

TRANSLATIONAL RESEARCH GRANTS SCHEME ROUND 3

FEEDBACK FOR APPLICANTS



Health

Aim

This document provides an overview of the Translational Research Grant Scheme (TRGS) Round 3 Expressions of Interest. The information is intended to provide feedback to researchers, clinicians, Chief Executives and other staff in Local Health Districts, Speciality Health Networks and Ambulance NSW. The information should be used to guide the development of research proposals for future TRGS funding rounds.

5 applications per Host Organisation

This round of TRGS capped the number applications (5) accepted from each Host Organisation. Host Organisations have implemented vetting processes including a review, and prioritisation. Some have included processes to work with the applicant to strengthen proposals.

Overview of the TRGS Expressions of Interest: Round 3

- There was a high level of enthusiasm and a range of innovative ideas from across NSW.
- Reviewers have found that the quality of proposals overall is increasing compared with previous rounds.
- The EOIs covered both TRGS priority themes (68 applications) and local priorities.
- Many included developmental/early proof of concept research proposals, through to a smaller number of well-developed evidence-based translation research proposals.
- To better focus applications for Round 4, research that is 'idea generation' and 'monitoring' as described in the [Translational Research Framework](#), will be out of scope.
- 68 applications were received from eligible Host Organisations and approximately 39% EOI applicants have been invited to proceed to submitting a full application.

Key factors in successful EOIs invited to progress to the next stage

- Strong partnerships with key NSW agencies and other LHD/SHNs;
- Clearly a TRGS priority or of local importance;
- Achievable in the timeframe;
- Real potential to scale up, via a concrete mechanism;
- Identification of the next steps, based on evidence and service development stage;
- Appropriate methods clearly described;
- Appropriate project governance structures including clinical governance where appropriate.

Key factors in unsuccessful applications

- Unrealistic scope or timeframes;
- Seeking funding for service delivery with a limited evaluation or research framework;
- Limited acknowledgement of existing evidence, services and intervention options;
- Unclear research question with poorly aligned research design
- Unclear intervention description with poor research design.

Detailed comments on proposals

This section describes in greater detail the characteristics of successful responses.

1. Extent to which the project addressed State and Local strategic priorities

Good proposals clearly and explicitly described how the research proposal addressed TRGS, State and/or Local priorities, including linkage to priority or strategic activities within an overarching condition or topic area. Simply stating "Childhood overweight and obesity", or "this proposal addresses priorities within the state and local LHD's childhood overweight and obesity plans" provided insufficient information.

An example of a good description of a priority area would be:

Addressing childhood overweight and obesity and specifically the promotion of adequate physical activity in the school setting has been recognised by the NSW Government as a priority through the Premier's Priorities (one of 12 priorities for the state), the NSW Healthy Eating and Active Living Strategy 2013-2018, and the NSW State Health Plan (2014). Additionally, an effort to reduce childhood overweight and obesity, including the promotion of physical activity in schools, is in line with HNELHD, CCLHD, MNCLHD and SWSLHD's organisational strategic priorities.

As another example, the following proposal targeted another TRGS priority theme – Diabetes. The rationale and linkage to priority activities were described clearly as follows:

Type 1 diabetes is life-long and incurable; those affected are high users of health services and die a decade earlier than non-diabetic peers. Up to 50% of young people with diabetes are lost to follow up after paediatric care, with inadequate, age- inappropriate health support in early adulthood often resulting in poor, life-limiting diabetes self-management. Individualised, age-appropriate, integrated models providing continuity of care can retain young people with diabetes in contact with services and achieve better diabetes outcomes but are seldom available outside of inner metropolitan areas. This proposal addresses NSW State Health Plan Towards 2021 Directions of 'Delivering truly integrated care' by creating individualised seamless support networks; 'Keeping people healthy' and 'Providing world-class clinical care'. It targets HNELHD Strategic Plan goals to 'improv(ing) equity of access and service delivery' (2.1) of specialist care to under-served regional/rural areas, and 'provid(ing) a quality health service experience' (3.1) and 'safe, effective and (age-) appropriate healthcare' (3.2).

2. Extent to which project will generate evidence and likely impact of results

Most research proposals received had the potential to generate evidence that could be translated to improve care and health outcomes, but the likelihood and extent of this impact could have been substantially strengthened.

The background section often provided a clear overview of the general disease burden and service need, but needed to provide a clearer rationale for the specific issue and selected intervention by explaining why the particular intervention identified by the proposal is novel, might be effective, and has the potential to be integrated into NSW services, compared with other potential interventions for the specific issue identified (rather than the general condition or topic).

A good example would involve clearly describing:

- the novel features of the intervention and how it will address an existing service gap or specific health problem;
- the evidence base that indicates this intervention has the potential to be effective, and reasons why this is considered the most feasible and appropriate of available intervention options for the NSW setting;
- how the proposed intervention integrates with or complements an existing service or model of care in NSW.

In addition, the research design and methods and research translation plan often needed strengthening (see next section) so that the evidence generated would be strong enough to have an impact on care and health outcomes at a state level, and justify state-wide translation.

3. Strength, rigour and appropriateness of research design

For many EOIs the research design and methods description could often have been expanded and strengthened by:

- A research question and focus that represents the next logical stage in the translational research Framework (see reference below) based on existing evidence (e.g. if there is pilot feasibility data then the next step is testing efficacy not a large scale effectiveness RCT)
- including a clear identification of study type, sites(s), setting, patient/provider population and selection methods;
- including description of comparison/reference/control group(s)/site(s);
- including description of baseline, intervention and follow-up period(s);
- clearly defining the primary and secondary outcome(s) and how they will be objectively measured;
- identifying data sources and/or the proposed research tools/instruments;
- quantifying the expected effect size for the primary outcome, and include sample size calculation details;
- including a statistical analysis plan, along with a data linkage plan where appropriate;
- considering adding more sites or collaborating with an additional LHD, to improve the representativeness and generalisability of study findings across NSW;
- considering whether contemporaneous matched controls could be added to the study design (for all pre-post intervention study designs).

Further information on translational research design, and considering the appropriateness and alignment of the research design for your research question can be found in the [Translational research framework](#) and [Source book](#).

4. Ability of research team to carry out proposed project within timeframe

For some EOIs the research project scope and/or design was too ambitious for a two year project. The research project needed to be redesigned so that it was achievable within this timeframe, by reducing the number of research stages, settings, or intervention components; and/or reducing the number of patient groups or conditions included.

The proposed research team also needed to be strengthened in some EOIs by adding centres/organisations with these skills and experience

- statistician and/or epidemiologist, for research design, methods and power considerations;
- health economist, for either the costing or cost-effectiveness analysis components;
- additional research skills, in particular in relation to studying the effectiveness of implementation in a research setting (i.e. implementation science research).

Some proposals also needed to consider expanding the study through collaboration with other sites or LHDs, in order to achieve adequate sample size, representativeness or generalisability for State-wide translation. Other proposals needed to reduce the project size and scope, as described above. Proposals need to address their approach research oversight this includes identifying members of the research teams that will steer the research from a technical perspective and note how and when they will be involved.

5. Extent to which the project supports research translation

The research translation plans could often have been strengthened in the following ways:

- Include key stakeholders from these centres/organisations in research design and implementation, in particular statewide agencies (ACI, CEC, eHealth NSW, HETI) or specific Statewide clinical networks;
- Explore how this project can support or integrate with existing State or regional initiatives or health services;
- Identify the mechanism/vehicle by which the research findings can be translated into change (e.g. communication with state and local decision maker, funder, committee, network, agency);
- Explain how considerations of reach, transferability and sustainability are designed into the study team, project design, implementation and translation plan (e.g. how will ongoing training and program support be funded; is it possible to include more sites/LHDs and/or clinical networks in this study; how will this project's findings and outputs be disseminated to other LHDs to support uptake at a State level);
- Identify the specific outputs from this proposed study (e.g. educational resources, checklists, guidelines, toolkits, protocols etc.);
- Include key stakeholders and State health agency representatives in project governance structures;
- Conduct dissemination workshops with key stakeholders and agencies in parallel with the research project milestones;
- Publish findings and resources on open access platforms.

6. Budget

Most budget requests were reasonable and well justified. The following aspects of the budgets for future TRGS applications should be noted.

- For salaries of staff supporting research components of the project, please specify the research role, salary level, on-costs (max 15%) and their full-time equivalent hours (FTE).
- LHD infrastructure and management overhead charges cannot be included in the requested budget, as these should be considered in-kind contribution by the host LHD.
- If alternative funding has been requested or is anticipated, please ensure this is well described.
- TRGS funding requests for service delivery components of a project need to be carefully considered. The TRGS has agreed to fund service delivery in many instances if it is necessary for the research to be performed, as long as the relevant Chief Executive agrees to continue funding on an ongoing basis if positive findings are demonstrated. Where the intervention is potentially resource intensive or represents a substantial enhancement to service delivery, the proposal needs to include a good quality costing analysis at minimum, and ideally plans for a full cost-effectiveness analysis pending positive findings.
- For proposals that are primarily targeting the primary care or non-acute community-based setting, investigators should strongly consider seeking an equitable co-funding arrangement from relevant services (e.g. primary care networks, aged care services, Commonwealth Government).