final year of life was spent on healthcare, of which hospital care represents the largest share of healthcare spending, accounting for 81% of total healthcare spend and more than half of this healthcare spend (56%) went on emergency hospital care;
- in contrast, primary and community healthcare made up only 11% of all healthcare costs and less than 4% was spent on hospice care

However, only a minority of people, including people in the last year of life, want to die in hospital, according to the latest Marie Curie Public Attitudes to Death and Dying Survey, with the majority of people wanting to die at home or in a hospice<sup>4</sup>.

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<sup>1</sup> Research priorities for palliative and end of life care Identified and prioritised by people with lived and/or professional experience, February 2025, <https://www.jla.nihr.ac.uk/media/11311/download/>

<sup>2</sup> Therese Johansson, Sophie Pask, Joanna Goodrich, Lucy Budd, Ikumi Okamoto, Rashmi Kumar, Lynn Laidlaw, Cara Ghiglieri, Andy Woodhead, Rachel L Chambers, Joanna Davies, Anna E Bone, Irene J Higginson, Stephen Barclay, Flossie M Murtagh, Katherine E Sleeman, Better End of Life 2024 - Time to care: Findings from a nationally representative survey of experiences at the end of life in England and Wales, Marie Curie, Sep 2024, <https://www.mariecurie.org.uk/globalassets/media/documents/policy/beol-reports-2024/beol-2024-time-to-care-report.pdf>

<sup>3</sup> Lisa Cummins, Sophie Julian, Theo Georghiou, Gayathri Kumar and Sarah Scobie, Public expenditure in the last year of life, Nuffield Trust and Health Economics Unit, February 2025, <https://www.nuffieldtrust.org.uk/research/public-expenditure-in-the-last-year-of-life>

<sup>4</sup> Annmarie Nelson, Simon Noble, Silvia Goss, Stephanie Sivell, Emily Harrop, Bob McAlister, Public attitudes to death, dying and bereavement in the UK re-visited: 2023 survey, Marie Curie, October 2024, [https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/2024/n401\\_padd\\_report\\_final.pdf](https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/2024/n401_padd_report_final.pdf)

## How can the quality of palliative and end of life care in hospital be improved? What helps or hinders improvement? (Priority 8 of PeolcPSP Refresh 2025)

Within the overall theme of improving palliative care in hospital and informed by a review of identified evidence gaps, the views of people with lived and professional experience and Marie Curie's strategic priorities, we are particularly interested in receiving proposals for research which address any of the following areas:

- **Identification of people with palliative and end of life care needs in hospital** and who needs to be involved in those decisions; understanding demographics of people with unmet palliative and end of life care needs in hospital
- **Education and/or training of staff** involved in hospital related services, **including ambulance services**, around palliative and end of life care and associated processes
- **Communication with families, carers** and those close to the person with palliative and end of life care needs, including delegated people, within the hospital setting
- Identification of **what good hospital palliative and end of life care looks like in different circumstances**
- Models of good hospital palliative and end of life care delivered in the **Emergency Department (ED)**, including those that **reduce avoidable admissions and repeat attendances**

## How can discharge from hospital be improved for people with any serious life-limiting illness? (Priority 20 of PeolcPSP Refresh 2025)

Within the overall theme of improving discharge from hospital and informed by a review of identified evidence gaps, the views of people with lived and professional experience, as well as Marie Curie's strategic priorities, we are particularly interested in receiving proposals for research relating to the following areas:

- Understanding **barriers to discharge** (to home or care home) including identification and social and community care considerations, for people with palliative and end of life care needs
- How well is the **hospital discharge and community support guidance being interpreted** and applied for people with palliative and end of life care needs (including frailty)?
- How does **preparedness (or lack) of carers to support care at home** impact discharge of people with palliative and end of life care needs from hospital, and carers themselves
- Research into **models of patient finance** and different funding models that can improve patient choice
- **Cost analysis of service provision**, including cost to the state, not just health services
- **Discharge communication and coordination**, including use of technology and/or systems to improve sharing of information and communication

Two further research priorities within the top 10 Research Priorities are very relevant to the above topic areas and might inspire research proposals related to the main topics areas:

***How can NHS, social services and charities work more collaboratively to provide joined-up care that better meets the needs of people with a serious life-limiting illness and their carers, friends and families? (Priority 2 of PeolcPSP Refresh 2025)***

***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 6 of PeolcPSP Refresh 2025)***

## Partnerships

Within the overall scope of this year's research call to the Marie Curie Research Grants Scheme, and with the view to maximising the impact of research investment on policy and practice, for the benefit of people living with serious life-limiting illness and their carers, families and friends, we have entered into partnerships with two hospital charities who have an interest in improving palliative and end of life care in hospital and hospital discharge. The following criteria need to be adhered to in addition to the usual Marie Curie criteria for the individual partnerships.

### **Marie Curie / Leeds Hospitals Charity, up to £300,000 overall joint pot**

Marie Curie supports palliative and end of life care research for all terminal illnesses. **Leeds Hospitals Charity** is partner charity to Leeds Teaching Hospitals, the largest teaching hospital in Europe caring for over 1 million patients annually. Approximately 3000 adult patients die within Leeds Teaching Hospitals each year, this is just less than 50% of all adult deaths in Leeds. Leeds Hospitals Charity has a strategic interest in supporting palliative and end of life care research **specifically in Leeds Teaching Hospital and related to hospital discharge within Leeds.**

We are open to receiving applications from clinicians, healthcare workers, and researchers where the outcome of funding has the potential to be of benefit to patients, their families, at and connected to Leeds Teaching. We encourage applications from medics as well as non-medics including nurses and allied health professionals as well as those in the early stages of their research career.

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

### **Marie Curie / Royal Brompton and Harefield Hospitals Charity, up to £200,000 overall joint pot**

Marie Curie supports palliative and end of life care research for all terminal illnesses. The **Royal Brompton and Harefield Hospitals Charity's** aim is to advance **care for heart and lung patients**. To do this the charity champion ideas, research and innovation for preventing, diagnosing and treating serious heart and lung conditions – **advancing care for patients while improving their experience**. Applications **from across the UK that focus on the palliative care and end-of-life care needs of heart and lung patients** are invited for this part of the research call.

The **maximum limit for individual applications is £100,000, but smaller applications are also encouraged.**

### **Marie Curie, £400,000**

Marie Curie supports palliative and end of life care research for all terminal illnesses. This funding pot is in line with the call's wider scope and is available for projects focusing on improving the quality of care and discharge processes in hospitals for people with palliative and end of life care needs across all UK settings/ locations.

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

## Key Principles

**We want research funded through the call to be oriented around the following key principles, all of which will be core elements of assessment and decision-making for the call:**

**Adding value:** Research proposals should show a clear awareness of existing research and delivery activity addressing the clearly formulated research question and make a strong case for the value that they will add to the evidence base. 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, unless they are clinically led, in which case a relationship with a university is encouraged. If policy impact is planned, a partnership with relevant organisations is also encouraged. For the first time, we will be asking researchers 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.

**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 accessed to inform research proposals.

Co-design with both these groups, the intended users of the research and the intended beneficiaries of the research, should be a core feature of proposals. Our Early Involvement Funding is available to support the involvement of people with lived experience and evidence users in the development of proposals (see further details in the call guidance below).

**Equity:** Marie Curie is committed to being a diverse and inclusive charity that is accessible to all and we want the research we fund to reflect this commitment to equity, diversity and inclusion. Regardless of the specific topic of a proposal, equity issues should be a central consideration for both project design and delivery, including ensuring samples of research participants are 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.

The call will be open to expressions of interest (EOIs) **from 3<sup>rd</sup> June to 21<sup>st</sup> July 2025** 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](mailto: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.***

## **Timelines for the Call**

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

3 June 2025	Research call opens
21 July 2025 (23:59)	Expression of Interest Deadline
Early-September 2025	Expression of Interest review panel meeting
Mid-September 2025	Full applications invited
23 October 2025	Deadline for full applications
November 2025	Peer review
10-18 December 2025	Applicant rebuttal response to peer reviews
Jan-Feb 2026	Research Funding Committee meeting
March 2026	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, Leeds Hospitals Charity and Royal Brompton & Harefield Hospitals Charity, 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 with the charities/ funding partners.

a) **Right topic and strategic fit:** Alignment of the application to the scope of the research call, as outlined above, and relevance to Marie Curie, Leeds Hospitals Charity and/or Royal Brompton & Harefield Hospitals Charity

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:** 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 a hospital setting and non-clinical researchers with links to hospitals. Please see the partnership page (page 3) for more details on eligibility for our specific funding pots.

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 [Marie Curie Terms and Conditions](#). It is essential that applicants from hospices 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](mailto: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

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.

### [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 wordcount for an application) and confirm that they have used these tools in compliance with this policy.