NIHR | National Institute for Health and Care Research

NIHR Surgery and Peri-Operative Care Translational Research Collaboration (SPOC-TRC)
Pump Priming Funding Call (2025–2026)

The SPOC-TRC pump priming call aims to support projects that promote safe and transparent early phase research in surgery and/or peri-operative care. This includes funding to support early phase studies to develop novel SPOC interventions as well as studies to support methodological developments relevant to early phase evaluation of SPOC interventions. Activities to promote education and training in this field are also within remit.

The SPOC-TRC operates with financial support from the Department of Health and Social Care (DHSC) as well as annual contributions from member NIHR Biomedical Research Centres (BRC's). A proportion of the funds from SPOC-TRC members will be made available for pump priming awards.

Scheme overview

- Projects may be funded up to a maximum of £20,000 for up to 12 months.
- Projects are to be led by a member of the TRC or co-led by TRC members.
- Projects are to involve a minimum of two TRC members from different BRCs.
- Projects are encouraged to collaborate with groups external to the TRC, e.g. another BRC (not part of the TRC), academic centre or industry and with those across different surgical specialities.
- Projects are required to consider PPIE as described in more detail below.
- A clear vision, aim and key milestones are required.
- A credible plan for obtaining subsequent external funding is required.
- Consideration of industry engagement/collaboration is required.

Scope

Pump priming funding is available for activities that involve collaboration. It is expected that this is between a minimum of two BRCs within the SPOC-TRC (Appendix 1). Additional collaborations with an external group, e.g. another BRC (not part of the TRC), an academic centre or industry is encouraged. Activities and projects involving cross-surgical speciality collaboration is also encouraged. The proposed activity should contribute to the achievement of the SPOC-TRC workstreams and/or overarching SPOC-TRC vision (Appendix 2).

Activities and projects that are within scope of the call, include projects designed to:

1. Support an early phase research evaluation (i.e. Phase 1, 2a, 2b) of an invasive procedure or a peri-operative care intervention in two centres.
2. Support methodological innovation/evaluation to optimise the design and conduct of an early phase study/ies of an innovative invasive procedure or a peri-operative care intervention.
3. Support activities to promote training and education in early phase evaluation methods for surgery and peri-operative care.

4. Advance PPIE methods for early phase studies in surgery and peri-operative care

Examples of project costs within scope include:

- Extending a single centre early phase study into another centre.
- Nesting a methodological project within an early phase study e.g. nesting novel work to optimise informed consent in a Phase II study.
- Undertaking pre-clinical (literature analyses, interviews, lab experiments in two centres) with a clear translational pathway to intervention/placebo intervention design and conduct in an early phase study.

Eligibility

In addition to being within scope, projects need to demonstrate that they have met specific criteria within their application, including:

- Demonstration of a clear vision, aims, and key milestones that align with the SPOC-TRC aims
- A clear rationale for why the project delivery is contingent on securing SPOC-TRC pump priming.
- Involvement of patients and/or the public, including appropriate plans for implementing PPIE as a key part of the research activity (or clear justification for why this is not needed).
- An expectation that pump priming projects will have a high chance of subsequently:
    - Securing external, peer-reviewed research funding through the development of collaborative research proposals,
    - Attracting industry or other external partner collaboration/support.

Applications should therefore put forward a credible case for how the projects will be positioned to increase the likelihood of securing further funding and industry collaborations.

Projects should be completed within 12 months.

Application process

Prior to submitting a completed application form, individual(s) interested in applying for pump priming are encouraged to discuss their planned proposal with the Collaboration Manager (Liz Stopard, liz.stopard@bristol.ac.uk). These discussions serve to encourage the research that is most relevant to our remit and confirm eligibility.

Key dates:

Phase	**Date**
Launch of pump priming funding call	28th July 2025
Deadline for applications	3rd October 2025
Applicants informed of the outcome of their application	1st December 2025

Funding available

In scope for funding:

- Projects will be awarded up to a maximum of £20,000. Smaller projects below this maximum award value are welcomed. Where an application requires additional funding beyond £20,000, this must be discussed in advance of submission.
- Salaries*, consumables, meeting/travel costs and costs related to patient and public involvement and engagement are eligible for funding. Costs for small equipment are capped at £5,000 and require additional justification.
- Consumables for lab-based research are eligible as long as the work involves human samples or models derived from human samples that are part of an early phase study.
- With regards to salaries*, costs can be used to buy out time of existing staff to provide a specialist function or service required by the project e.g. data analyses

The following costs will **not** be funded and must not be included in any application:

- Projects or programmes that involve entirely single-centre research.
- Animal research costs.
- Capital equipment costs greater than £5,000.
- Indirect costs and overheads, NHS treatment costs nor NHS support costs.

Review process

Applications will initially be reviewed by the Collaboration Manager against the scheme's eligibility criteria.

A list of applications meeting the criteria will be sent to members of the SPOC-TRC Executive Group. Each member will be asked to identify which applications they would like to review in detail (as a lead or second discussant) and to declare any conflicts of interest.

Members are expected to read and score all applications and prepare to discuss in detail those that they have been allocated as lead or second discussant.

Members will score proposals out of a maximum of six, using a traffic light system: Red (1-2, poor with serious concerns), Amber (3-4, good with some weaknesses), Green (5-6, excellent with no major concerns).

Proposals will be scored using the following assessment criteria:

- Relevance to the defined scope
- Originality
- Methodology
- Consideration of PPIE
- Probability of securing further funding
- Probability of collaboration with industry
- Probability of completion within the time frame
- Ability of applicants to achieve the objectives
- Realism of costings

Score sheets will be sent to the Collaboration Manager, and an average score will be calculated.

At the Executive group meeting, a screening process will be undertaken to eliminate applications from full discussion that do not reach the standard required or are too peripheral to the scope of the pump priming call. During screening, applications which have scored an average of less than 3 (and which don't involve an Executive Group member) will likely be rejected without further discussion.

Applications with divergent scores, an average score of three and above, or which have an Executive Group member involved are then dealt with in turn. For each application discussed, the anonymised Executive Group scores and average scores are displayed. Those which involve a member but have an average score of less than three will typically be rejected without further discussion while that member is absent from the meeting.

For all applications remaining, the member acting as first discussant summarises the application and gives their view of the application in relation to the eligibility criteria. The second discussant brings up anything else of relevance and gives their opinion. After general discussion amongst the Group, a decision is made on whether to recommend or reject the proposal, using voting (NB chair does not have a vote).

Once all applications have been discussed, the Executive Group will rank recommended applications for funding based on scientific merit and relevance to the agreed scope of the call. This is helpful in agreeing which projects should be funded, when the sum represented by recommended applications exceeds funding available for the round.

Conflict of interest policy

Where an Executive Group member is connected to an application, they must declare a conflict of interest and withdraw from any consideration of that application. We exclude members from considering:

- their own applications, including applications where they are listed as a co-applicant or collaborator
- applications where the applicants or co-applicants are from the same organisation
- applications from someone who the member has recently (eg within the last five years) supervised or managed or closely collaborated with on the same topic.
- applications where a member considers themselves to have a conflict of interest

If a member has a conflict of interest with an application under review, the member will not receive documents pertaining to that application and will not score the application or see the scores awarded it by other Executive Group members. They must leave the meeting when the application is assessed.

The Chair should not normally apply for funding, but if the chair applies (directly as lead or co-applicant; or would receive funding as a listed collaborator), they must not attend the meeting. In such cases the deputy-chair will chair the entire meeting or a WS lead (if chair and deputy are both named on an application). Should the chair have other conflicts of interest not related to funding (e.g. institutional, co- authorship, personal or professional relationships), they should declare these interests upfront and leave the meeting for the specific item(s) when they are discussed, as per the requirement for other committee members. The deputy-chair should take over for these specific items.

Award process

All applicants will be notified of the outcome of their application.

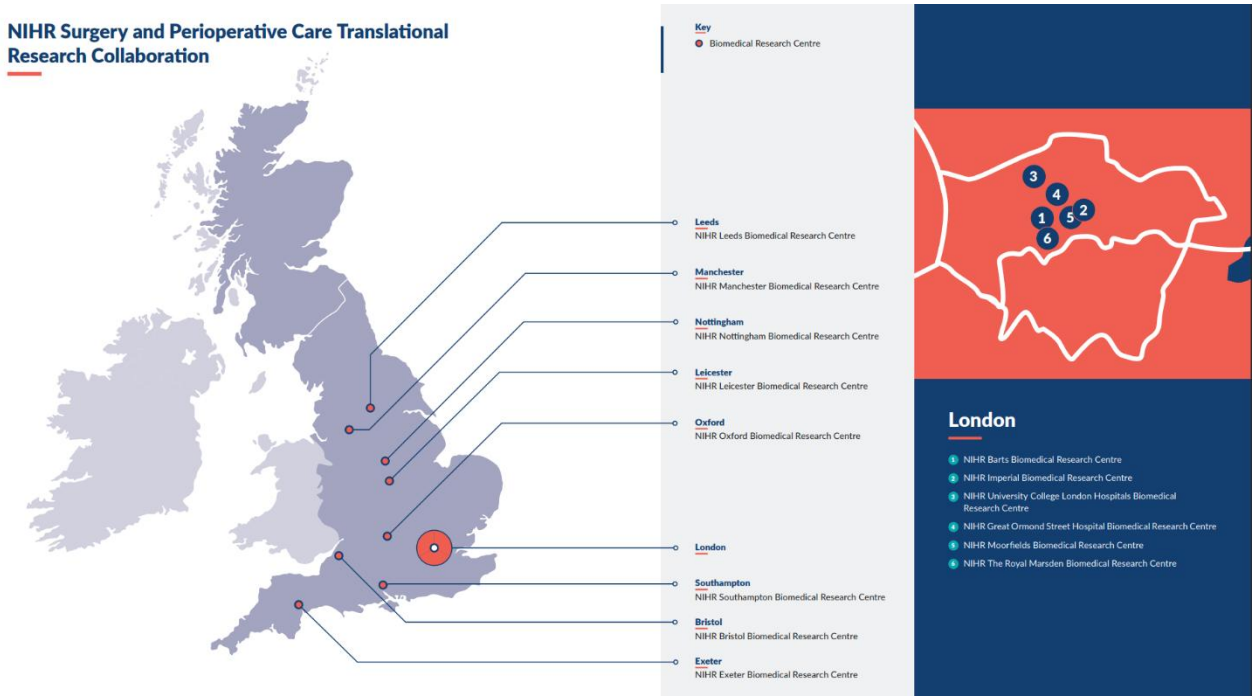
For successful applications, the University of Bristol will issue an award letter to the host institution (University/trust) of the Lead Applicant.

Once a project has started, invoices should be submitted to the SPOC TRC Manager (liz.stopard@bristol.ac.uk) on a quarterly basis for incurred expenditure. Only actual incurred costs (supported by evidence) will be reimbursed up to the total award amount, as per the breakdown of costs outlined within the successful application form.

Post award reporting

Recipients of pump priming will be required to provide a progress report six months after the start date and subsequently within two months of the project end date, detailing how the funds have been used and the outcomes. A SPOC-TRC Project report form will be sent for completion. Ad hoc updates regarding the progress of the study may also be requested. The terms of reporting will be stipulated in the award letter.

Appendix 1: SPOC TRC members



Appendix 2: SPOC-TRC Vision and Objectives (Pan SPOC-TRC & workstream specific)

Vision

The SPOC-TRC's vision is to work towards transformation of the SPOC translational innovation pathway in the NHS. In so doing, we will provide a pipeline of interventions with robust early phase evidence that can be taken forward into definitive later phase evaluation and contribute to creating a health service in which SPOC is evidence based, safety and ethics-driven and based on patient and public needs.

Aims of the SPOC-TRC:

1. Support and facilitate the evolution of collaborative early phase studies in SPOC, building critical mass and making fit-for-purpose the translational pathway, and enabling leverage of strategic-level funding
2. Increase and sustain research capacity and capability in SPOC across the NIHR infrastructure, and partner organisations including industry
3. Promote methodological innovation with increased focus on cross-disciplinary approaches.

Workstream Objectives:

Innovations should not be introduced without significant public and patient involvement and engagement (PPIE). To ensure improved patient outcomes and safety, PPIE will be consistently promoted across all TRC workstreams.

WS1: Surgical and methodological innovation to optimise next generation implants, procedures and early phase studies: to allow a pipeline of new procedures and/or devices to develop, as well as 'research on research' to occur as the procedures are evaluated

1. Begin and make significant progress with developing the translational methods for early phase studies in SPOC.
2. Develop cross-NIHR BRC case studies in surgery/invasive procedures to create early evidence for translation and future grants and to pilot test materials from (1) above.
3. Develop at least two academic-industry partnerships to evaluate new procedures/devices including nested translational methodological research where possible.
4. Develop co-ordinated funding proposals to further evaluate promising procedures/devices and or new methods developed in (1-3) above.

WS2: Investing in future leaders and capacity building for early phase research in surgery and peri-operative care: to develop more and better early-phase research studies in SPOC by improving sustainability, educating, and nurturing the next generation of clinician-scientists.

1. To develop and pilot an annual training course for clinicians involved or interested in early phase studies. The course will provide bespoke training, collaboration opportunities and inspiration for the design and conduct of early-phase studies.[*Note: the long-term ownership and delivery of this course will not be the responsibility of the TRC.]*
2. Work with the NIHR RDN to develop and pilot the competency framework and standards of an associate PI scheme (API) for trainees on early-phase studies to allow hands-on involvement, training, and mentoring, to improve the transition to independence *[The long-term ownership of the API scheme for early-phase studies will be with the NIHR.]*
3. Survey trainees to consider how a matched mentoring scheme for SPOC trainees and PIs would enable career development in early phase studies – with a particular emphasis on equitable access to support, reaching and enabling interested trainees from institutions with fewer opportunities in research.
4. Link with existing mentoring schemes to establish how mentorship for early phase studies in SPOC may be identified within existing schemes and/or how to modify these as appropriate.

WS3: Innovation in peri-operative care and translational methods to optimise patient outcomes

1. To develop and refine interventions to improve physical and psychological resilience before surgery.
2. To develop and refine interventions to promote quicker and more complete recovery after surgery.
3. To individualise interventions for pre/intra/post-operative care (in parallel with above).
4. To provide better information to patients and healthcare workers through refining risk prediction using predictive analytics.
5. To develop and extend the CIPHER experimental medicine platform (Southampton) across multiple centres to enable development and validation of wearables and monitors as well as innovation and refinement of risk prediction approaches.

6. To work with patients and the public to improve shared decision-making by using more reliable, precise and relevant information and by improving the decision-making process.
7. Host a joint Perioperative Care “sandpit” at the Royal College of Anaesthetists to coordinate activities between the Trials Centres and Networks with a focus on early phase studies.