



**Health**

Hunter New England  
Local Health District

# **NSW Regional Health Partners (NSWRHP)**

***MRFF***

***Rapid Applied Research Translation  
Grants***

**EOI 2018**

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23 April 2018

JHH



# Presentation Overview



- Overview of NSW RHP MRFF Rapid Applied Research Translation Grants EOI 2018 process
  - contact NSW RHP for specific questions/advice
- Advice regarding HNE EOI selection criteria
  - Aligned to HNE interests
  - Optimal criteria
  - Basis for HNE panel scoring

# Funding



- \$6.1 million in MRFF funding for a three year period.
- Annual EOI rounds – for 12 month projects

# 2018 Timeline



- EOI open
- EOI close – **5pm 1 May**
- HNE selection panel (up to 5 projects) - **2-10 May**
- NSW RHP Translation Committee to select top 5 projects - **24 May**
- NSW RHP Governing Board decision – **8 June**
- Development of final proposal – **June**
  - Detailed budget, 12 month work plan
- Final proposal to AHRA (to assess for duplication across Centres) – **29 June**

# Project Eligibility



- Involve a minimum of 3 NSW RHP partner organisations
  - Partners not members of AHRTCs/CIRHs not permitted
- MUST align with at least one of the 2018 MRFF priorities
- MUST be able to deliver public and patient benefit or major process transformation within 12 months
- Viewed favourably if aligned with the:
  - AHRA and NSW RHP priorities
- Adherence to application form requirements

# Lead Applicant Eligibility



- An employee of one of the NSW RHP health partners (HNELHD, CCLHD, MNCLHD, CMN, PHN) (other NSW RHP partners are UoN, UNE, HMRI)
- The project must be sponsored by the NSW RHP Translation Committee representative for the lead applicants employing organisation (HNE = JW)
- A lead applicant can only submit one EOI.

# MRFF 2018 national priorities



- Patient and Public Engagement
- Health Services Improvement
- Evidence Practice Gap or Clinical Variation
- Care Across the Care Continuum (incl. end of life care)
- Health Care Improvement
- Primary Care or Community Health Related
- Government Policy or Engagement
- Aged care/ Elderly population
- Vulnerable groups (including ethnic and Indigenous groups)

# NSWRHP Priorities



- Economic assessment of Models of Care (including technology, processes)
- Population Health messaging
- Consumer/Community Engagement
- Knowledge Transfer Models (Implementation strategies)
- Integration of new knowledge into professional training programs



# AHRA Priorities



- Indigenous health
- Better use of health data or linkage
- Impact metrics

# Focus of Projects



- New elements to, or extensions of existing projects eg. a successful limited scale study/trial proceeding to wider implementation into practice, or
- Existing translation/implementation initiative or research has identified an evidence gap that warrants further exploration/improvement



*‘Describe proposal including significance, aims, methodology and feasibility. Ideally use dot points. (2500 character limit)’*



## Significance

1. Alignment to stated priorities
2. 'Evidence-practice gap'
  - Specified policy/intervention/procedure/model of care that requires improvement to achieve better clinical, population health or health system or other outcomes
  - Quantitative demonstration of the need for the improvement eg. extent of policy/guideline non adherence, poor patient outcomes, adverse events, performance, cost etc. incl. for Aboriginal peoples



## Significance contin.

### 3. HNE/health system need

- Specification of the relevant HNE Department/unit/Sector/network and/or agency (eg MOH, Pillar, Partner) that has identified/acknowledged the need for the proposed modification/improvement



## Project Aims

- Clarity
- Appropriate to selected MRFF/NSWRHP/AHRA priorities, and to
- Alignment to selected HNE Department/Facility, LHD, Ministry of Health or Pillar priorities
- Measureable
- Feasible (are achievable at proposed scale in the 12 month timeframe)



## Methods

- Clarity, appropriateness (to the selected Priorities and for Aboriginal peoples), and feasibility of:
  - Project scale (eg. number of participants, sites)
  - Project design (relevant to aims)
  - Translation strategies (evidence-based, feasibility of implementation eg. system change, training)
  - Outcomes and measures (number, type, extent of expected change)
  - Data collection, tools, resources, analytical support
  - Partnership with/involvement of end-users in problem/solution identification and implementation



## Feasibility

- Team members have skills/experience/roles relevant for the project (practitioner, research, policy, Aboriginal cultural advice, statistics/economics etc)
- Demonstrated track record of successful partnership/collaboration between team members
- Demonstrated end-user involvement in problem/solution identification, delivery/evaluation
- Approvals - health service management – to undertake project, and sustain post-project



# Stage of activities



*‘Describe the stages of the project, timelines and if a component of an existing project, how will MRFF funds add value and deliver pace and scale. Funding MUST be spent and the project delivered in 12 months. (1000 characters including spaces)’*

# Stage of activities



- **Stages of the Project**

- Demonstrated work/tasks/approvals/resources in hand prior to commencement , incl. ethics approval
- Demonstrated ability to commence immediately following notification of funding success
- Stages/timelines/milestones of project (12 month timeframe)
  - eg. planning/approval phase, delivery phase/s, evaluation and reporting phase/s
- Application/benefit of MRFF funding if extension of existing/previous project



*‘Describe the Patient and/or Policy impact or measurable process change to be recorded in 1 year. (Maximum 800 characters including spaces) ‘*



## **Patient and/or Policy impact or measurable process change**

1. Specification (quantitatively) of:
  - the anticipated benefit for the specified MOH/LHD/Department etc. of the proposed improvement in system/care delivery/patient outcomes should the project be successful, including for Aboriginal peoples
  - Translation skill/capability development, including Aboriginal team members



- **Potential for further scale-up**
  - The proposed policy/intervention/procedure/model of care being implemented is feasible for larger scale-up across LHD/s and/or NSW (cost, infrastructure requirements, cost effectiveness, acceptability etc)
  - Demonstrated commitment by a NSW Health Agency (MOH, ACI, Pillar, LHD) to further scale-up the policy/intervention/procedure/device/model of care, if effective



- Ethics approval for the project is needed to be demonstrated in the EOI (approval number), or
- The project has the demonstrated ability to submit a variation to an existing ethics approved project (approval number) should your EOI be successful (if ethics is required)

# Indicative budget



- <\$50K  \$50 -100K  \$100 – 200K   
 \$200 - \$500K  \$500K - \$1M
- Projects with a budget over \$1M may not be funded

# Competitive funding



- Specify *any* funding, not just competitive
- If yes, under the listing of funding sources - detail how it aligns to/differs from the proposal





## Biography

- Demonstrate the lead applicant has the skills, time, role, approvals etc to lead/deliver the project
- Demonstrate that the team member has the time, skills/experience, role relevant for this project (technical, health service, management etc)

# Further HNE EOI selection process Information



- Contact HNE Research Office

# Further EOI and Submission Information



- **Please** submit all EOI's via the NSW Regional Health Partners website [www.nswregionalhealthpartners.org.au](http://www.nswregionalhealthpartners.org.au) for collation and review.