

HEALTH+MEDICAL
RESEARCH

Implementation Planning

TRGS Round 5 Workshop



Why and how to plan for implementation

WHY?

Review of completed TRGS R1 projects and stakeholder consultation.

HOW?

Implementation planning for TRGS R5 applications.



Implementation Planning:

Saving research from the graveyard of good ideas

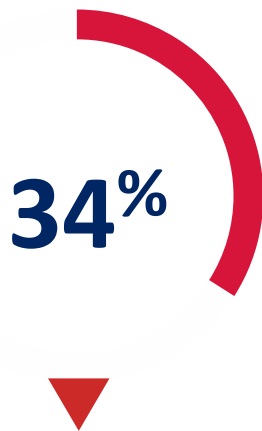


TRGS Review

- Continuously working to improve TRGS
- Implementation review conducted of 10 completed Round 1 TRGS projects
- Stakeholder discussions following R4:
 - Site visits to all host organisations (LHDs, SHNs, NSWHP, NSWHA)
 - Discussions with Ministry branches, pillars, AHRTCs, SEF

Key Review Findings

Proportion of funded projects that impact on policy or practice



NHMRC

(n=50)

*High and medium impacts



NSW TRGS R1

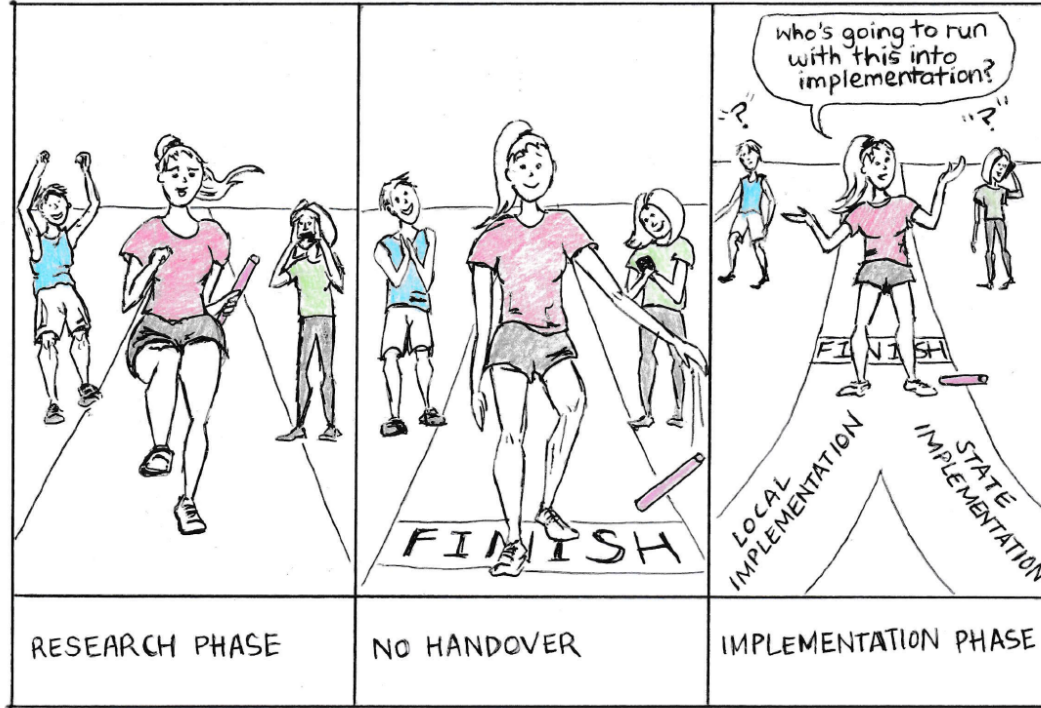
(n=10)

*High impacts only

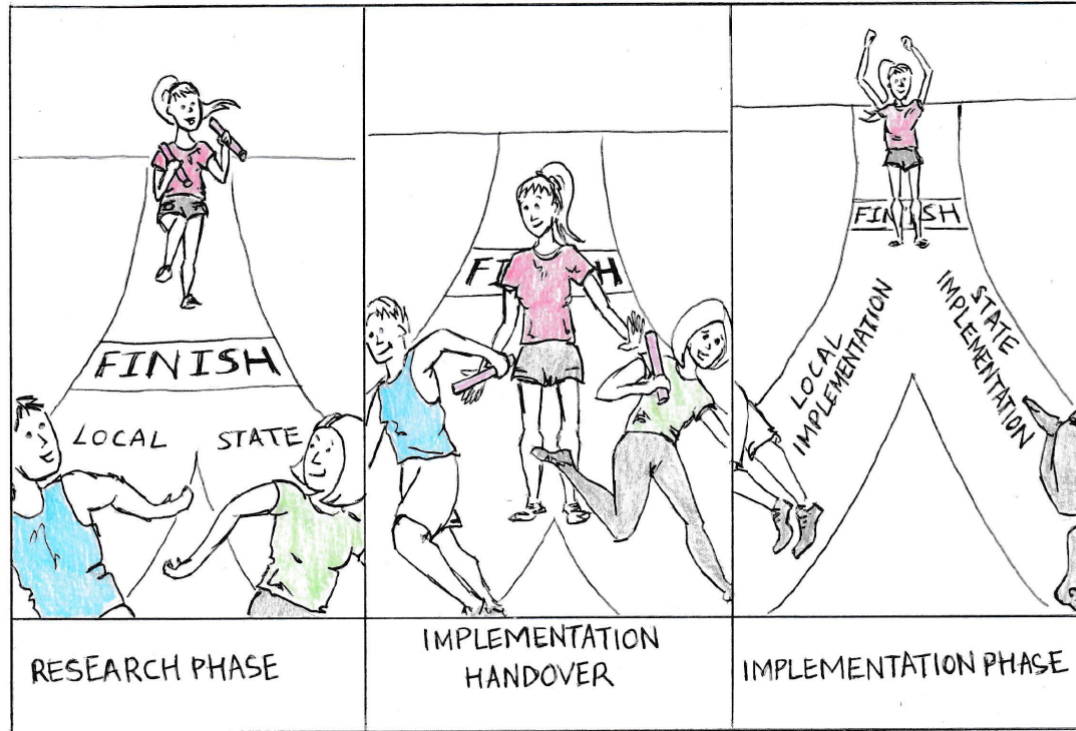
OHMR impact definition:

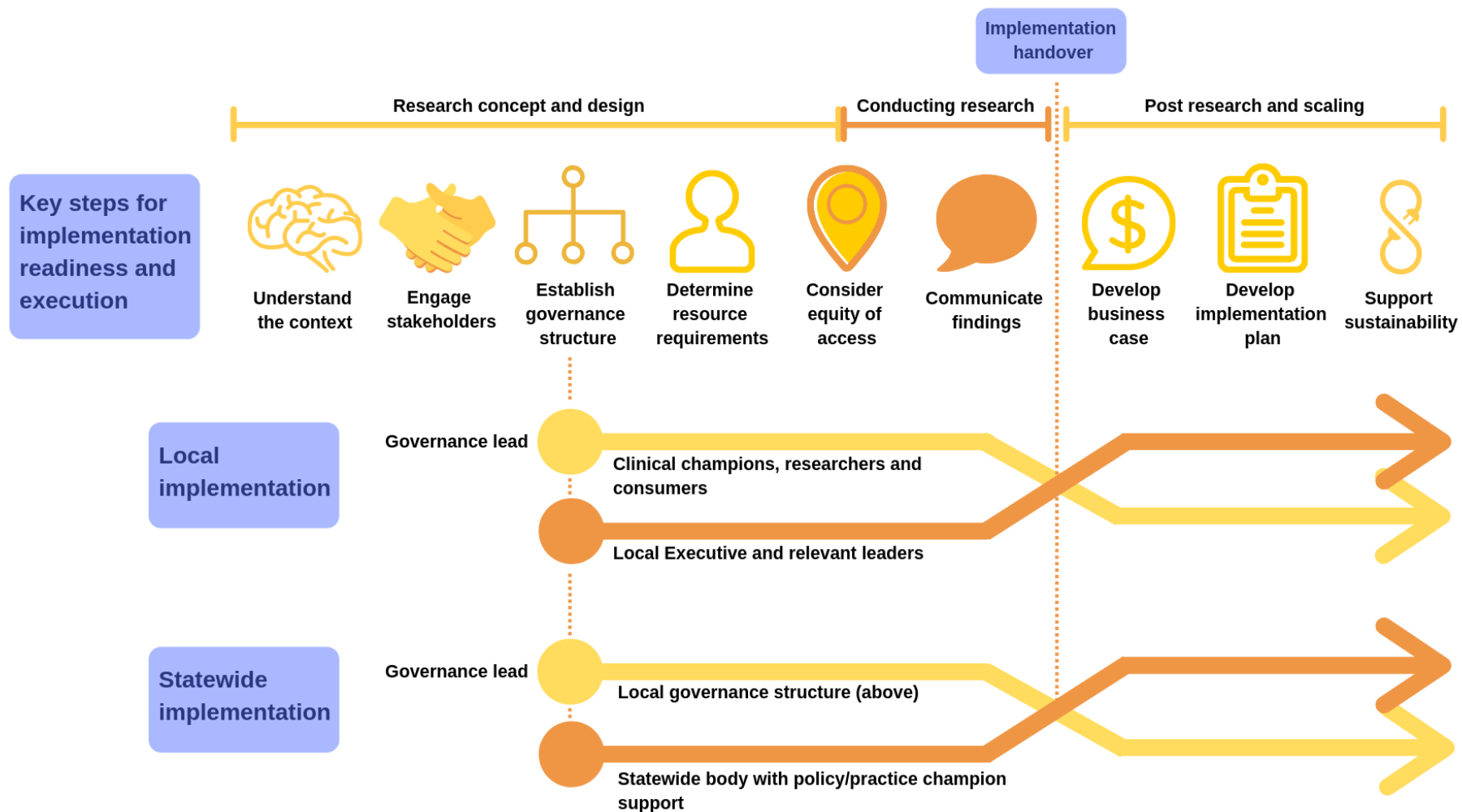
- Tangible policy or practice change, OR
- Intervention packaged for implementation and a policy or practice implementation system enabler engaged in an ongoing capacity

Implementation by osmosis = less likely to impact



Implementation handover = intervention packaged for implementation and enabler in place





Implementation Planning

Start now...

- Good implementation planning involves considering all the key steps early.
- Each step is important to have considered from the outset, so that they become **enablers** to implementation rather than **barriers**.
- TRGS is very competitive- will ensure a strong Expression of Interest is submitted.

What is the problem being addressed?

- What is the scope of the problem in NSW?
- Is there NSW data?
- What are the drivers of the problem in NSW?
- What other interventions are already in place in NSW?
- How does this fit in to those interventions or replace them?
- Has anyone else in NSW already tried this?
- Does this align with work being done in this area, e.g. policy, programs, consumers?
- **What is the NSW context that this intervention will be introduced into?**



**Understand
the context**

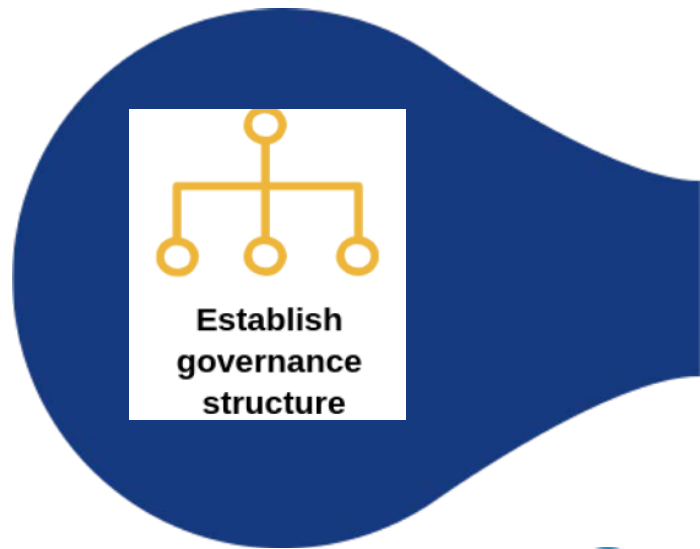
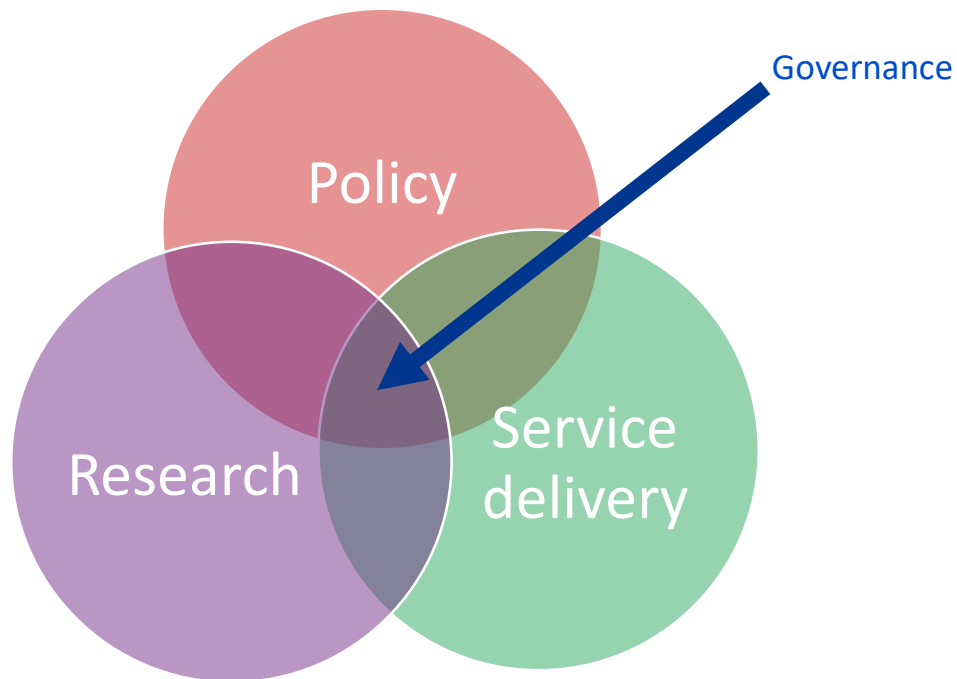
Who needs to be consulted?

- What clinical expertise/input do you need?
- What research expertise/input do you need?
- What consumer experience/input do you need?
- Who could be additional sites for your research? Metro, regional and rural?
- Do you need to consult with any specific communities? Aboriginal? Multi-cultural?
- Who would be responsible for implementing the intervention afterwards? Who would approve the practice change? Who would fund the practice change?
- What information does the health decision maker need in order to make these decisions at the conclusion?
- Who will be reviewing the grant application?
- **Who has the relevant expertise required to undertake the research and the expertise and authority to implement it afterwards?**



**Engage
stakeholders**

Who should be involved?



Implementation handover

**Local
implementation**

Governance lead

Clinical champions, researchers and
consumers

Local Executive and relevant leaders

**Statewide
implementation**

Governance lead

Local governance structure (above)

Statewide body with policy/practice champion
support



What will you need?

- What would be required to implement this intervention?
 - Would it require additional workforce or workforce training? Is this feasible?
 - Would it need to integrate with the digital infrastructure? Is this feasible?
 - Could there be resourcing constraints in some areas of NSW that would impact on implementation?
 - Are the health decision makers aware of the resourcing requirements and factoring this into their planning?
 - Are there other ways of delivering the intervention that could minimise resource requirements that you could test? Digital solutions?
 - Make sure the intervention being tested is what would be implemented into the system.
-
- **What resources would be required to ensure implementation of the intervention (and scalability) in NSW is feasible?**



**Determine
resource
requirements**

Can everyone access it?

- How would people in rural and regional areas access the intervention?
- How would people who have limited English access the intervention?
- How would people of lower socioeconomic background access the intervention?
- Is it culturally appropriate for Aboriginal and Torres Strait Islanders?
- **What mechanisms can be put in place to ensure the intervention does not increase inequities in health?**



**Consider
equity of
access**

Remaining steps



**Communicate
findings**



**Develop
business
case**



**Develop
implementation
plan**



**Support ongoing
research and
evaluation**

- Consider these steps as you need to ensure the correct people are involved early, and that you have budgeted for these activities. More detail on these is required in the Full Application stage.
- How will you communicate what your findings are to all stakeholders? Publication may not be enough to ensure the NSW system is aware of these, and can have time lags.
- What information does your health decision maker need? Will they want a case for change or a full economic analysis? Ensure you budget for a health economist and involve them in your team if that is what you will need.
- Who will take the implementation handover? What will be the key roles and responsibilities? Are they supportive of implementing the intervention should the findings be positive?
- Can this intervention be integrated into current activities to support its sustainability? How will its implementation be evaluated? Will the project increase research capacity/capability in the unit that could lead to further activity?

Key Messages

Implementation planning is crucial to research impact.

Start considering this planning early to ensure the keys steps for implementation are enablers to impact and not barriers.

Thank You

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