

Request for Proposals

July 2016

Research Partnerships for New Zealand Health Delivery (RPNZHD) 2016

Overview

The Health Research Council of New Zealand (HRC) established the Research Partnerships for New Zealand Health Delivery (RPNZHD) initiative to support collaborations that position research within practice or service delivery. Research funded in response to this Request for Proposals (RFP) will provide an evidence base to inform practice or system change and improvement, and support decision making in the area of health delivery in the short term.

Profile

The RPNZHD initiative complements the New Zealand Health Delivery investment stream that runs through the HRC annual funding round. While this initiative and the New Zealand Health Delivery investment stream have the same overarching goal of improving health and disability service outcomes, the RPNZHD initiative has a distinct profile and funding criteria, specifically:

- A unique feature of the RPNZHD initiative is the requirement for researchers to work in collaboration with health delivery decision makers, and for these **decision makers to be involved throughout the research process** increasing the likelihood for effective knowledge transfer.
- The health delivery organisation to which the decision maker belongs is required to make a minimum contribution (financial or in-kind) towards the research costs. It is anticipated that this will maximise the value obtained from the research funds, ensure buy-in across the parties involved and increase the potential for success of the project.
- There is a requirement for researchers to submit an implementation report outlining information about implementation decisions and knowledge transfer, 6 months after the completion of their contract.

The RPNZHD has a separate budget and is usually run 'out-of-cycle' to the HRC annual funding round; however, please note that the 2016 RPNZHD initiative will be run closer to the timeframe for the annual funding round and care should be taken not to confuse the separate funding applications.

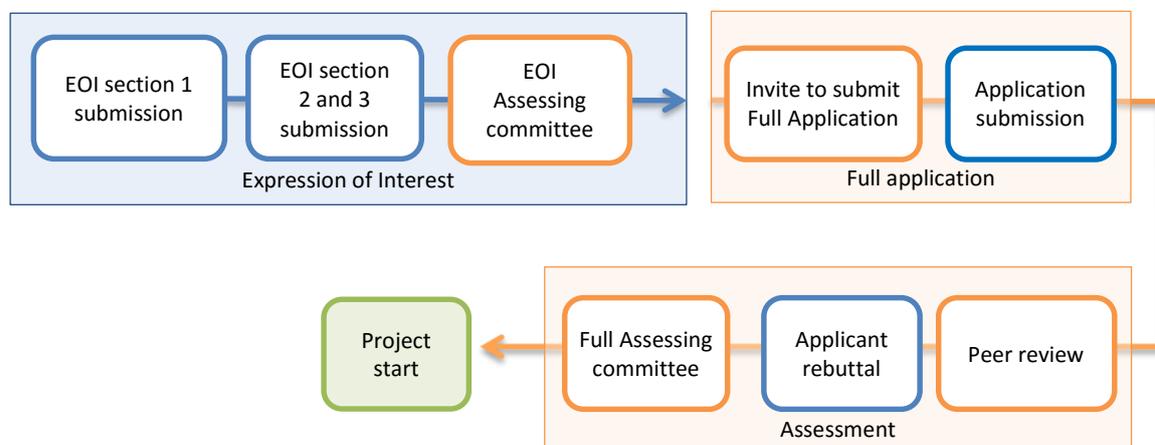
Funding details:

The HRC's strong focus on peer review and contestability will ensure successful applicants deliver the highest quality of evidence and potential for knowledge transfer. A funding pool of approximately \$800,000 (exclusive of GST) is available for allocation in 2016. Details are as follow:

- Funding per proposal up to a maximum of **\$200,000** (exclusive of GST, exclusive of health delivery partner organisation contribution).
- Health delivery partner organisation contribution of at least 25% (financial or in-kind) of total funding proposal.
- The duration of the project may be up to 18 months (there is an expectation research projects will realistically be able to be completed within this timeframe).

Application procedure

All Expression of Interest (EOI) forms and guidelines are available via the HRC website (www.hrc.govt.nz). The full application form and guidelines will be available on the HRC website following the outcome of the EOI stage.



STEP 1: EXPRESSION OF INTEREST (EOI)

This Expression of Interest (EOI) process is outlined in more detail in the ***EOI Application Guidelines for the RPNZHD 2016 RFP***. These guidelines provide details on the EOI application process for this RFP.

Applicants are required to submit an EOI via HRC Gateway (the HRC's online application system). An EOI is submitted in three sections:

EOI Section 1 – Registration

Applicants are firstly required to complete a web-based form that is submitted electronically via HRC Gateway. This information will form Section 1 of the EOI application.

Once submitted, the Registration is forwarded (via HRC Gateway) to the applicant's host institution research office. The research office will need to approve the Registration and forward it to the HRC. For organisations without research offices, the application will be forwarded directly (via HRC Gateway) to the HRC.

Please note that first named investigators and all other named investigators must have an HRC Gateway account, to be able to be included in an application.

EOI Section 2 – Research Proposal

Applicants are then required to complete an application form (using the EOI216-RPNZHD word template) that is uploaded via HRC Gateway.

EOI Section 3 –NZ Standard CV

A CV for the first named investigator and the first named decision maker is also required to be uploaded and submitted via Gateway.

Approval from the applicant's host research office (via HRC Gateway) is again required after the submission of EOI Section 2 and 3. Please allow sufficient time near the relevant closing date for these steps. For organisations without research offices, the application will be forwarded directly (via HRC Gateway) to the HRC.

A PDF of the full EOI (comprising both Sections 1, 2 and 3) is then created by the HRC Gateway after the deadline for submission of Section 2 and 3, at which time it can be printed in hard copy and sent to the HRC. Applicants must meet the deadlines (for EOI Section 1, EOI Section 2 and EOI Section 3, and the full pdf hard copy) for their EOI to be eligible (see the table on page 4 for the deadlines).

STEP 2: EOI ASSESSMENT

An independent assessing committee for this Partnership Programme initiative will review the EOIs (using criteria outlined in the ***EOI Application Guidelines for the RPNZHD 2016 RFP***) and decide which applicants are most likely to advance understanding and meet service needs within the scope of the RFP. Successful applicants will be invited to submit a full proposal.

STEP 3: FULL APPLICATION

Applicants successful at the EOI stage will then be required to complete a full application using the RP216-RPNZHD form, JV216-Budget form, the New Zealand Standard CV template, and complete additional information in HRC Gateway.

A PDF of the full application is automatically created by HRC Gateway after the electronic full application deadline, at which time it can be printed in hard copy and sent to the HRC.

Please refer to the ***Full Application Guidelines for the RPNZHD 2016 RFP*** for details of these processes (these guidelines will be available on the HRC website once the outcomes of the EOI assessment have been announced). These guidelines provide information on what is required of applicants in each section of the application form.

STEP 4: FULL APPLICATION ASSESSMENT

Step 1: Peer review

The scientific integrity of full applications will be assessed through an external peer review process which is managed by the HRC. This involves comprehensive peer review of all applications undertaken by independent national and international experts.

Step 2: Applicant rebuttal

Applicants are given an opportunity to view the peer review reports for their application and provide a rebuttal to the comments made. This is not an opportunity to rewrite major sections of a proposal, but rather the opportunity to respond to specific reviewer comments, to answer questions raised by the reviewer, or to clarify an issue so that your proposal may be viewed as equitably as possible by the assessing committee.

Step 3: Assessing Committee

An independent assessing committee will then assess full applications (full proposal, peer review reports and applicant rebuttal) using criteria outlined in the ***Full Application Guidelines for the RPNZHD 2016 RFP***. Applicants are advised to familiarise themselves with these criteria.

Key Dates

Action	Date
Expression of Interest (EOI) opens	Monday 18 July 2016
Section 1 of EOI due (via HRC Gateway)	1pm, Thursday 18 August 2016
Section 2 & 3 of EOI due (via HRC Gateway)	1pm, Thursday 1 September 2016
EOI paper-copies due	5pm, Thursday 8 September 2016
Outcome of the EOI applications and invitations to submit full applications	Late October/Early November 2016
Full application due (via HRC Gateway)	1pm, Tuesday 13 December 2016
Full application hard copies due	5pm, Friday 16 December 2016
External peer review	January/February 2017
Applicant rebuttal period	Mid-February 2017 (exact dates TBC)
Applicants notified of outcome	Early-April 2017

Profile of the Research Project

RESEARCH OBJECTIVES

The primary purpose of this RFP is to fund high quality research partnerships that position research within practice or service delivery and provide innovative and workable solutions to health and disability challenges that face New Zealand.

Key goals are to:

- Respond to current health delivery research needs by supporting research that provides quality evidence for decision making;
- Encourage meaningful research collaborations with end-users (through new partnerships or extending the capability of established teams); and
- Promote effective and timely knowledge transfer from evidence to policy and/or practice.

SCOPE OF THE RESEARCH

Health delivery research can be described as the purposeful generation of knowledge that has the potential to improve health outcomes through better organisation, management and delivery of health and disability services and systems for New Zealand.

The scope of the RFP is broad and provides an opportunity for those working in health delivery to identify research questions that are relevant to health and health service improvement. This includes the full range of healthcare delivery and experience (such as prevention, intervention, detection, diagnosis, prognosis, treatment, care and support), at all levels of care, i.e., primary through to tertiary, by all those who work in health and disability service settings. The coordination of care and support also falls within this scope. Projects across healthcare, social support and geographical boundaries will be viewed positively.

The HRC also supports the use of innovative approaches to this research. Applicants may combine novel processes with existing successful strategies when developing applications in response to this RFP. It is anticipated that the development of the

methodology, establishment of the research team and calculation of the research budget will be reflective of the scope of the proposed research project.

Appendix 1 provides a more detailed description of what is in scope; however, the list is not exhaustive. The RFP provides for room for those in touch with health service and systems challenges to identify research questions that are relevant to health and service improvement and/or offer potentially novel solutions in this area.

RESEARCH THEMES

This RFP identifies research themes that the HRC expects the research will contribute to. The themes are not intended to be exhaustive, rather they identify some key challenges facing the health sector where research is needed and can make an important contribution.

- Clinical decision-making (at the patient and systems levels).
- Patient-centred care, self-care and integrated care.
- Appropriate application of medical and information technology (e.g., e-medicine, telemedicine, information systems, new medical products etc.).
- Quality, safety and accessibility of services.
- Health sector productivity, performance and sustainability.
- Policy and management that has a direct impact on health systems and service delivery.
- Workforce capacity and capability.

CHARACTERISTICS OF RESEARCH PROPOSALS

Clear and coherently written applications are essential in allowing peer reviewers and the Assessing Committee to effectively read and assess research proposals submitted to this funding opportunity.

To meet the objectives of this RFP, the research proposal needs to provide information on:

- How the research and methodology are oriented towards identifying opportunities for and approaches to, change and improvement, resulting in a health, health service or health system benefit (rather than solely focusing on describing existing systems and issues).
- The relevance of the project to the needs of the decision maker and partner organisation(s) and position within current knowledge and practice. Proposals must include a hypothesis or clear research question.
- The appropriateness, soundness and rigour of the study methodology and design, while allowing for solutions to be developed in a flexible manner.
- The potential for knowledge transfer and the processes or steps in place that will support uptake of the research findings. At the Full Proposal stage applicants will be expected to include an appropriate knowledge translation plan outlining how the decision maker is integrated throughout the research process and the strategy for dissemination and implementation of findings; how dissemination strategies will be tailored to meet the needs of diverse stakeholders so the results are of maximum utility; how the potential for wider impact is reflected in the dissemination strategy; and the planned timeframe and forum for

implementation (should results be positive). At the EOI stage a summary of this information should be included in the application.

- How research teams will engage key stakeholders such as representatives from the primary, secondary and tertiary health sectors as well as community groups and charitable organisations etc., at the different stages of the research project. It is expected that applicants will make active use of stakeholder networks to engage a wide range of parties in discussion from research formation to dissemination. At the EOI application stage applicants need to indicate their intent to engage and at the Full Proposal stage applicants need to demonstrate engagement and/or involvement of key participants.
- The mix of expertise within the team. This may include seeking research design and method expertise, the involvement of researchers with extensive clinical experience, and/or collaborating with service providers, health and disability support workers and consumers, for example. Those involved in the research must reflect the patient, community or population group who will be affected by and benefit from the research.
- The consideration of health equity issues and the specific health needs of Māori and Pacific Peoples within the context of the research topic.

HEALTH DELIVERY PARTNER ORGANISATION AND DECISION MAKER

The intention of this initiative is to fund research that is truly driven by health delivery organisations and the needs of the sector.

Health delivery decision makers must work together with researchers to actively establish the research questions and methodology, monitor research processes and data collection, and interpret and disseminate results. The intended outcome is that the research evidence will directly meet the needs of the health delivery organisation to which the decision maker belongs and will be more likely to be integrated in to practice or policy.

A decision maker¹ might be defined as an individual who makes decisions about or influences health practices or policy and might include clinical leaders, educators and healthcare managers in both the public and private healthcare sector. The definition could be extended to include a range of other potential participants. **The decision maker is likely to have significant influence over reallocation of organisational resources and/or financial decision making processes and the ability to recommend implementation of results, if appropriate, should the research evidence be strongly positive.**

It is expected that applicants will demonstrate the integral involvement of the decision maker in the research process. This illustrates buy-in from the decision maker to the nature of the research project and ensures that the research is directly relevant to the needs of the decision maker and health delivery partner organisation.

The organisation to which the decision maker belongs (partner organisation) is required to contribute to the research costs to ensure buy-in across the parties involved and increase the potential for success of the project. The HRC takes a broad perspective on the definition of partner organisation as one that is involved, at any level, in healthcare delivery. Partner organisations may include (but are not limited to) District Health Boards, Primary Health Organisations, private sector organisations, community

¹ Decision maker from the Canadian Institutes of Health Research's Partnerships for Health System Improvement initiative.

organisations and charities, but it must be clear how the partner organisation is able to influence health delivery. The nature of the involvement of the partner organisation must be clearly described in the application.

If more than one partner organisation is providing funding, more than one decision maker can be listed; however, one of the decision makers will need to be assigned the role as the first named decision maker.

The main partner organisation can be the same as the host organisation.

BUDGET

The funding requested from the HRC may be up to 75% of the total research costs and to a maximum of \$200,000 (exclusive of GST, exclusive of health delivery partner organisation contribution).

The duration of the project may be up to 18 months.

Funding will be available for an immediate start for the research project, however, the start date must be within 4 months from notification of the funding outcomes.

The co-funding commitment required from the organisation to which the health delivery decision maker belongs (partner organisation) is set at a minimum of 25% of the total research costs. The contribution of the partner organisation(s) may be financial or in-kind support (or a combination of both) and can be obtained from one or more partner organisations. The funding partner contribution must be current and directly related to the research described in the application.

Applicants must clearly demonstrate the total value of the project including the amount requested from the HRC and the contribution of the partner organisation(s) and must provide details of the partner organisation(s) contribution.

The permissible use of research funding is outlined in the [HRC Rules](#).

PROJECT DELIVERABLES

It is anticipated that the deliverables for this initiative will include:

- Meaningful and detailed 6-monthly progress reports;
- An end-of-contract report detailing the results of the complete programme of research; and
- Within six months after the final report, the first named decision maker is required to submit an implementation report summarising partner organisation(s) implementation decisions and their rationale.

ELIGIBILITY

The following eligibility criteria should be addressed clearly in applications.

Criteria: 1. Skill-base of the Research Team

- **First named decision maker** with integral involvement throughout the research process. The assessing committee will make a judgment about the suitability of the decision maker on the basis of information provided in the research application, and will use the following questions as a guide: *Does the level of involvement of the decision maker illustrate that they are an active partner in the research, including establishing the research agenda? Does the decision maker have the time, ability and authority to implement change should the research findings be positive?*

- **First named investigator** with a proven track record in health research.
- The composition of the team will reflect the focus of this initiative and the scope of the chosen research project. It is likely the team will include individuals from multiple institutions/agencies across New Zealand with the range of skills necessary to enable them to achieve the research outcomes and work effectively with research stakeholders.
- The first named decision maker may function as the first named investigator if they meet the eligibility requirements described for each role.

Criteria 2: Nature of the Partner Organisation(s)

- A **main partner organisation**, to which the first named decision maker belongs, providing evidence of support, a commitment of resources and the ability to uptake findings should they be positive.
- **Other partner organisation(s)** may participate, providing evidence of support, a commitment of resources and the ability to uptake findings should they be positive.
- A minimum of 25% contribution (financial or in-kind) is required from the main partner organisation (this can be split with other partner organisations if participating).

Criteria 3: Timeframe for Impact

- The start date of research projects must be within 4 months from notification of the funding outcome. Please carefully consider the start date, as applicants will be held to their proposed start date and it can only be changed in extraordinary circumstances. Applicants should take into account the timeframe for obtaining ethical approval (if appropriate) and should ensure that this doesn't delay the start of the research project.
- A key requirement of this funding opportunity is the short-term nature of the research and ensuring timely knowledge transfer and implementation. As such, it is important that applications submitted to the RPNZHD initiative **will realistically be able to be completed within the 18-month timeframe**.
- The assessing committee will make a judgment about the timeframe for impact on the basis of information provided in the research application, and will use the following question as a guide: *Will the New Zealand health and disability sector (at a local, regional or national level) be able to make informed decisions or valuable (substantive/significant/critical) changes to its practice, expenditure, and/or systems, as a direct result of this research in the short term (i.e., within 12 months of the final report)?*

General Notes

DECISION ADVICE

No legal obligations will arise between the funding partners and applicants for this Request for Proposals until such time as the HRC enters into a contract with the successful applicant.

PRIVACY PROVISIONS

In the event that an application is successful, the HRC reserves the right to release applicants' names, details of the host institution/company, contact details (work phone, fax or email), contract title and funding awarded for public interest purposes and to meet the statutory requirements of the Health Research Council of New Zealand Act 1990.

HRC PARTNERSHIP PROGRAMME

This RFP is a component of the HRC's Partnership Programme, through which the HRC forms strategic partnerships with funders and stakeholders to target resources towards developing the evidence-base in key areas of need and strengthen the links between policy and practice. This collaborative approach to research ensures that stakeholders obtain the answers to pressing questions, but split the cost with multiple interested parties. The HRC's processes ensure that the track record of the research team, the scientific merit and the design and methods of the proposal will deliver the highest quality of evidence. Only limited funds are available to launch these co-operative research initiatives and the opportunities are strictly prioritised.

MAILING ADDRESS

The application should be sent to the Health Research Council's office as shown below:

<i>Mailing Address:</i> Health Research Council of New Zealand PO Box 5541, Wellesley Street AUCKLAND 1141 <i>Attn: Luke Garland</i>	<i>Physical/Courier Address:</i> Health Research Council of New Zealand Level 3, 110 Stanley Street AUCKLAND 1010 <i>Attn: Luke Garland</i>
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ENQUIRIES

All enquiries related to this Request for Proposals should be directed to Luke Garland, Project Manager, Research Partnerships (09 303 5214 or lgarland@hrc.govt.nz).

Appendix 1: Description of Scope

Research that makes a contribution to improving health delivery outcomes will cover a wide range of areas, including (note this list is not exhaustive):

- promoting access to successful interventions through new policies, programmes or organisation change, or providing new evidence that will directly improve an intervention and demonstrates high likelihood of uptake;
- evaluations that are independent, have a research focus, are not part of routine operational practice, and have the potential to make a tangible contribution to health gain or benefit by informing health care, service provision or health systems;
- the application, deployment, cost, adaptation, utility and effectiveness of technologies, devices and diagnostics to increase health benefit for all;
- the quality, safety, accessibility, responsiveness, timeliness, relevance, cost-effectiveness and sustainability of healthcare and disability support services;
- the productivity, efficiency, planning, management, organisation, financing, purchasing, delivery and design of healthcare and disability support services;
- models of care that provide continuity for consumers and better integrate primary, secondary, community and social care;
- innovation in the management of health and disability and improvement in service delivery;
- experimental development that directly relates to health and disability services or systems;
- information and evidence needs of consumers and health service providers;
- practice-oriented research that enhances clinical decision making (e.g., risk management, screening, diagnostics, treatments etc.);
- non-commercial applications of pharmaceuticals approved for use in New Zealand
- patient centred care and self-care;
- end-user and cultural perspectives on health and disability service delivery;
- current health and disability systems and services challenges (e.g., workforce issues, barriers to adoption and coordination of care);
- the adaption and application of relevant international research findings that are directly relevant to improving health and disability service delivery.

This RFP specifically excludes:

- service development of implementation that should be funded by health delivery organisations themselves (although these elements may be part of an integrated research proposal);
- research that focuses on basic science or discovery;
- speculative or blue skies research that could lead to a step change in the care and management of consumers but is seen as being too risky or too far from being applied to create timely benefit;
- applications that are purely knowledge generation without the clear potential for application;

- the commercial development of new technologies, devices or diagnostics (although research supported through this RFP may contribute to later commercial development);
- the preclinical or clinical development of unapproved pharmaceuticals;
- audits, surveys and needs assessments undertaken as part of routine practice or as part of an organisation's performance, accountability or monitoring activities;
- epidemiological research which maps services or demographic characteristics without closing the loop into practice;
- research that will not directly lead to the health and disability sector being able to make informed decisions or valuable changes in the short term; and
- the infrastructure to support research units or centres.