

Wellcome's Workplace Mental Health Request for Proposals 2021

Responses to frequent questions – June 2021

This document combines responses to all queries raised so far about Wellcome's Workplace Mental Health RfP. In this document, we lay out:

- A) Responses to queries raised
- B) Next steps for this RfP exercise

Responses to queries raised

The table below aims to answer all the queries raised so far about Wellcome's Request for Proposals on Workplace Mental Health. These questions have either been submitted via email or raised during our webinar about the commission on Thursday 17 June.

We have combined some of the queries and organised them by theme. If you are unable to find an answer to your query, please see the next steps section for the next opportunity to ask questions.

	Question	Answer
Questions about interventions in scope	Does the commission seek evidence on any particular approach for supporting mental health at workplace? Does it need to be a new intervention?	It is up to the Supplier to choose the approach that they would like to focus on, although please note each research team may only focus on ONE approach. There is no requirement for the approach to be a new intervention. You can read more about what's in scope in on page 6 of the RfP .
	When you say one intervention, is this a very specific type of intervention (e.g. psychological therapy) or could it be interventions that all target the same one mechanism of mental health problems/outcomes (e.g. stigma, rumination, impostor feelings etc.) but may have been targeted in slightly different ways (e.g. psychological therapy, informal support, peer support etc.)?	It is up to the research team to justify the choice of the intervention. It may either be a single concept that can be targeted in different ways (e.g. tackling stigma, or reducing rumination), or it may be a single identifiable component of an intervention (e.g. exposure or decentering). The unifying feature is that all these approaches are specific, conceptually distinct intervention targets, close to a proposed mechanism of action.
	Why is the focus on discrete interventions, which may not work for everyone depending on individual needs and contexts?	We recognise that what works for supporting mental health at work will be different for different people and in different contexts. As part of their reviews, we will be asking all Suppliers to highlight what the evidence says about whether the intervention is more or less effective for different groups of people and/or in different contexts. We also recognise that in practice a combination of approaches is likely to be needed for supporting mental health in the workplace. However, for this RfP exercise we are asking Suppliers to focus on one approach, so that we can look in detail at the evidence behind individual approaches.
	Would you consider self-led interventions as well as those	Yes, we are interested in the full range of approaches. These could be delivered by a clinician, peer, be self-led, or be

	delivered by someone (therapist/psychologist/other)?	organisational/structural level training or interventions that may make a difference to workplace mental health (e.g. autonomy, flexible working).
	Would you consider interventions that have multiple entities collaborating?	We are asking Suppliers to look at ONE approach for preventing or addressing mental health problems in the workplace. In theory, the intervention could be something that is delivered by multiple entities. However, please note that we will not commission research into specific branded services or products.
Questions about mental health problems in scope	Is Wellcome wanting to focus on (i) promotion of positive wellbeing (ii) prevention of work-related stress/distress (iii) support for employees living with MH 'conditions'?	Suppliers can propose any approach that they hypothesise may be effective for preventing or addressing mental health problems in the workplace. We are primarily interested in mental health problems that impact on functioning (i.e. problems that prevent people from being able to pursue their regular daily activities as they normally would for two weeks or longer), rather than a broader notion of wellbeing. The approach may be relevant at one or more of the following intervention periods and as part of their expression of interest, Suppliers can indicate whether they are focussing on one or multiple of these time periods. <ul style="list-style-type: none"> • Prevention – approaches that stop employees developing mental health problems • Treatment – approaches that help employees with mental health problems to recover • Stopping relapse – approaches that help employees who have recovered from mental health problems not to develop these again • Ongoing management – approaches that help employees who have ongoing and/or chronic mental health problems to not be held back by their mental health.
	What level of severity of mental health problems are you interested in? Would anxiety & depression be okay and would you consider symptoms of PTSD?	We are primarily interested in mental health problems that impact on functioning, by which we mean problems that prevent people from continuing to pursue their regular daily activities as they normally would for two weeks or longer. We are using this definition to try to distinguish between mental health problems and every day emotional responses of low mood or anxiety that are part of life's ups and downs. Anxiety and depression and symptoms of post traumatic stress disorder would all be in scope for this commission.
	Does the lifting of the focus on youth depression & anxiety mean that	Our 2020 commission focused particularly on anxiety and depression among younger

	<p>focus on any of these aspects is specifically not wanted?</p>	<p>workers. We have broadened the scope for this commission so we are interested in evidence related to workers of all ages and evidence about wider mental health problems.</p> <p>Although we are not asking Suppliers to focus specifically on younger workers, we are still interested to understand what the evidence shows about any differences in the effectiveness of interventions for employees of different ages, including younger workers. Suppliers could also still propose to focus on younger workers in their research if they would like to.</p> <p>We continue to be particularly interested in research related to anxiety and depression, and in research related to psychosis, as these are current focus areas in Wellcome's strategy.</p>
	<p>Where the expression of interest asks for a definition of how you will define mental health problems, how broad should this definition be and is it meant to capture the keyword search for the literature review?</p>	<p>We are looking to understand how Suppliers will be defining mental health problems in their review and what mental health outcomes they will be considering. It is up to Supplier to choose the definition that they prefer to work with and we are open to different definitions, provided that the definition fits within our approach to defining mental health problems, set out on page 4 of the RfP.</p> <p>We are not expecting the definition to cover key words or search terms.</p>
	<p>Although the focus is on mental health problems that impact on functioning, is it still possible to focus on wellbeing or quality of life or life satisfaction as part of this?</p>	<p>As part of their reviews, Suppliers can highlight what the evidence says about wider outcomes such as wellbeing, quality of life and life satisfaction. However, our primary interest is on mental health outcomes and this should be the main focus of the review.</p> <p>Research solely focused on outcomes such as wellbeing, quality of life and life satisfaction would not be in scope.</p>
	<p>Are you interested in looking at how people are supported in their employment to achieve good work, access to promotion, etc. and how that relates to mental health and wellbeing?</p>	<p>As highlighted above our interest is on mental health problems which impact on functioning, rather than a broader notion of wellbeing.</p>
	<p>The RfP mentions that mental health diagnostics may not be required in inclusion criteria for reviewed material. Would self-report of mental health debilitation and lapses in functioning for 2+ weeks be acceptable from reviewed literature?</p>	<p>Yes, this would be acceptable. As set out in the RfP, we recognise that some Suppliers may wish to take a diagnostics framework and some may not.</p> <p>We would encourage all Suppliers to ensure they carefully define and justify the search terms for their review to be clear about what they are including and why.</p>

	<p>Are you only interested in workers who are away from work for two weeks or longer? For many of the frontline workers that we work with, it is not practical for them to be away from work for this length of time. Can we still consider them?</p>	<p>Approaches targeting frontline workers are in scope for this commission.</p> <p>When we refer to mental health problems that prevent people from continuing their regular activities as they normally would for two weeks or longer, this does not mean that we are only considering mental health problems that mean people have to take two weeks off work. Rather we are referring to problems which prevent people working and doing other daily activities in the way that they normally would feel able to (for example they may be able to keep up with work responsibilities, but only with unusual effort or at the expense of other activities.)</p> <p>We are using this definition to distinguish mental health problems from more everyday emotional responses of low mood and anxiety that are part of life's regular ups and downs.</p>
<p>Question about specific focus areas</p>	<p>Would you accept applications for exploration of interventions which are similar to phase one but address a different geographical, sector or industry?</p>	<p>Yes, we will consider projects which propose to review the evidence behind one of the approaches covered in the 2020 commission, where the proposal is focussed on a more specific geographical context, workforce or marginalised group within the workforce.</p>
	<p>The interest in working with workers in LMICs, does this include working UK based but multinational corporations with supply chains from these other countries?</p>	<p>We are particularly keen to learn more about the evidence of the effectiveness of approaches for supporting workers in low- and middle-income countries and to ensure greater Supplier representation from researchers based in these countries. Therefore, our ambition is to commission at least five projects from Suppliers where the Lead and the Lead's organisation are based in LMICs.</p> <p>When looking at studies focussed on workers in low- and middle-income countries, these studies could be related to those working for multinational companies or those working for national or local organisations. Those working in the informal sector would also be in scope.</p>
	<p>What specific populations might be in scope for this commission? For example, would those living with HIV, those with chronic health conditions or healthcare workers in low- and middle-income countries during Covid-19 be in scope?</p>	<p>Yes, all these could be in scope.</p> <p>We are open to Suppliers focussing on a particular population within the workforce, or marginalised group within the workforce for their research. In most cases we would like projects to apply to a category encompassing at least 10 million people worldwide, although we will consider small populations where there is a strong case to do so.</p> <p>Suppliers will need to justify why they are proposing to focus on a particular population. We would also encourage Suppliers to</p>

		consider the availability of evidence for this population, in relation to their proposed approach.
	Would you be interested in proposals focusing on autism?	<p>Specific populations are in scope, although in general we are looking for projects to focus on a category encompassing at least 10 million people worldwide. We may also consider smaller populations where there is a strong case to do so.</p> <p>Given the prevalence of anxiety and depression in autism, and the prevalence of autism itself, this would be in scope.</p>
	<p>Would you consider the NHS an appropriate workforce for this call?</p> <p>Would you have any advice on how to deal with the sensitivities when the audience for a project about the NHS workforce would be the UK Government?</p>	<p>This could be in scope for this commission, although in most cases, we would like projects to apply to a category encompassing at least 10 million people worldwide. As highlighted above, Suppliers would need to justify why they are proposing to focus on a particular population and we will consider smaller populations where there is a strong case to do so.</p> <p>In this example, we would encourage the potential Supplier to consider whether their review could consider health workers more broadly, rather than only the NHS.</p> <p>In terms of tailoring the recommendations for a specific audience, our advice to Suppliers would be to focus on what recommendations can be made based on the available evidence. Suppliers may choose to acknowledge certain contextual factors as part of their recommendations, however we are looking for recommendations to be based on the evidence, rather than be framed around wider considerations and sensitivities.</p>
Questions about workforces and workplaces	How would you define workplace? What if someone is self-employed and probably in the informal sector? For example, farmers, street vendors, domestic workers	We are interested in looking at the effectiveness of approaches in a range of different workplace contexts. Proposals focussed on those who are self-employed, or those working in the informal sector, would be in scope for this commission.
	Would university students be considered? For example, if the approach is something that supports both staff and students at a particular university.	Proposals focussing on students would be out of scope for this commission, however staff working in education (such as at universities or schools or colleges) would be in scope.
	Are you interested only in paid employment?	For this RfP exercise, we are primarily interested in paid employment because we are looking to understand the evidence behind approaches for supporting people's mental health while working. This includes those working in both formal and informal work settings.

		<p>If as part of their research, Suppliers find evidence about how a given approach supports those carrying out unpaid work, they would be welcome to include this as part of their review. However, for this RfP, we are unlikely to commission a project focussed solely on those in unpaid work.</p>
<p>Questions about eligibility, applications and research teams</p>	<p>Who is eligible to apply to this RfP? Does there need to be a UK-based institution?</p>	<p>We encourage applications from anywhere in the world, provided the Supplier can accept work that is contracted from the UK. This does not mean that the Supplier needs to form a team with someone who is based in the UK. We welcome applications from diverse geographies and especially from teams based in low- and middle-income countries.</p> <p>You can find more details of who is eligible to apply on page 9 of the RfP.</p>
	<p>The RfP mentions that a team comprises a member with a PhD or PhD equivalent – what is the equivalency criteria for PhD?</p>	<p>When reviewing applications, we will consider the expertise and experience of the team as a whole. If none of the named team members have a PhD in an area of mental health science, you could demonstrate ‘equivalence’ – for example, if at least one of the team members could show that they took the lead on a published paper using a particular methodology or have several years’ experience in industry doing research.</p> <p>We are looking for all teams to demonstrate that someone in their team has a track record in producing publishable outputs, as one of the key deliverables we are looking for is an academic review.</p>
	<p>I have a colleague interested in applying who is an honorary professor and not an employed, salaried or remunerated member of the university. Would they be eligible to apply for this call?</p>	<p>Yes, they would be eligible to apply to this RfP. However, we would encourage the applicant to check with the university that they would be happy to provide an institutional support letter and to administer the contract. You can find details of the contract on page 17 of the RfP.</p>
	<p>If a potential team member already has a Wellcome Fellowship is it possible for them to be included in the project team?</p>	<p>This would be fine from our point of view. However, the applicant may wish to check this with the relevant Fellowship team at Wellcome and with their institution, flagging any impact this research may have on their Fellowship timelines.</p>
	<p>The RfP suggests that individuals and those who are self-employed can apply. What would the letter of institutional support look like in this case?</p>	<p>We only ask for a letter of institutional support at full proposal stage. If someone is applying as an individual, then they could provide this letter. These letters are primarily intended to confirm that the institution is aware of the proposed project and that they support the Lead to conduct the work. There is no need for these letters to provide a reference and as part of the full proposal, there is a separate section to request referees.</p>

		Anyone who is applying as an individual should ensure that they have read section 8 of the RfP about IR35 and Off Payroll Working Rules.
	We are a team of early-career researchers affiliated with a community-based mental health organisation. Is it permissible to receive an institutional support letter from a senior member of our team who will be an advisor on our application and is also the CEO of the organisation?	We welcome applications from early-career researchers and it would be fine in this case for the letter of institutional support to come from the CEO of the community-based organisation, even if they are an advisor on the application.
	Can we include partner organisations in our proposal (for example charities, businesses, life insurance companies, universities, or health services)? How many are we allowed?	<p>We encourage collaborative applications with partners from different sectors and all these partners would be fine, if they can play a role in contributing to the research. The only restriction is that the Lead organisation must be able to contract with Wellcome.</p> <p>There is no limit on the number of partner organisations, however we would encourage Suppliers to consider what size project team is practical and feasible, given the length, scope and available budget for the project.</p>
	How many reviewers could be involved in one review project? Is there a limit on the number of review team members?	<p>For this request for proposals, we have not set a limit on the number of team members. At expression of interest stage, there is an option to name two additional team members, but you can name further team members in the full proposal.</p> <p>Although there is no upper limit on the number of team members, we would encourage Suppliers to consider what size project team is practical and feasible, given the length, scope and available budget for the project.</p>
	Is it possible to have more than three named collaborators for each team?	Yes, for this RfP we are happy for you to have more than three named collaborators for your team. In the expression of interest, we have only asked for you to name up to two team members, but if you are invited to submit a full proposal there will be space for you to provide details of additional team members.
	How important is it for the lead applicant to have access to all the academic journal databases? This is easy for academic institutions but less easy for smaller organisations.	As part of the application Suppliers would need to demonstrate a plan for being able to access relevant databases. Costs for accessing databases could be included as part of the proposal, however, they will need to be justified (as with all costs).
	The Expression of Interest form asks for a 'Reference and link to a review paper of key relevance to your proposal'. Should this be a review paper published by the applicant(s), or whether this should be a published review in the literature, but not produced by the applicants?	We are looking for you to provide the paper you feel is most relevant to the topic. The paper does not need to be authored by the Suppliers, but can be if this is the most relevant paper.

	When the expression of interest asks Suppliers to “provide one or two specific examples of what this intervention might look like in a workplace context”, do these examples need to show the outcome of the approach or demonstrate how they will be implemented?	We are looking for you to share examples of how this approach could be implemented in a workplace context – for example, what would it look like if a workplace is using this approach in practice. At this stage, you do not need to provide evidence showing the outcome of the approach.
	If you are a postdoc in another country at the moment but from a LMIC, can you still be the lead investigator?	Yes. There is no requirement to be based in a low- and middle-income country to apply to this request for proposals. As part of the selection process, we will be looking to ensure geographical diversity in the projects we commission and it is our ambition to commission at least five projects where the lead or lead’s organisation is based in a low- and middle-income country.
Questions about methodology	Our team is currently conducting a similar literature review. Can we use existing resources from an existing project to support this proposal?	We can only fund work that takes place during the contractual period. If you propose to build on existing work then that would be fine as long as there is sufficient work that can still be undertaken during the contract, and that you are clear about this as part of your application.
	Is your emphasis on a review of existing literature, or do you also want analysis of an existing database?	We are expecting Suppliers to review the evidence cross a wide range of research literatures. Suppliers also have the option to analyse existing datasets, where these are easily accessible to the research team. The exact choice of methodology is up to the Supplier and you can read more about possible methodologies in Annex 2 of the RfP .
	Is it possible to utilize data inputs from ongoing, parallel primary research on the topic (with participants consent) or data that is already available to the Supplier team as long as it is not planned or costed within the Wellcome proposal?	The aim of this commission is to review existing evidence about individual approaches for supporting mental health in the workplace. We are happy for Suppliers to analyse existing datasets which they already hold and are easily accessible. Analysis of primary research that is happening at the same time as the commission would be out of scope as we would consider this new data.
	We know lots of employers use workplace mental health interventions, but based on previous literature reviews it is rare that they are formally evaluated. Would a realist review or review of qualitative evidence be considered appropriate in the absence of RCTs?	Yes, we are open to Suppliers using different methodologies for their reviews, including reviewing qualitative evidence and a realist review. We would expect Suppliers to be open about any limitations of their methodology and of the available sources.
	Is there a restriction on the type of evidence we review and include, i.e. quantitative and qualitative? Is it permitted to include workplace policy	There is no restriction on the type of evidence Suppliers can review and it is up to the Supplier to choose their methodology. In their reviews, Suppliers should be clear about

	handbooks, long-form newspaper articles and data from helplines/ therapeutic databases in the review sources?	<p>the sources that they are drawing from and where relevant, acknowledge the limitations of those sources.</p> <p>The only restriction is that primary research is out of scope, unless Suppliers are reviewing existing datasets that are available to them or conducting a meta-analysis.</p>
	Does the commission expect the grey literature to include materials in other languages? Was the previous review restricted to materials in English?	All final outputs must be produced in English, however, the substantive work and literature reviewed can be in other languages.
	The RfP mentions secondary analyses of existing data. Do you have any examples of how this was done from the 2020 commission?	<p>Yes, two of the projects in our 2020 Commission reviewed existing datasets and you can read more about their methodologies in the reports below:</p> <ul style="list-style-type: none"> • RAND Europe's report on Financial Wellbeing Interventions • Robertson Cooper's report on employee autonomy
	If it's a topic that doesn't have a lot of published literature, but there are people with lived experience (due to a particular population being studied), would that be a good consideration?	<p>The aim of this commission is to review the existing evidence about the effectiveness of one intervention. We are open to Suppliers including a range of sources in their review and are expecting them to look across a wide range of research literature, including published literature and grey literature sources. This could include reviewing relevant existing qualitative studies, such as those looking at people's experiences of an intervention. However, please note that primary research is out of scope for this commission.</p> <p>If the topic has very little existing research literature across the range of sources above, it is unlikely to be a suitable topic for review.</p>
Questions about involving people with lived experience	Can you define people with lived experience in the workplace and are there any specific criteria?	For this commission, we are asking Suppliers to involve people with experience of mental health problems in the workplace. People do not need to have been diagnosed by a professional or accessed formal services or necessarily have accessed support in a workplace context. Where research is focused on a specific geography, workforce or those who may be marginalised within the workforce, Suppliers should ensure these groups are represented.
	Should people with lived experience be involved in developing our proposal?	If it is possible for you to do this, we would welcome you collaborating with people with lived experience on your proposal. However, we recognise that this may not be possible for all Suppliers.
	We would like to include people with lived experience as collaborators on the proposal – is this possible?	Yes, this is encouraged. We are looking for people with lived experience of mental health problems in the workplace to be involved throughout the research and would welcome

		them being named as collaborators on proposals.
	How do you weigh the lived experience and interviews, compared to the published literature?	<p>We are expecting people with lived experience to be involved as advisors, collaborators and co-researchers to inform the design, governance and delivery of the projects, rather than as research subjects or participants.</p> <p>Therefore, we are not expecting you to weigh the views of people with lived experience against the published literature and you should consider the views of people with lived experience in the same way as you would any other collaborators or experts that you are involving in the project.</p>
	Do you make distinctions between 'lived-experience researchers', and 'lived-experience advocates and leaders'?	There are multiple roles people with lived experience can play across research, policy and practice. For this RfP exercise, we are expecting people with lived experience to be involved as advisors, collaborators and co-researchers to inform the design, governance and delivery of the projects, rather than as research subjects or participants. It is up to Suppliers to determine the most appropriate roles for their project.
	If the people with lived experience are quite vulnerable, is it okay to involve those who work with those individuals (e.g. counsellors, advocates)?	We are expecting people with lived experience to be involved as advisors, collaborators and co-researchers to inform the design, governance and delivery of the projects, rather than as research subjects or participants. As with all members of your project team, we would encourage you to ask people with lived experience if they need any support or have any access requirements.
	The RfP says that primary research is not allowed – isn't involving people with lived experience primary research?	<p>We are not expecting people to be involved as participants or subjects, as in primary research. Rather, we expect that people will be involved as advisors, collaborators or co-researchers and their roles would be contributing advice, knowledge and expertise to the design, governance and delivery of the project.</p> <p>See Appendix 1 of the RfP for examples of how research teams involved people with lived experience as part of our 2020 Active Ingredients Commission.</p>
	What is the minimum number of people with lived experience that should be involved in the proposed work?	The number of people to work with is entirely up to the Supplier and will depend on how you plan to involve people with lived experience. Some teams may prefer working in-depth with a small group of people with lived experience or having people with lived experience as co-researchers; while others may prefer working with as many people as possible to gather advice and input from a wider range of individuals. These approaches

		can also be combined to best suit your team and the objective of your project.
Questions about budget and outputs from the commission	Do we as a team propose and budget for creating infographic/video dissemination deliverables?	<p>For this commission, we are not asking Suppliers to create infographics and videos. We are only asking for them to submit an academic review, a one page summary and a presentation.</p> <p>At the end of the commission, Wellcome may decide to commission another organisation to create infographics and videos based on the findings from the research. Research teams will be closely involved in this process to ensure any outputs accurately reflect their research findings.</p>
	Would we be able to cost in price for open access published journal articles?	You can include all costs deemed necessary to undertake this work, including any justifiable expense towards the production of your review and accompanying deliverables. However, we encourage all Suppliers to bear in mind Wellcome's Open Access Policy when budgeting for publication costs.
	Is it possible for us to share the intellectual property for the commission?	<p>As set out in the RfP, Wellcome will need to own the intellectual property created in this commission and may wish to make the final outputs public itself (in whole or in part), either on its website or other media, and in doing so may apply a Creative Commons (CC-BY) licence to the outputs.</p> <p>Subject to Wellcome using the deliverables for its own purposes first, we are keen that the final outputs reach as wide an audience as possible.</p>
	Can we host the deliverables on our website?	Yes. We are keen for the deliverables to be shared as widely as possible so after the deliverables have been signed-off and any embargoes lifted, we are happy for Suppliers to host the deliverables on their own website.
	Is it possible to have our organisation's logo on the final outputs from the commission?	Yes. We will ask all Suppliers to include the Wellcome logo on their outputs to show that the work was carried out as part of a Wellcome commission. However, we are happy for Suppliers to also include their own logo on the deliverables.
Broader questions about workplace mental health	We know that there are often structural factors that impact on mental health in the workplace (such as workplace culture, long working hours etc). Whether approaches are effective, will also often depend on the context in which they are implemented and it's important that approaches are tailored to individuals. How are these factors being considered as part of this commission?	As highlighted in the RfP, when considering what works for supporting workplace mental health, we think it is important to recognise, and consider the effectiveness of, the range of policies that employers can put in place that may positively impact on the mental health of their staff. This includes approaches addressing systemic issues, such as pay, culture or workload. For this RfP exercise, Suppliers could propose to focus on an approach that is addressing broader organisational or structural considerations that impact on mental health.

		<p>It is also important to remember that any approach to workplace mental health a business chooses to implement exists within a wider workplace context and culture that is likely to impact on how successful it can be. The importance of context was emphasised in the findings of our 2020 Commission and similarly for this commission, we will encourage all Suppliers to identify any learning about how the wider context impacts on the effectiveness of the intervention they are researching.</p>
	<p>Has any consideration been given to how employers deploy interventions where most staff are working from home and are unlikely to go back into an office setting, including large and anchor institutions like local authorities as well as SMEs?</p>	<p>As part of their research, we are asking all Suppliers to look at any contextual factors which may impact on how an intervention works in practice. This would include considering any available evidence as to how the effectiveness of the intervention may be impacted by employees working remotely and/ or how interventions may work across different types of employer.</p>

Next steps for this RfP exercise

The next opportunity to submit queries will be as part of the [Expression of Interest Form](#), the deadline for which is 12:00 BST on Monday 28 June 2021.

Please note submitting an Expression of Interest is a compulsory requirement of this RfP exercise and we will only be accepting full proposals from Suppliers that we have shortlisted on the basis of their Expression of Interest. Wellcome will notify suppliers of whether or not they have been invited to submit a full proposal by 17:00 BST on Monday 12 July 2021.

For further information, you can [find all key documents and guidance related to this RfP exercise](#) on Wellcome's website.