


How do we set national health research priorities for New Zealand?

Summary of Consultation and Submissions



Background Information



The first ever **New Zealand Health Research Strategy 2017–2027 (NZHRS)** aims to increase the impact of health research in New Zealand and improve the health and wellbeing of all New Zealanders.

The NZHRS sets out **10 actions** to achieve this vision. *'Action One: Prioritise investments through an inclusive priority-setting process'* is being led by the Health Research Council of New Zealand (HRC), with the support of the Ministry of Business, Innovation and Employment (MBIE) and the Ministry of Health.

The health research priorities are being set for all involved in health research in New Zealand. Everyone in the health research and science, technology, and innovation sectors will be asked to think about how they can deliver to them – including government agencies, tertiary institutions, Crown Research Institutes (CRIs), non-governmental organisations (NGOs), Independent Research Organisations (IROs), and contract researchers.

The priorities will be published in 2019. All stakeholders and funders will be able make their own decisions about how much of the Government's investment should be guided by the priorities, what special initiatives may need to be introduced if more rapid progress is needed, and what changes to funding mechanisms might be necessary.

The Proposed Process

Consult on Strategic Investment Areas (SIAs) & Themes

Strategic Investment Area Development Group (SIA-DG) convened to produce draft SIAs



SIA-DG: Maximum 8 people, representative of health, disability research, education & innovation and Pacific health. **At least one Māori Chair.** Respected individuals with relevant expertise, strategic thinkers, supported by appropriate external experts

Draft SIAs developed & released for broad consultation

All major stakeholders in NZ, including health service consumers & the commercial sector



Draft SIAs



Open web-based consultation with stakeholders & targeted focus groups (e.g. with Māori, Pacific peoples, & health service consumers including people with disabilities).



Expert panels refine Themes

Draft SIAs & Themes



International reviewers

Final consultation on SIAs & Themes



Web-based consultation



Final SIAs and Themes for sign-off by MoH, MBIE & HRC



SIAs & Themes announced & opportunity for all health research funders to in New Zealand to respond to the priorities.

Minister of Research, Science & Innovation & Minister of Health announce



Nationwide implementation, all health research funders & providers pull together & respond

Consultation Process

Public consultation on the process was open from **5 to 19 March 2018**.

Consultation was **web-based**: an outline of the proposed priority-setting process was posted on the HRC's website, with a review of established priority-setting methods and best practice. People could give feedback via the online platform 'Survey Monkey'.

The consultation was announced in the HRC's newsletter '**Update**', which goes to 2,200 stakeholders from the wider health sector.

176 targeted stakeholders received an email inviting them to participate. The list included:

- universities
- research providers
- research funders
- government agencies
- District Health Boards (DHBs)
- CRIs
- NGOs
- professional and industry bodies
- Public Health Units (PHUs)
- Primary Health Organisations (PHOs), and
- National Science Challenges (NSCs).

Consultation questions and analysis

Consultation sought to understand whether stakeholders:

- thought the **process** would identify the **right health research priorities** for New Zealand;
- agreed with the **scope of Strategic Investment Areas** (SIAs) for health research;
- agreed with the **selection criteria for Themes** for health research; and
- had any **suggestions** on how the proposed process could be **improved**.

Consultation feedback was provided by question. Submitters were required to give a response to three closed-ended questions, one on each area of interest. Each of these questions was followed by an optional open-ended qualitative question to allow explanatory feedback.

The HRC analysed the qualitative feedback by generating a list of codes and coding the feedback.

Who we heard from

64 stakeholders participated, with an **84%** completion rate:

- 33 submitters gave consent to be included on the list of submitters (see Appendix A);
- 11 submitters requested their name be redacted from the list of submitters; and
- 20 respondents chose to remain anonymous or did not complete all questions.

Submissions were received primarily from individuals affiliated with DHBs, universities, Government (including government agencies, Crown entities and local government) and NGOs.

There were more responses from individuals affiliated with national or Auckland-based organisations and fewer from those in the South Island or rural locations.

CRI, Centres of Research Excellence (CoREs), PHUs and the NSCs, were included on the list of targeted stakeholders contacted but did not provide feedback at this stage.

Results at a glance

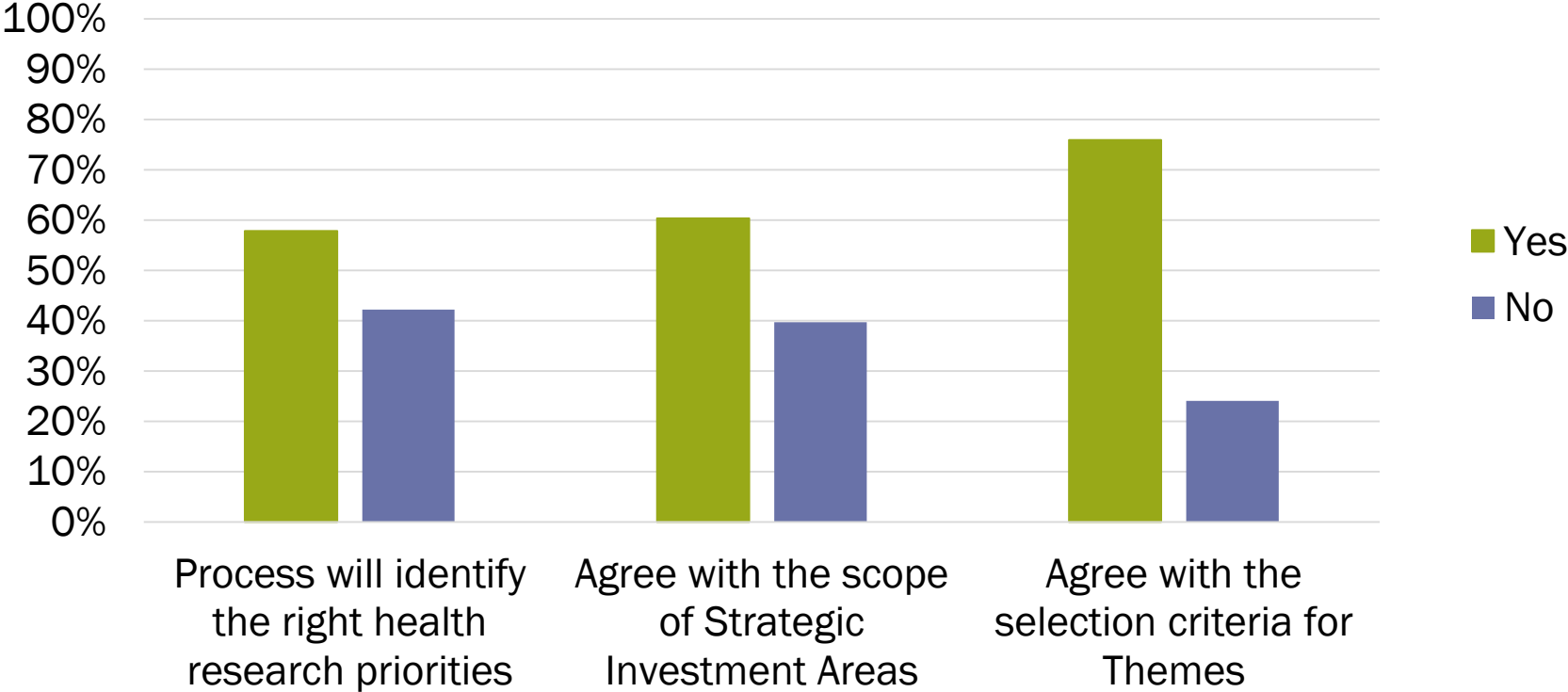
CONSULTATION HEADLINES

58% of stakeholders **agreed** that the **process** would identify the right priorities

60% of stakeholders **agreed** with the **scope** of Strategic Investment Areas

76% of stakeholders **agreed** with the **selection criteria** for Themes for research

Support for Proposed Priority-Setting Process



Feedback from submitters who *agreed* with the proposed process

CONSULTATION HEADLINES



58% of submitters **agreed** that the **process** would identify the right priorities



Submitters wanted multiple opportunities to be involved in the process



Submitters thought **web-based consultation should be supplemented** by additional **focus groups**

FEEDBACK

Submitters who agreed with the process commented that:

- It includes broad involvement from a diverse range of stakeholders, with multiple opportunities for input.
- Is consultation-rich, mitigating against centralised decision making by the Development Group.
- Was appropriate to incorporate web-based consultation, if widely promoted and in addition to focus groups to improve access.

Suggested improvements included:

- A broader range of focus groups, particularly in rural locations.
- Active engagement of those involved in health service delivery, especially consumers, clinicians, DHBs, community organisations, NGOs, and end-users of research.

CHANGES TO THE PROCESS

- The number of **focus groups** both in person and by webinar, will be **increased**.
- A clear **strategy for communication** and **stakeholder engagement** is being developed, to ensure the process includes people who are involved with health service delivery.
- Consumers will be more directly engaged (either by including a consumer representative on each Expert Panel or convening a consumer Expert Panel).

IMPLICATIONS

- Enhanced opportunities for consumer involvement

Feedback from submitters who *disagreed* with the proposed process

CONSULTATION HEADLINES

42% of submitters **disagreed** that the **process** would identify the right priorities

11% of those who disagreed were also **against any form of prioritisation**

Submitters suggested that draft SIAs should be developed by a broader group

FEEDBACK

Submitters who disagree were concerned about...

- The inclusivity of the development process and who gets to participate.
- The role and size of the Development Group and the potential for it to be captured by vested interests.
- Whether an evidence-based approach will be used to develop draft SIAs.

Suggested improvements include...

- Ensuring input from a broad range of stakeholders, including clinicians and consumers.
- Ensuring that SIAs are developed based on evidence rather than opinion
- Fostering partnership and participation with Māori.
- Using the planned Expert Panels, rather than the Development Group, to develop draft SIAs prior to consultation.

CHANGES TO THE PROCESS

- The period for consultation on the first set of draft SIAs has been **extended** from 4 to **6 weeks**.
- The number of **focus groups** (both in person and by webinar) will be **increased**.
- A clear **strategy for communication** and **stakeholder engagement** is being developed to ensure the process includes people from regional and rural areas, clinicians, and consumers.
- Advice will be sought on the best ways to partner with Māori, uphold the principles of Te Tiriti o Waitangi, and engage with Māori, including via focus groups.

IMPLICATIONS

- Greater evidence of the Crown's partnership with Māori in implementing the NZHRS
- Opportunities for all stakeholders to be involved in the development of national health research priorities

SIA Development Group

The proposal to form an eight-member **SIA Development Group** to develop draft SIAs and oversee the development process drew significant comment, with **19% of submitters** providing feedback on either its size or function.

CONSULTATION HEADLINES

The Development Group has too few members

The Development Group needs to represent all stakeholders

The **role** and **decision-making** of the Development Group needs to be more transparent

FEEDBACK

Size

- Eight members is not sufficient.

Representativeness

- Group composition is crucial to the overall process.
- The Development Group must include the viewpoints of clinicians and consumers and take an expanded view of health.

Decision-making approach

- There is a risk that the Development Group's decisions could be captured by the opinions or interests of its members, and not be evidence-based.
- Three submitters suggested we review and learn from the feedback on the process employed to develop the National Science Challenges.
- One submitter endorsed the process whereby the Development Group will develop draft SIAs for public consultation, since stakeholders will then have concrete ideas to base their feedback on.

CHANGES TO THE DEVELOPMENT GROUP

- The size of the Development Group has been increased from 8 to **13 members**.
- Consumer and end-user voices will be represented on the Development Group.
- The Terms of Reference for the Development Group have been reviewed in light of feedback and are online.
- Names of Development Group **members** and the evidence given will be **published online** in **May 2018**.

IMPLICATIONS

- Larger group size will reduce the risk of members' bias influencing the outcome.
- Publishing information online will mean the process is more transparent
- Including consumer perspectives will increase the relevance of SIAs

Scope of Strategic Investment Areas

Strategic Investment Areas were described as enduring for the life of the Strategy (to 2027). The proposed scope would encompass knowledge needs that: are **amenable to research**; address the **current and future needs** of New Zealanders (including future generations); and will require **multidisciplinary collaboration** across health research disciplines, and across the science, and technology and innovation sectors.

CONSULTATION HEADLINES

60% of stakeholders agreed with the **scope** of Strategic Investment Areas

Those submitters who agreed thought their scope was **broad and inclusive**

The criterion **'multidisciplinary'** was polarising

FEEDBACK

Flexibility of SIAs

- Those who agree with the scope think it is broad ranging and inclusive.
- Those who disagreed thought, in equal numbers, that the scope was either too vague *or* too prescriptive.
- The scope does not specify the place of 'blue skies' research.

Number of SIAs

- There was no agreement on the number of SIAs; some thought ten would not be enough, and others thought there should be five or fewer.

Multidisciplinary

- 17% of all submitters (many from the healthcare sector) agreed that all SIAs should be multidisciplinary.
- 10% of all submitters thought that researchers should be able to determine whether or not a multidisciplinary approach was appropriate.

Suggested Improvements

- Remove 'amenable to research' as a criterion.
- Add 'improved cost-effectiveness' as a criterion.
- Ensure collaboration between researchers, consumers, and communities.

CHANGES TO THE SCOPE OF SIAs

- **Added** 'advance the principles of Te Tiriti o Waitangi'.
- Multidisciplinary approaches that facilitate collaboration will be **encouraged** but not required.
- 'Amenable to research' has been **removed as a criterion**.
- **Added** 'consider ongoing health research efforts in New Zealand and internationally'.
- **Added** 'will develop workforce capability and capacity to enable NZ to address its future health research needs'.

IMPLICATIONS

- Research collaboration between disciplines and alignment with international research efforts are encouraged (but not required).

Selection criteria for Themes

The proposed Themes should: uphold the guiding principles of the NZHRS; endure for 3–5 years; advance Māori health outcomes and research capacity; reduce health inequity; reduce the burden of disease and meet identified needs for health and wellbeing; improve cost-effectiveness for the health system; respond to unique opportunities for New Zealand; address confirmed knowledge gaps; build New Zealand’s health research workforce; and be feasible in terms of research capability, capacity, and strengths.

CONSULTATION HEADLINES

76% of stakeholders **agreed** with the **selection criteria** for Themes for research

Addressing **health inequity** was highly favoured

FEEDBACK

Strong support for selection criteria

- Submitters thought that the selection criteria for Themes were comprehensive, inclusive, and cover a good range of potential impacts of health research.

Favoured selection criteria

- Will address inequity.
- Address ‘knowledge gaps that matter’ (with the qualification that ‘what matters’ depends on who defines it).
- Has a future focus.

Suggested Improvements

- A criterion that addresses Pacific health.
- A greater emphasis on research translation, innovation, and commercialisation.
- A focus on access to services.

CHANGES TO THE SELECTION CRITERIA FOR THEMES

- **Added** ‘advance Pacific health outcomes and research capacity’.
- **Added** ‘have potential for translation into policy or practice to improve the standard of care’.
- **Amended** ‘reduce health inequity’ to ‘achieve health equity for those populations experiencing the greatest inequities of access and outcomes’.
- **Amended** ‘address a knowledge gap that matters’ to include ‘as confirmed by relevant evidence’.

IMPLICATIONS

- A more aspirational approach to eliminating health inequity
- A greater focus on Pacific health
- More emphasis on research translation and the role of research in improved health outcomes for New Zealanders

Summary of the final process



Development Group will produce draft SIAs

Development Group: Maximum of 13 people, who are representative of as wide a range of stakeholders as possible. Respected individuals with strategic thinking skills and relevant expertise, supported by appropriate external experts. At least one Māori Co-Chair.

June – July 2018



Draft SIAs released for public consultation

Stakeholders will also be invited to nominate Themes for research to sit within SIAs.

Web-based consultation will be open for 6 weeks.

Focus Groups and webinars will be held with Māori, Pacific peoples, & health service consumers including people with disabilities and those in rural or regional locations.

Sept – October 2018



Expert Panels will refine Themes

Some Expert Panels will focus on specific SIAs; others will review cross-cutting issues across all SIAs, such as Māori advancement.



International experts will review some SIAs and Themes to assess their contribution to global research

Nov – December 2018



Appeals process

After approval by the NZHRS Steering Committee, the Strategic Investment Areas will be published online to allow an opportunity for the public to review this decision.

Ministers will announce Strategic Investment Areas

The Minister of Business, Innovation, and Employment and the Minister of Health will be asked to approve and announce the final SIAs.

Feb – March 2019



Development Group will refine the Themes.

The Development Group will review inputs from Expert Panels and international reviewers, and refine the Themes.



Themes released for public consultation.

Final Themes released for public comment. Web-based consultation will be open for 3 weeks.

May – Aug 2018



Appeals process

After approval by the NZHRS Steering Committee, Themes will be published online to allow the public to review this decision.

Ministers will announce Themes


The Minister of Business, Innovation, and Employment and the Minister of Health will be asked to approve and announce the final priorities, consisting of SIAs *and* Themes.

Oct – Dec 2019

The final framework

What does a SIA look like?

Five to ten broad areas of investment will endure for the life of the New Zealand Health Research Strategy (to 2027) and encompass a range of key knowledge needs that:

- 
- address the **current** and **future needs** of New Zealanders, including **future generations**;
 - consider health research underway in New Zealand and internationally;
 - will **develop workforce capability** and capacity to enable New Zealand to address its future health research needs; and
 - advance the principles of **Te Tiriti o Waitangi**.

The breadth of the Strategic Investment Areas means that they are likely to benefit from **collaboration across health research disciplines**, and the health, and science, and technology and innovation sectors.


What does a Theme look like?

Within ‘Strategic Investment Areas’, there will be more specific ‘Themes’ which should meet as many as possible of the following objectives:

- 
- advance Māori health outcomes and research capacity;
 - advance Pacific health outcomes and research capacity;
 - achieve health equity for those populations experiencing the greatest inequities of access and outcomes;
 - reduce the burden of disease in New Zealand and meet identified needs for improving health and wellbeing;
 - have potential for translation into policy or practice to improve the standard of care;
 - improve cost-effectiveness for the New Zealand health system;
 - respond to unique opportunities (e.g. research that can only be done in New Zealand, or innovations with commercial potential);
 - address confirmed knowledge gaps;
 - build the health research workforce New Zealand needs; and
 - be feasible, in terms of research capability, capacity, and strengths.

Themes will be refreshed every 3–5 years.

Next steps



To ensure a robust and transparent process, key decisions will be open to review. The decision to approve the HRC's proposed process can be reviewed via the HRC's website in early May 2018.

Questions that arose during this consultation will also be answered on the HRC website in early May 2018.

Your **input on the priorities themselves, will be sought later in 2018 and 2019**. Keep checking the HRC website or 'Update' newsletter for more information.

Appendix A: List of submitters who consented to be named

Submitters' Name	Organisation name or institutional affiliation	Submitters' Role within Organisation
Amanda Smith	Ministry of Health	Chief Advisor, Disability
Andrew Cleland	Royal Society Te Apārangi	Chief Executive
Annie Fogarty	Counties Manukau Health	Clinical Nurse Director
Arawhetu Gray	Capital & Coast DHB	Director, Māori Health
Ashleigh Brown	The Treasury	Policy Analyst
Dr Catherine Brennan	Ministry of Social Development	Advisor
Charles Sullivan	Health Promotion Agency	Research manager
Chris Walsh	Health Quality & Safety Commission	Director, Partners in Care Programme
David Eccles	Gringene Bioinformatics	Bioinformatics Research Analyst
Dominic Madell	Ko Awatea, Counties Manukau DHB	Research Manager
Ekant Veer	University of Canterbury	Associate Professor
Faye Sumner	Medical Technology Association of NZ	Chief Executive Officer
Jackie Cumming	Victoria University of Wellington	Professor of Health Policy and Management
James Hutchinson	Kiwi Innovation Network (KiwiNet)	CEO
Jane Harding	University of Auckland	Researcher
Jane Mills	Massey University	Pro Vice Chancellor College of Health
Jerome Ng	Waitemata DHB University of Auckland	Lead Advisor, Honorary Lecturer
Dr Jinny Willis	New Zealand Nurses Organisation	Principal Researcher
Dr John Wyeth	PHARMAC	Medical Director
Kathryn Stowell	Massey University	Professor in Biochemistry
Kerry Dougall	Hutt Valley DHB	Director Maori Health
Kirk Matthews	Tauranga Hospital	Registered Nurse
Kitty Ko	Counties Manukau Health	Asian Health Gain Advisor
Lorenzo Garcia	Auckland University of Technology	Lecturer - Researcher
Mark Webster	Auckland City Hospital	Cardiologist
Maryanne Richardson	Counties Manukau Health	Lead Evaluator - Mental Health Department
Metua Bates	Alliance Health Plus	Pacific Integration & Development Services Manager
Paul Young	Capital & Coast DHB	Clinician and researcher
Paula Martin	Office of the Health and Disability Commissioner	Director, Strategy
Richard Cannon	University of Otago	Associate Dean Research, Division of Health Sciences
Richard Easton	Neurological Foundation of NZ	CEO
Richard Edlin	University of Auckland	Senior Lecturer
Taria Tane	National Hauora Coalition	Network Manager - Diabetes Research Programme