

TRANSLATIONAL RESEARCH GRANTS SCHEME

EXPRESSION OF INTEREST

Example of an effectiveness and scalability study

This document shows examples of key sections of the EOI form to illustrate how to meet the selection criteria. This is directly linked to the checklist available on the TRGS website: <http://www.health.nsw.gov.au/ohmr/Pages/trgs.aspx>

- **Right question for TRGS** – Are you answering an important policy relevant question that addresses an evidence gap?
- **Right capacity and support within your organisation** – Does your organisation want to know the answer to this question and will it commit to scale up any resulting intervention if proven?
- **Right stakeholders and partners** – Have you engaged the relevant partners across the NSW health system?
- **Right mechanism for translation** – Does your intervention have the potential to be scaled up across the system?
- **Right design and method** – Can the study design answer the question with methodological rigour?
- **Right research team** – Do you have the right research skills across your team to answer the question?

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SECTION A – OVERVIEW	
Chief Investigator (applicant)	Chief Investigator
Host Organisation	Specialty Health Network (SHN) 1
Project title	Secondary level child weight management services: the appropriateness, impact and effectiveness of new service models.
List all sites in which the project will be conducted:	SHN 1, LHD 1, LHD 2, LHD 3, LHD 4, LHD 5

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Right stakeholders and partners – Have you engaged the relevant partners across the NSW health system?

- Have you engaged partners that have the ability to implement or influence change in the system that may result from this project
- Do you have other LHDs, Specialty Health Networks, pillars, parts of NSW Health and branches within the Ministry of Health involved as partners? (e.g. more than one LHD, a pillar, a policy branch within MoH, consumers)

SECTION A – OVERVIEW

Project partners	Position	Organisation	Contribution to project
	Medical Advisor	Office of the Chief Health Officer, NSW Ministry of Health	State-wide policy and strategic direction, coordination across LHDs, design and assessment of feasibility and sustainability of models, assist with preparation of final report
	Executive Director	Strategy and Resources Division, Health and Social Policy Branch, NSW Ministry of Health	State-wide policy and strategic direction, coordination across LHDs, design and assessment of feasibility and sustainability of models
	Acting Chief Paediatrician	NSW Ministry of Health	State-wide policy and strategic direction, coordination across LHDs, design and assessment of feasibility and sustainability of models
	Professor of Public Health	School of Public Health, University 1	Consideration of health literacy issues, in particular in relation to design of service models and when raising the issue of a child's weight status
	Professor and Director of Research in Implementation Science	Faculty of Health Sciences, University 2	Advise on implementation science aspects of the study and approaches to analysis of data
	Director	Research Institute	Expert contribution to models of care for weight management

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Senior Research Fellow Associate Professor	Research Institute; Discipline of Child & Adolescent Health Hospital 1	Advise on data management, data collection, analysis and comparison of results, assist with preparation of final report
Associate Professor, School of Public Health	University 1	Advise on data collection, analysis and comparison of economic outcomes, assist with preparation of final report
Director of Clinical Operations	SHN 1	Co-Chair Steering Committee Executive support, consideration of design, feasibility and sustainability of service models, assist with partnerships and integration of service models into routine care and existing services across partner LHDs/Networks
Executive Director of Children, Young People and Families	LHD 1	Co-Chair Steering Committee Executive support, consideration of design, feasibility and sustainability of service models, assist with partnerships and integration of service models into routine care and existing services across partner LHDs/Networks
Consumer representative	N/A	Consideration of patient and family issues at all stages of the study
Secretary of the local Medical Practitioners Association	Primary Health Network 1	Linkage with PHs. Consideration of design, feasibility and sustainability of service models, assist with partnerships and integration of service models into routine care and existing services across relevant PHNs.

List essential partners required for successful conduct of the project and implementation of the outcomes (e.g. LHD Director of Clinical Governance, Director of Nursing, Director of a University Research Centre)

Essential partners may include people other than Associate Investigators (see Section C.2)

Applicants are encouraged to partner with other Local Health Districts and Specialty Health Networks to improve the generalisability of research findings. Justification is required if this is not considered appropriate for the research project.

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SECTION B – ELIGIBILITY CRITERIA

B.1 Priority research

Describe why this research will answer a question that is a priority for the State and/or locally for your organisation. Include reference, to relevant State or Host Organisation strategic plans.

Right question for TRGS – Are you answering an important policy relevant question that addresses an evidence gap?

- Is your question focused on a priority health system and/or local need? (i.e. not niche)
- Will the answer to this question support the NSW health system in disease prevention, patient care or health service delivery?

Obesity

- “Tackling childhood obesity” is one of the 12 NSW Premier’s priorities.
- A collaborative group, under the leadership of the NSW Ministry of Health, has formed; one of its aims is to develop integrated models of care and health pathways for paediatric patients above a healthy weight, to improve equity and access. The LHDs represented either have an established service or are implementing a new secondary child weight management service this year – LHD1, LHD2, LHD3. LHD 4 and LHD 5 are considering establishment of a secondary service. Furthermore, speciality network 1 is redesigning its model of care to provide a service across services. The models of care and health pathways being developed draw on expertise from the established services.
- This is a unique time in NSW when several LHDs are already working collaboratively with the aim of implementing secondary level care of child weight management in an integrated fashion. However the models of care to be implemented may differ based on the varying level staffing and intensity of the intervention
- Design, implementation and evaluation of secondary models of care for children above a healthy weight who receive services from NSW LHDs is important to assist in routine raising of the issue by NSW Health staff, appropriate local management and referral, as well as escalation of care for more severely affected children and families.
- We need to better understand the effectiveness and impact of the different models of care of child weight management that are being rolled out in several LHDs, whether they are scalable and translatable more broadly across the NSW Health system and at what cost.

In summary this project is directly linked to these strategic plans and initiatives

- A large number of LHDs are rolling out child weight management models and research is needed to assist with the refinement and scaling up of those models
- Directly linked to the strategic direction 2 - routine advice and clinical service delivery, of the Premier's priority on tackling childhood obesity.

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B.2 Governance structure

Provide a brief description of the governance structure for the project, including project Steering Committee with links to the Executive structure and clinical streams of TRGS Host Organisations (150 words)

Include the research oversight function within the governance structure, identifying members of the team(s) that will steer the research from a technical perspective and note how and when they will be involved.

Right research team – Do you have the right research skills across your team to answer the question?

- Do you have senior academics on the team who will technically steer this project?

Right capacity and support within your organisation – Do you want to know the answer to this question and will committee to scale up any resulting intervention if proven?

- Is it a priority for your organisation to conduct a project in this area?
- Is there strong executive support for this project? (i.e. an executive champion who has reviewed this application)
- Does your organisation have the ability to scale up any intervention that might result from this study? (i.e. it lies within your organisation's span of control)
- Will your CEO commit to funding the scale up of this project up if it is proven successful?

There will be a **project steering committee** comprising one nominee from each participating LHD, as well as at least one representative from the NSW Ministry of Health. The steering committee will be co-chaired by Speciality Network 1 Director of Clinical Operations and LHD 1 Executive Director of Children, Young People and Families and meet monthly in the start-up phase, and then each two months until the project is complete.

A **project working group** will also include those working on the project from each participating LHD, and will report to the steering committee.

The **research steering committee** (made up of the investigators, representatives of partner organisations, clinical teams) will have overall responsibility for execution of the study protocol monitor implementation of the intervention, data collection, analysis plan and publications.

As part of the implementation strategy, we will convene a **Policy and Implementation Panel** involving key stakeholders at government, organisational and clinical level across the state, as well as patients/families representatives.

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SECTION C – RESEARCH TEAM

Right research team – Do you have the right research skills across your team to answer the question?

- Do you have senior academics on the team who will technically steer this project?
- Do you have a multi-disciplinary team with the right research, clinical, management and policy skills to undertake the study?
- Have your research partners worked with you to draft the methods so they are scientifically rigorous (i.e. has a senior academic reviewed the application)

C.1 Chief Investigator details

The Chief Investigator (applicant) must be employed by the Host Organisation.

Full Name	Chief Investigator
Position	Consultant Paediatrician, Hospital 1 and Professor of Child & Adolescent Health, University 1
Organisation	Speciality Health Network 1

C.2 Associate Investigator(s)

Include other proposed investigators in this section (maximum 10).

An investigator is expected to steer the project. Ideally the team of associate investigators needs to include senior researchers, managers, policy makers and clinicians from a range of organisations.

#	Position	Organisation	Contribution
	Staff specialist, Weight Management Services	SHN 1	Lead model of care design, service delivery and coordinate data collection in each participating LHD. Co-chair Management Committee.
	Clinical Redesign Manager	SHN 1	Lead model of care design, service delivery and coordinate data collection in each participating LHD
	Professor of Public Health	School of Public Health, University 1	Consideration of health literacy issues, in particular in relation to design of service models and when raising the issue of a child's weight status
	Professor and Director of Research in Implementation Science	Faculty of Health Sciences, University 2	Advise on implementation science aspects of the study and approaches to analysis of data
	Director, Research Institute	University 3	Expert contribution to models of care for weight management
	Head, Department of Paediatrics, hospital	LHD 1	Lead model of care design, service delivery and coordinate data collection in each participating LHD
	Manager, Childhood obesity prevention and management	LHD 2	Lead model of care design, service delivery and coordinate data collection in each participating LHD

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	Senior Staff Specialist, and paediatric endocrinologist,	LHD 3	Lead model of care design, service delivery and coordinate data collection in each participating LHD
	Professor of Paediatrics & Child Health Director of Research; Clinical Director of Children's Health	LHD 3 Medical Research Institute	Lead model of care design, service delivery and coordinate data collection in each participating LHD
	Head, Paediatric Department, and Clinical Stream Director, Paediatrics and Neonatology	LHD 4	SWS LHD does not yet have a secondary level child weight management clinic. Participation as an AI in order to gain insights for local development of such a service.
	Director, Allied Health, Children, Young People and Families Services	LHD 5	Lead model of care design, service delivery and coordinate data collection in each participating LHD
	Director of General Paediatrics, hospital	LHD 6	Lead model of care design, service delivery and coordinate data collection in each participating LHD

SECTION D – RESEARCH PROPOSAL

D1, D2, D3

Right question for TRGS – Are you answering an important policy relevant question that addresses an evidence gap?

- Is your question focused on a priority health system and/or local need? (i.e. not niche)
- Will the answer to this question support the NSW health system in disease prevention, patient care or health service delivery?
- Is your question answering an evidence gap? (i.e. does your application have a review of the available research in the field, to show you are building on the cumulative science?)
- Is your question is focused on testing a clearly defined intervention that has the potential to improve upon current practice in NSW?
- Is there an evidence-based rationale for why the intervention you want to test might work and why it is better than other available interventions?
- Can this question be answered within two years?

D.1 Describe the problem and outline the existing evidence that you have considered before developing this proposal (300 words)

Paediatric obesity – a serious, but clinically neglected, chronic health problem: In NSW one in four school-aged children and adolescents is affected by overweight and obesity (6% with obesity, a further 2% with severe obesity) (1). Paediatric obesity is associated with a range of immediate and longer term health problems (2). Despite the high prevalence, weight problems are rarely managed when children attend clinical services (3). Barriers to weight management by health professionals include: difficulty raising the issue, uncertainty about advice to offer and referral pathways and lack of local service capacity (4,5).

Limited paediatric obesity services in NSW: Family-based lifestyle interventions incorporating behaviour modification around eating and activity are effective and considered first-line treatment for paediatric obesity (6, 7). Untreated, the natural history of obesity in children and adolescents is to worsen over time (8). However there is only one established secondary care model at Hospital A and one tertiary service at Hospital B. Other services may manage children with obesity in outpatient settings, such as a dietitian-led clinic. The few existing services are poorly linked, with no well-established models of care or healthcare pathways across primary, secondary or tertiary care networks. The existing services also vary greatly, depending upon local resourcing, clinical needs, staff expertise and patient characteristics.

Rationale: We have a unique opportunity to research the implementation and integration of the new secondary child weight management service alongside established services to determine the clinical effectiveness and impact of the services. No such research has been undertaken previously in Australia. This study will ascertain what factors affect acceptability, reach, and participation and retention rates and measure clinical effectiveness through changes in child weight outcomes. Data will enable recommendations for future services planning to optimise scalability and sustainability of integrated, responsive and effective care of paediatric patients with overweight or obesity.

References provided in application, not listed in this example document.

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D.2 What is the research question to address the problem? (100 words)

1. What factors affect acceptability, reach, rates of participation and retention of different models of care for management of childhood obesity at the secondary care level?
2. What is the clinical effectiveness of the different models of care?
3. What is the impact of the different models of care on weight-related behaviours (eating, physical activity and sedentary behaviours).
4. What are the costs of the different models of care?
5. What service arrangement(s) would maximise the capacity of NSW Health to provide appropriate, effective care to children above a healthy weight and their families?
6. What is the utility of routinely collected NSW Health data in understanding longer-term outcomes of weight management programs in children?

D.3 Indicate where, on the research translation path, current evidence exists and where this proposal sits.

Refer to the Translational Research Framework, available on the TRGS website.¹

	Idea generation	Feasibility	Efficacy	Replicability and adaptability	Effectiveness	Scalability	Monitoring
Current evidence		X	X				
Proposed research					X	X	

¹ Sax Institute, Translational Research Framework: Testing innovation in policy, programs and service delivery, 2016. Available from <http://www.health.nsw.gov.au/ohmr/Documents/trgs-round2-translational-research-framework.pdf>

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D4, D5

Right design and method – Can the study design answer the question with methodological rigour?

- Is the study design matched to the research question?
- Are the methods rigorous in terms of sampling, statistical analysis and the selection and measurement of outcomes? (e.g. objective outcomes are better than self-reported outcomes)
For more detail see the [Translational Research Framework](#)
- Do you have costings or some kind of health economic analysis included that is matched to your question? (e.g. if assessing feasibility then costings, if assessing effectiveness then cost-effectiveness)

D.4 Describe the approach, including research design and methods (500 words)

Include details such as study design, intervention, sample and setting including control group where appropriate, primary and secondary outcomes, data sources/research tools, data collection methods including time points for baseline and follow up periods, sample size and power calculations, statistical analysis plan.

Study design, sites and settings

This is a trial testing appropriateness, acceptability, clinical effectiveness and impact. It will harness the opportunity provided by the development of at least four new child weight management services in NSW in 2017 (a “natural experiment”). Qualitative and quantitative approaches will be used to gather evidence and assess the existing and new models of care. The *clinical effectiveness* component of the study has a before and after design (i.e. baseline to 6 months). In addition, we will compare weight outcomes of children seen in NSW Health weight management programs with those of children who have a NSW Health encounter but who do *not* receive a specific weight management intervention. In our evaluation of the services at the participating LHDs we will also look for common success (or failure) factors across these sites.

The study will be undertaken at existing, or soon-to-commence, secondary level care clinics for child weight management in the following LHDs/networks:

- SHN 1 (existing service)
- LHD 1 (existing service)
- LHD 2 (new service)
- LHD 3 (new service)
- LHD 4 (new service).

Intervention

The new clinics will be multidisciplinary, run on a weekly basis (though clinic sites may alternate), treating patients aged 2-16 years. Exact details of program delivery are being finalised. Over a 12 month period (i.e. Jan–Dec 2018), it is anticipated that a total of 280 new patients would attend the clinics. South Western Sydney and Illawarra Shoalhaven LHDs are considering establishment of a secondary care model and will be included if services are implemented by January 2018.

Overview of study methods

For the clinical effectiveness component, the primary outcome will be change in body mass index (BMI), adjusted for age and sex, at 6 months from baseline. The secondary outcomes will be change in key food and physical activity behaviours at 6 months from baseline.

A range of *process* and *economic cost measures* will be collected from: i) routinely collected data; ii) document review; and iii) surveys, key informant interviews and focus groups with

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clinical staff, health service managers, and patients and families. The protocols for collection of the process evaluation measures will be the same as those used in the SCOOP pilot project in Western Sydney.

Sample size and power calculation

Outcomes of patients within each program and for all services will be compared with TGA targets for weight loss (i.e. >5% which is ~0.12 decrease in BMI z-score in adolescents). Statistical modelling will be used to examine predictors of outcome including demographics, program and eating/physical activity behaviours. Sample size is determined by study design. We anticipate ~280 new patients aged 2-16y will be seen in the participating clinics in calendar year 2018. Change in BMI will also be compared to an overweight population cohort. Modelling will be used to determine predictors of change in BMI including demographics and involvement in a weight management program.

D.5 Provide the rationale for the approach and any potential barriers and mitigation strategies. List key approvals that will be required before the research project can proceed, i.e. ethics and governance approvals (200 words)

Rationale for the approach

This is a form of implementation research that takes advantage of existing natural experiments in clinical service delivery, to design and deliver better services. The project will apply a considered and systematic implementation research framework across a number of participating LHDs that serve a large, contiguous population of children from disadvantaged and culturally diverse families. All three of the state's specialist children's hospitals will also be included, allowing service design lessons and the strengths of various approaches to service delivery to be quickly disseminated and implemented across these sites, which include a large number of the state's specialist children's health professionals, and which influence practice across all the general paediatric services in NSW.

The project will build on the Western Child Health Network-funded SCOOP (Sustainable Connections for Overweight & Obesity in Paediatrics) project underway in LHD 1, LHD 2 and SHN 1 looking at the development of local healthcare pathways in paediatric obesity management. The SCOOP project is due to be completed by June 2017.

Barriers and mitigation strategies

- 1) LHDs may feel overwhelmed with other priorities.

Mitigation: LHDs need to report on strategies undertaken in responding to the Premier's Priority "Tackling childhood obesity". This project will assist the LHDs in their reporting on the clinical service delivery elements of the delivery plan.

- 2) Existing and emerging secondary level care services may not be adequately staffed to routinely provide the required information.

Mitigation: Project officers will assist with data collection, interviews with staff, patients and families, and follow-up of patients

- 3) Loss of patients to follow-up (very common in obesity clinical services and trials).

Mitigation: Project officer will assist with follow-up of patients; use of phone interviews and self-reported height and weight as alternative to direct measurement, along with information collected as part of routine service delivery for the patient across other services in participating LHDs

A single lead ethics committee will be approached for this approval, on behalf of all participating LHDs. Site-specific approval will also need to be obtained for each site.

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D.6 Describe consideration given to scalability and value for money of your research project and outcome (150 words)

Right mechanism for translation – Does your intervention have the potential to be scaled up across the system?

- Is the intervention you are testing feasible for larger scale up across the NSW health system (i.e. it is cost effective and relevant to the whole system)
- Have you identified existing state-wide initiatives that your intervention can be scaled up through?

Extent to which outcomes can be generalised, scaled or embedded into practice

Over the next 2-3 years all LHDs across the state will need to provide accessible and effective forms of secondary level care for child weight management, with far greater population reach than is currently the case, in order to appropriately manage the children and families identified by routine assessment within the LHD. This project directly informs this requirement of scaling up services. As the findings will be derived from NSW LHDs in practice, the models replicate what is feasible in NSW within existing resources, while representing a range of ways of delivering service according to local geography and population needs.

Economic analyses

The economic analysis will be important for comparing government and participant costs in each of the LHDs. If these new pathways are successful in reducing childhood obesity, the analysis will also provide important budgetary information for expansion of these services.

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D.7 What new or relevant evidence will the research project generate for policy and/or practice? What are the likely impacts of the results of the project on disease prevention at a population level, individual patient care or health service delivery? (300 words)

Right question for TRGS – Are you answering an important policy relevant question that addresses an evidence gap?

- Is your question focused on a priority health system and/or local need? (i.e. not niche)
- Will the answer to this question support the NSW health system in disease prevention, patient care or health service delivery?
- Is your question answering an evidence gap? (i.e. does your application have a review of the available research in the field, to show you are building on the cumulative science?)
- Is your question is focused on testing a clearly defined intervention that has the potential to improve upon current practice in NSW?
- Is there an evidence-based rationale for why the intervention you want to test might work and why it is better than other available interventions?
- Can this question be answered within two years?

Right mechanism for translation – Does your intervention have the potential to be scaled up across the system?

- Is the intervention you are testing feasible for larger scale up across the NSW health system (i.e. it is cost effective and relevant to the whole system)
- Have you identified existing state-wide initiatives that your intervention can be scaled up through?

New Relevant Evidence

Currently, there are no well-evaluated healthcare pathways, or even local models of care, for child weight management in Australia, or in other countries with similar types of health services. In particular, work that assesses the acceptability, effectiveness and transferability of various service models in real world settings, is lacking. This study, which looks at the design and delivery of secondary care services in an integrated fashion across a number of NSW LHDs, will allow us to compare and contrast service designs and associated process and impact measures in a systematic fashion. The evidence generated by this project will therefore be of direct relevance to design and delivery of better local child and family weight management services for each of the LHDs in NSW, in Australia and beyond.

Likely impacts for patient care and health service delivery

The findings from this project will feed directly in to NSW Premier's Priority work on "Tackling Childhood Obesity". The project will improve the design and delivery of local services, by enhancing the accessibility, acceptability, reach and impact of services for children and families from disadvantaged and culturally and linguistically diverse regions of NSW. As a result, health service managers and senior clinicians will be better informed about the types of models of care and health care pathways that may work best in their region or LHD. This will allow local services in each region and in other LHDs to be scaled up more readily. Further, children and adolescents affected by obesity will have improved access to treatment services.

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D.8 Comment on the extent to which anticipated outcomes from the research can be generalised, scaled, translated or embedded into practice. How will you ensure this occurs? (300 words)

In this section include details such as 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), key stakeholders that you will engage with to scale up your research (e.g. MoH, ACI, CEC, eHealth NSW, HETI, state-wide clinical networks, other LHDs/speciality networks), how the results of your study can support or integrate with existing State or regional initiatives or health services.

Right mechanism for translation – Does your intervention have the potential to be scaled up across the system?

- Is the intervention you are testing feasible for larger scale up across the NSW health system (i.e. it is cost effective and relevant to the whole system)
- Have you identified existing state-wide initiatives that your intervention can be scaled up through?

Extent to which outcomes can be generalised, scaled or embedded into practice

As the findings will be derived from NSW LHDs in practice, the models replicate what is feasible in NSW within existing resources, while representing a range of ways of delivering service according to local geography and population needs.

Ensuring this occurs

A range of strategies will be used to ensure that the outcomes from the study are disseminated and are supported to be embedded into practice.

- Our study governance includes a Steering Committee with representatives from all participating LHDs and a Policy and Implementation Panel.
- The study includes strong executive support, and includes partners from the NSW Ministry of Health (Population Health Division and Strategy and Resources Division), as well as drawing on local expertise from clinical and academic experts in relation to health literacy.
- During the study we will communicate frequently with the clinical leaders and health service managers of the participating LHDs via emails, Steering Committee meetings and local site meetings.
- We will encourage local clinical leaders at each participating LHD to co-present on the findings from the study in various local forums, including to the Clinical Councils and to key clinical and health services opinion leaders.
- In order to engage the remaining LHDs, and new staff, we will present at various state-wide forums such as NSW Children's Healthcare Network meetings, specialist paediatric and allied health meetings, and senior executive forums.
- We will document the available models, including cost and funding considerations, to allow dissemination and uptake of locally relevant service models by other LHDs
- We will produce and disseminate descriptions of services, including referral criteria, staffing arrangements, service interventions delivered and supporting resources used, to allow other LHDs to readily replicate these models if desired.
- We will prepare short practice- and policy-friendly/relevant briefs about the study's process and impact findings, and disseminate these to the paediatric clinical leads in all LHDs.

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D.9 Describe how stakeholders have been involved in the development of the research proposal and how they will continue to be involved in implementing the research outcomes (300 words)

This might include clinicians, consumers, policy makers, community and patient groups, and others

Right stakeholders and partners – Have you engaged the relevant partners across the NSW health system?

- Have you engaged partners that have the ability to implement or influence change in the system that may result from this project
- Do you have other LHDs, Specialty Health Networks, pillars, parts of NSW Health and branches within the Ministry of Health involved as partners?
(e.g. more than one LHD, a pillar, a policy branch within MoH, consumers)

Development of the proposal

- Through the existing SCOOP project, we have liaised with paediatric clinical leads across a range of LHDs. The SCOOP project has highlighted the relative paucity but also diversity of existing clinical services.
- Medical Advisor, Office of the Chief Health Officer, has met frequently with the team as part of broader strategies to address the “Tackling Childhood Obesity” Premier’s Priority. In discussions with the Medical Advisor we became even more aware of the need for evidence to inform the provision of paediatric obesity management at secondary level care in each of the LHDs.
- We have also liaised with the following people at the participating LHDs: LHD1 (persona a); LHD 2 (person b); LHD 3 (person c)
- In addition, there have been discussions with Prof X (LHD 1, adult bariatric physician; President of the World Obesity Federation) who has a long-standing interest in health service delivery for people affected by obesity
- Study planning groups to develop this project includes partners from the NSW Ministry of Health (Population Health Division), as well as drawing on local expertise from clinicians, families/patients and health service managers. This ensures relevance of research questions and of study design to future routine clinical practice

Implementing the research outcomes

- The clinical leads from the participating LHDs are key to health service provision for paediatric obesity in their respective LHDs.
- The Steering Committee will include a paediatric clinical lead from each of the participating LHDs these people will also take a major role in dissemination of the findings within their LHDs and across the state.
- We will also need to engage clinical leads at the other LHDs as they plan their own secondary weight management services for children and families, and the general population.
- Early creation of a Policy and Implementation Panel. This will support rapid implementation across sites