



NHMRC AHRTC and CIRH Reporting

JUNE 2019



Australian Government
**National Health and
Medical Research Council**



NHMRC accredited Advanced
Health Research and
Translation Centre

Sydney Health Partners' Report

JUNE 2019

Contents

About this report.....	3
Abbreviations used in this report	5
Question 1: Better Care	6
Case study: Implementing a new model of care to better treat chronic osteoarthritis.....	6
Question 2: Platforms and Systems.....	8
Case study: Building a stronger platform for data-driven health care	8
Question 3: Meeting Catchment Needs	11
Case study: Maximising hepatitis C cures in marginalised communities	11
Question 4: End User Involvement.....	13
Case study: Reducing inappropriate medication use among the elderly	13
Question 5: Workforce.....	15
Question 6: Partner Contribution	16
Question 7: Clinical Trials.....	17
References	18

About this report

NHMRC AHRTC and CIRH Reporting

NHMRC accredits leading centres of collaboration that are excelling, at international levels, in leadership and provision of evidence-based health care and training.

Ultimately, the goal is to improve the health and well-being of patients and the populations that the centres serve. NHMRC expects that each centre will deliver better and more appropriate health care by, for example:

- identifying, testing and introducing systems of care, procedures, treatments and devices that are most effective in delivering quality care, and eliminating those that are not
- reducing the cost of health care by identifying and eliminating procedures, treatments and devices that are ineffective
- providing strong and more effective dissemination of information towards achieving the deliverables listed above – thus achieving better scale and scope, while also locally embedded and led
- providing a more powerful base for clinical trials – to the benefit of patients, and our clinical trials industry
- greater efficiency in the use of clinical, community and research resources – through rationalisation, avoiding duplication, and gaining critical mass efficiencies.

Purpose of reporting

To capture the progress of the AHRTCs and CIRHs in continuing to operate as international exemplars for rapid research translation and collaboration to improve health systems and health outcomes in Australia, and their progress in achieving their intended impact.

Use of reports

NHMRC may publish reports or extracts of reports (e.g. on the NHMRC website) to promote the work and impact of the centres and promote transparency and accountability of results. Reports may also form part of applications for re-accreditation.

Report format and instructions

There are seven questions:

- Q 1-4: Short answer responses plus case studies.
- Q 5-7: Short answer responses.

For each case study:

- State what the challenge is (or was), how it was identified, and its significance
- Describe the approach to address the challenge/problem identified, including, where relevant, the cost
- Describe the significance of the results
- Indicate who or what has benefited (reach).

Q 1-5 also ask what measures or metrics your Centre is using to measure progress and ultimately, success in each domain. You will be asked to report against these measures/metrics in future reports.

Pathway to impact

NHMRC defines the impact of research as the verifiable outcomes that research makes to knowledge, health, the economy and/or society. Impact is the effect of the research after it has been adopted, adapted for use, or used to inform further research. Research impact also includes research that leads to a decision not to use a particular diagnostic, treatment or health policy.

It is acknowledged that the pathway to impact (see below) is not necessarily a simple linear process and that modification of strategies and activities may be required repeatedly along this pathway to reach intended impact.

Pathway to impact



Research impact is the verifiable outcomes from research and not the prospective or anticipated effects of the research.

Abbreviations used in this report

AHRA	Australian Health Research Alliance
AHRTC	Advanced Health Research and Translation Centre
CCI	Consumer and Community Involvement
CIRH	Centre for Innovation in Regional Health
HCNSW	Health Consumers NSW
HCV	Hepatitis C virus
IS	Implementation Science
LHD	Local Health District
MACH	Melbourne Academic Centre for Health
MRFF	Medical Research Future Fund
MRI	Medical Research Institute
OACCP	Osteoarthritis Chronic Care Program
RART	Rapid Applied Research Translation Program
SHP	Sydney Health Partners
WAHTN	Western Australian Health Translation Network

Examples relevant to SHP's report

At the end of this report, links are provided to websites, reports and other resources that have been cited in our responses to the 7 reporting questions below (by superscript numbers).

Question 1: Better Care

What health services (e.g., procedures, preventative measures, treatments or devices) has the centre developed, tested, implemented and scaled-up, or eliminated, to deliver better care for patients?

How Sydney Health Partners is delivering better care for patients

SHP is health service-led. Our four major health service partners (Northern Sydney, Sydney and Western Sydney Local Health Districts (LHDs) and Sydney Children's Hospital Network (SCHN, at Westmead) are actively involved in our governance, translational research funding programs, our clinical streams and cross-cutting themes. Translational research projects funded through our RART grant must address the priorities of our health service partners. We prioritise research that develops, tests and implements scalable solutions to health service problems, focussing on patient benefit, quality, safety and health system performance. To date, we have supported projects that address major health burdens in our communities, including cardiovascular disease, diabetes, cancer, mental health, musculoskeletal conditions and the health of vulnerable populations including the elderly, CALD communities, and Indigenous Australians. For example, one project tested a new model for triaging and managing patients with chest pain, and demonstrated 42% fewer hospitalisations over 16 months. Another is expanding an evidence-based model of care to prevent hospital-acquired pressure injuries, following a pilot that demonstrated 51.4% fewer injuries, improved patient outcomes, shorter hospital stays and cost reductions of \$837,387 per annum (cost savings of 23.1%). We are actively building capacity in Indigenous research, data-driven health care and implementation science to support our health services deliver better care and better outcomes for patients. Finally, we are investing in emerging and promising new technologies, such as genomics and imaging, to identify at-risk sub-groups and deliver tailored treatments.

Measures/metrics we are using

SHP-funded projects scaled up to other health services; research used to inform the design of health care; improved patient outcomes; reduced unplanned readmission rates; health service cost savings; SHP impact report².

Progress on impact pathway

Individual projects and initiatives extend along the continuum from activities, outputs, outcomes, impact and scaled and sustained with emphasis on the right-hand end of the continuum.

Case study: Implementing a new model of care to better treat chronic osteoarthritis

Leaders: Dr Jillian Eyles, Professor Manuela Ferreira, Professor David J Hunter

SHP organisations: Northern Sydney LHD, University of Sydney

Other organisations: The Sax institute, NSW Agency for Clinical Innovation, University of Queensland

Challenge/Problem

Osteoarthritis (OA) affects 1 in 11 Australians and is the leading cause of premature retirement from the workforce. About 80% of people with OA are given a prescription for analgesics and, if

symptoms persist, undergo imaging and are usually sent to an orthopaedic surgeon to discuss joint replacement. However, 1 in 4 people who have surgery will not have a good outcome. Professor Hunter has led work with the NSW Agency for Clinical Innovation to develop and pilot a new treatment model for patients with OA called the Osteoarthritis Chronic Care Program (OACCP) at eight public hospital sites. The OACCP involves education, support for self-management, diet and exercise. The results showed that 15% of patients had reduction in symptoms to the extent they volunteered to be taken off a surgery waiting list. The success of the OACCP led to state-wide implementation of the program to all NSW public hospitals in 2018 led from SHP. At the same time, Professor Hunter and his team set out to investigate **the local enablers and barriers to implementation of the OACCP.**

Approach/Response

This implementation science (IS) project, funded by SHP's RART grant, aimed to identify the factors responsible for variation in the implementation of the OACCP. Some of the variation was explained by differences in staffing. For example, some sites had a physiotherapist and a dietician; others had a social worker and a nurse but not a dietician. There were several areas of clinical expertise that were identified as lacking in current programs (e.g. medical management of pharmacological agents and comorbidities). Other perceived barriers to the optimal implementation of the OACCP were the existing referral pathways from joint replacement waitlists and unhelpful patient attitudes and beliefs. In response to these findings, work is now underway to develop OACChangeMap - a systems-level implementation plan for OACCP that includes education, training and program re-design components.

Significance

OA affects 2.1 million Australians. Surgery for osteoarthritic hips and knees is costing the national health system at least \$4 billion per annum and is rising by 10% per year. The OACCP treatment model helps many patients with OA avoid unnecessary investigations and surgery while at the same time improving their health and well-being. For every \$1 spent on the new OACCP, \$5 has been saved in avoiding joint replacements.

Reach

By the end of 2018, the implementation of OACCP had been assessed in 14 hospitals across NSW. Additional funding has been provided through SHP's RART grant to develop and test training resources for all health professionals involved in the treatment of OA and other musculoskeletal conditions across the care continuum and across care settings (i.e. rural, urban, community-based, primary and tertiary systems) to support more effective implementation of this evidence-based model of care.

Progress on impact pathway

Activities, outputs, outcomes, impact, scaled and working towards sustained.

Question 2: Platforms and Systems

What platforms or systems has the centre developed to support improved health services?

How Sydney Health Partners is developing platforms and systems to support improved health services

SHP is developing platforms and systems through three primary initiatives. Firstly, SHP is supported by 9 clinical streams which provide an underlying structure for SHP's cross-partner collaborations on translational research in priority areas (cardiovascular, cancer, mental health, neurosciences, renal, liver, respiratory, musculoskeletal, infectious diseases)³. We also have 5 cross-cutting themes that enable research and where there are opportunities for growth and improvement (clinical trials, implementation science, genomics, informatics, research enablers). Together our streams and themes provide a matrix of coordinated activities involving hundreds of academics, clinicians and support staff across our member organisations. Secondly, SHP's new strategic plan comprises 5 platforms, each led by one of our major partners that will drive strategic investments and activities over the next 3-5 years: building collaborations; translating research to improve care; enabling research; building translational research capacity; and optimising the use of digital health and informatics. Thirdly, SHP is working with other AHRA Centres to build national platforms and systems that will support improved health services. To date, they include health system improvement and sustainability, data-driven health care, building Indigenous researcher capacity, strengthening consumer and community involvement, and new coordinated networks addressing areas of need such as women's health, aged care, and wound care.

Measures/metrics we are using

Number and reach of collaborative networks across the partnership and beyond the partnership that bring together academic, health service and education providers; improved sharing of health data across partner organisations; translation of clinical stream research into health care; progress against SHP's strategic platforms as per implementation plans; case studies of improved health services through partner activities

Progress on impact pathway

Various stages especially activities, outputs and outcomes.

Case study: Building a stronger platform for data-driven health care

Leaders: Professor Tim Shaw, Professor Jonathan Morris, Aisling Forrest

SHP organisations: SHP Data and Health Informatics Network (DHIN)⁴, Northern Sydney, Sydney and Western Sydney LHDs, SCHN (at Westmead)

Other organisations: NSW eHealth, AHRA centres, AIHW, Australian Research Data Commons

Challenge/Problem

Enormous amounts of health information are routinely collected as patients interact with the health system including administrative data, episodes of care, test results, and patient satisfaction and

outcome data. Currently, these data are held in multiple non-integrated systems, making it difficult for clinicians, health service manager and researchers to use them to inform or evaluate care delivery and treatment outcomes. Developing and testing new methods for integrating and feeding back health data to end users require complex and onerous approval processes. **Can we build a better platform to support sharing of health data across organisational boundaries that also give patients and health services the necessary privacy safeguards?**

Approach/Response

Data-driven health care is an SHP strategic priority. To date, three major activities have been implemented. SHP has developed a **Data Accord** that outlines ethical principles and data handling solutions to support safe sharing of de-identified health data. The Accord outlines processes and safeguards for data extraction, encryption, storage and access for individual projects. Extensive consultations were undertaken across SHP's member organisations, NSW eHealth and the Ministry of Health in the development of the Accord which is now being implemented across our health services. A **massive open online course (MOOC)** has been developed to build data literacy across our workforce (and beyond). The MOOC, titled *eHealth: More than just an electronic record!*⁵, targets health clinicians, students, managers, administrators, and researchers. It explores the breadth of technology applications, current and emerging trends, and local and international eHealth practice and research. The course has 5 modules and takes about 5 weeks to complete. Completion certificates are issued based on participation in all 5 modules. The main learning objectives of the MOOC are to increase fundamental understanding of eHealth and its role in health care delivery now and in the future. The modules include current health data capture systems and how they will transform healthcare in the future in addition to how new technologies are helping health consumers participate in their own healthcare. The MOOC addresses how eHealth can improve the coordination and efficiency of healthcare and what the barriers might be into the future. The third initiative is the **AHRA national system-level initiative on data-driven health care**. SHP co-leads this initiative with Monash Partners and MACH. In 2018, three priority areas of work were agreed: to create health data research hubs to stimulate partnerships across academic, clinician and industry stakeholders; to integrate large scale data sets to undertake research and quality improvement across the primary care, acute and sub-acute continuum; and to building workforce capacity in data use for health care improvement. SHP is working locally and with AHRA partners to progress all three initiatives. SHP's Digital Health and Informatics Network (DHIN) is developing a coordinated data hub in Western Sydney in partnership with the Digital Health CRC, Monash Partners, SPHERE and MACH; SHP is working on a large-scale maternity data linkage project with Monash Partners and MACH; and the MOOC above is contributing to building capacity in data use.

Significance

The value of sharing and using health data to evaluate and inform service delivery is well understood. However, there are considerable capacity gaps and system barriers that are amplified in large-scale data linkage projects. Current efforts through AHRA and locally with SHP partners are building an environment that will facilitate data sharing and build capacity to do so skilfully and safely.

Reach

A final version of the Accord was agreed in early 2019 and is currently being signed by SHP's health service partners. The Accord has been shared with all AHRA Centres as a sample document that could be adapted locally. The online MOOC course had achieved 8,331 enrolments by June 2019.

Progress on impact pathway

Activities, outputs, outcomes.

Question 3: Meeting Catchment Needs

How is the centre meeting the needs of its population, including vulnerable groups?

How Sydney Health Partners is meeting its populations' needs

SHP supports the health of **over 2.7 million people** and includes not only some of the wealthiest communities in Australia but also some of the most disadvantaged and ethnically diverse urban and rural communities, especially in Sydney's west. This provides a unique opportunity for implementing evidence-based health care across the socioeconomic spectrum. Several of our RART-funded projects address the health of specific **vulnerable groups** in our communities. They include: the **elderly** (falls prevention, influenza surveillance, home-based mobility care, polypharmacy, see Question 4 case study); **hard-to-reach people** (drug users and other marginalised people with hepatitis C, see case study below); **Indigenous children** (ear and dental health); **people from culturally and linguistically diverse communities** (chronic kidney disease); **people with mental illnesses** (chronic comorbidities, sleep apnoea); and children and adults who are **socially and economically disadvantaged** (affordable care for diabetes and breast cancer). At the same time, SHP supports research aimed at **larger populations**, such as pregnant women, people with chronic illnesses (cardiovascular disease, cancer, musculoskeletal problems). We are also working to strengthen **consumer and community involvement** across our research-related activities (see Question 4 below) to ensure we are meeting the needs of the people we serve.

Measures/metrics we are using: Number and reach of translational projects targeting vulnerable groups; number of projects that address consumer/patient priorities; number of health programs informed by RART-funded projects.

Progress on impact pathway: Individual projects and initiatives extend along the continuum from activities, outputs, outcomes, impact and scaled and sustained.

Case study: Maximising hepatitis C cures in marginalised communities

Leaders: Professor Jacob George, Professor Geoff McCaughan

SHP organisations: Western Sydney LHD, Sydney LHD, Centenary Institute, Westmead Institute for Medical Research, University of Sydney

Challenge/Problem

Around the world, hepatitis C virus (HCV) is a major cause of mortality and morbidity including the development of liver cancer. The WHO has set an ambitious goal for the elimination of HCV by 2030. About 1% of Australians are infected with HCV, and an estimated two-thirds (over 160,000 people) are thought to remain untreated. The greatest burden of disease resides in marginalised sections of our communities. HCV can be easily treated - and in most cases cured - by taking Direct Acting Antiviral drugs (DAAs). However, the hardest to reach and most vulnerable patients – those from marginalised communities (e.g., with a history of injecting drug use, socioeconomic disadvantage, high rates of unemployment and low health literacy) – are not presenting for treatment. **Could different ways of delivering health care to these groups be successful in treating**

and eliminating HCV? The national goal of eliminating the infection and its consequences cannot be achieved without a systematic and novel approach to reaching this core group of people with HCV.

Approach/Response

SHP's RART grant has supported a translational research project, which commenced in 2018, with two aims: to get DAAs into the community to people who were not already on treatment; and to test whether asymptomatic patients in marginalised communities were more likely to decline treatment due to other higher social and health priorities (e.g., mental health, drug dependency). A nurse-led community-based model of care has been implemented in inner west and western Sydney, linking hospital specialists, primary health networks and general practitioners with staff in drug health services, methadone clinics, needle and syringe exchange programs and Aboriginal Health Services. An outreach service delivered by a mobile van has been added, offering free blood testing for HCV and HIV. Patient interviews have highlighted several barriers, including other higher well-being priorities for patients, the sharing of personal and health information, and difficulties with extracting health data to identify and track people with HCV over time.

Significance

This work is making an important contribution to Australia's commitment to HCV elimination, to improving the care provided to vulnerable patients with HCV and to their health outcomes. The combination of a hepatology outreach nurse and van, as well as a local nurse "champion," workforce development and peer education appears critical to success in settings where clients have complex, competing issues and resist attending mainstream health facilities.

Reach

In less than a year, over 1,000 people in highly vulnerable situations had been screened, and more than 220 of the hardest to research people with hep C had commenced DAA drug treatment. Cure rates are being assessed in 2019, as well as facilitators and barriers to wider implementation.

Progress on impact pathway

Activities, outputs, outcomes, and currently assessing impact.

Question 4: End User Involvement

How are end-users, particularly consumers and clinicians, setting research directions or otherwise actively involved in closing the loop between clinical practice and research?

How Sydney Health Partners is involving end-users in closing the loop between clinical practice and research

SHP has a strategic focus on strengthening consumer and community involvement (CCI) in health research. We co-lead the AHRA national system-level CCI initiative (with WAHTN) and SHP is also represented on the ACTA CCI Reference Group to ensure national consistency and to support enhanced consumer involvement specifically in clinical trials. In 2018, **SHP coordinated the national survey** of all AHRA Centres to assess current CCI activities, and drafted recommendations for AHRA that address 4 priority areas⁶. Locally, SHP undertook focus groups with volunteers from our health service partners' consumer networks to understand their **views and preferences for being involved** in health research. This resulted in a report⁷ and a journal publication⁸, as well as informing next steps. We are **partnering with Health Consumers NSW**, the peak health consumer advocacy body in NSW, to develop and implement dedicated training to build capacity among researchers and consumers to partner together to design and conduct research that matters to patients. All translational projects that have been funded by SHP's RART grant have had to specify how CCI will be achieved, and have had to involve researchers and **clinicians from multiple partner organisations**. Our governance and assessment processes for our research activities draw on academic and clinician researchers as well as health service managers to ensure we give priority to translational activities that meet the needs of our health services. We are establishing a **general practice network** to ensure our work is meeting the needs of the primary care sector as well.

Measures/metrics we are using

Numbers of consumers advising SHP on research-related activities; numbers of researchers and consumers attending SHP training programs for CCI in research; progress on AHRA CCI recommendations; progress on ACTA CCI initiatives; consumer and clinician involvement in SHP's strategic plan.

Progress on impact pathway

Activities and outputs.

Case study: Reducing inappropriate medication use among the elderly

Leaders: Professor Sarah Hilmer, Professor David Le Couteur, Professor Parisa Aslani

SHP organisations: Northern Sydney LHD, Sydney LHD, University of Sydney

Challenge/Problem

For many elderly Australians multiple medications (polypharmacy) is part of daily life. Over half of people aged 70 years or more take 5-9 regular medications and nearly a quarter take 10 or more. Systematic reviews have shown that not all medications are necessary or appropriate. The cost of inappropriate medication use is estimated to be hundreds of millions of dollars.

People aged 65 and over account for about 40% of all same-day and overnight stays in hospital. Medication reviews are usually not part of routine hospital care. **Can the provision of information and tools to health professionals and patients in hospital support reduction in inappropriate medications?**

Approach/Response

SHP's RART grant has supported a project to reduce inappropriate polypharmacy in routine hospital care by developing and testing tools for patients to improve their understanding of and adherence with medication changes made in hospital. This work was done in conjunction with the development of resources for health professionals, funded by the NSW Health Translational Research Grant Scheme. Three drug classes were initially targeted: antipsychotics, benzodiazepines and proton-pump inhibitors. The development and testing of resources for patients involved input from 37 older patients and their carers (aged 65 to 99 years), including people living with dementia. Over 80% of the patients and carers understood the information and were able to locate key messages. Patient feedback was used to further refine the leaflets after each round of testing. In round 1 there was some confusion about the difference between side effects and withdrawal symptoms. Subsequent rounds helped differentiate these through capitalisation of the words 'while taking' and 'coming off' in the headings and re-positioning this information. Application of the information on recognising and acting on withdrawal symptoms was improved through the rounds by using a table. The consumer and clinician information was successfully piloted in hospital practice.

Significance

Minimising inappropriate polypharmacy reduces costs, adverse drug events including falls and cognitive impairment, avoids hospitalisations, and improves quality of life. Involving patients and carers in developing resources to cease inappropriate medications helps ensure the information leaflets meet the needs of elderly people. Comments from patients and carers who participated in this project demonstrate the helpfulness of the resources:

"I think it's great, because I get so confused with my tablets..."
"If a patient was given a leaflet like this, they wouldn't have to go to Dr. Google ...
This is a really good overview of what's going on. ... I think it empowers the
patient if they're willing ... (or) at least it's empowering the carer."

Reach

Final versions of three consumer leaflets for deprescribing antipsychotics, benzodiazepines and proton-pump inhibitors are publicly available⁹, with other resources used to support quality use of medicines in hospital. There are plans to link these resources through the electronic Medical Record (eMR). Since 1 January 2019, the resources on the website have been viewed 512 times.

Progress on impact pathway

Activities, outputs, outcomes.

Question 5: Workforce

How is the centre building workforce capacity and capabilities in research and translation to ensure health professionals have access to evidence-based education and training and are contributing to health research?

How Sydney Health Partners is building capacity in research and translation among health professionals

Sydney Health Partners has a large community of practice of **research-active health professionals** across its member organisations, and a range of activities that support and build this capacity. While our health service partners (Northern Sydney, Sydney and Western Sydney LHDs, and SCHN (at Westmead)) collect data differently, we estimate over 5,000 current clinical research projects. The University of Sydney also tracks common academic metrics, and in 2018 recorded 11,500 health and medical researchers, 7,500 publications and competitive grants of almost \$250M, much of which involves clinician researchers from our health service partners. Each health service and the University have coordinating centres for research support and education **to support and grow their research-active staff**, which offer a range of **training activities** including ethics and governance processes, developing research ideas, and Good Clinical Practice training. In addition, our Partners identified a specific need for building awareness and capacity in Implementation Science (IS) and acted collectively through SHP to fulfil that need. SHP has established a new IS cross-cutting theme, and is working to develop skills and networks among researchers and health professionals to facilitate and accelerate research translation into health care practice. Annual symposia were held in 2017 and 2018, the latter including Professor Anne Sales, University of Michigan and editor-in-chief of the journal, Implementation Science. Both symposia attracted over 150 people. Professor Sales also led a workshop and masterclass that provided direct instruction and discussion on current health projects. The 2019 Symposium will again promote implementation science but within a broader program of health system improvement. The keynote speaker will be Professor Ross C. Brownson, Washington University St Louis, who is a leading thinker in the area of dissemination and implementation research in health.

Measures/metrics we are using

Number of research active health staff; total funding for health and medical research in each partner health service; number of translational research projects in each partner health service; number of attendees at SHP's Implementation Science Symposium.

Progress on impact pathway

Activities and outputs.

Question 6: Partner Contribution

How are the partners of the centre contributing to its operation?

Our partners are involved in all levels of SHP activities from strategic planning and direction setting, governance, operations, and research activities. SHP's new **strategic plan**¹⁰ comprises 5 key platforms, each led by one of our partners and all supported by steering groups comprising nominees from across our partner organisations. The leaders of our clinical streams and themes and the nominees on various steering groups supporting local and AHRA national system-level initiatives (over 100 people) represent many of the **most senior academics and clinicians** among our partner organisations and make significant in-kind contributions.

Our **Governing Council**¹¹ comprises the Chief Executives of our four partner health services, the University of Sydney and MRI nominees, and two independents; the chair, Paul McClintock AO, and a consumer representative, Mohit Kumar. Mohit is a Police Prosecutor and Lawyer; President of the Council of Indian Australians; White Ribbon Ambassador against domestic violence; and member of the SCHN Family and Consumer Council. The Governing Council is supported by a Research Committee which includes senior clinical academics and health service executives nominated by our partners. This committee reviews, approves and monitors all major SHP research projects, including those funded through external grants such as the MRFF RART Program. As SHP is an unincorporated joint venture, it receives **operating funds** through annual contributions from its member organisations.

SHP also receives significant in kind **operational support**. The University administers our RART Grants and other contractual agreements (for example with NSW Health), and we have access to the full resources of the University including grant management, acquittals, general counsel, human resources (HR) and reporting. Sydney LHD provides finance and HR support and hosts and maintains the SHP website under our direction. The University provides **accommodation** for SHP's small executive support team, and all of our partners have made available venues for SHP events and meetings at no cost. Finally, the full costs of research activities are rarely funded and our partner organisations significantly subsidise staff and indirect costs.

Question 7: Clinical Trials

Have you improved processes (e.g. ethics and/or governance arrangements) so that your patients can access clinical trials more easily and/or sooner?

SHP is working to improve the design, approval and implementation of clinical trials (CTs), including patient recruitment. SHP is collaborating with the NSW Office of Health and Medical Research (OHMR) and two other translation centres in NSW (SPHERE and NSW Regional Health Partners) to facilitate **better co-ordinated support units** for clinical trials across our health services that will address some of the known inefficiencies and barriers to effective and timely clinical trial design and approval. This work is part of the COAG program to improve CTs across Australia. To inform this work, SHP undertook an audit of existing CT support across our partnership and identified capacity gaps, workforce issues and process improvement opportunities¹². SHP also contributes to national initiatives intended to improve clinical trial infrastructure and performance across Australia, including participating in several ACTA reference groups, and exploring options for improving the quality of trial information in the Australian and New Zealand Clinical Trials Register for those trials led by SHP's researchers.

SHP is working with the Research Offices of our health services and the University of Sydney to identify process improvement opportunities for **ethics and governance**. A new online approval system has been implemented statewide that is intended to streamline approvals, but variations remain in the requirements for each site. The SHP Data Accord (see Question 2) is intended to facilitate data collection and sharing associated with clinical trials.

To help improve **patient recruitment**, SHP developed a series of videos involving patients and clinicians promoting the value of clinical trials¹³. In 2018, we also invested in the ClinTrial Refer app, originally developed by clinical staff at Sydney LHD and focused on haematology trials, to be developed as a more generic patient recruitment tool that is accessible to all clinical trials within SHP's catchment. The app connects patients and doctors to current clinical trial information. Most recently, the developers have partnered with MTPConnect to extend ClinTrial Refer to all open clinical trials in Australia¹⁴.

References

#	Question 1	
1	Translational project on pressure sores	Barakat-Johnson M, Lai M, Wand T, White K, De Abreu Lourenco R. Costs and consequences of an intervention-based program to reduce hospital-acquired pressure injuries in one health district in Australia. Australian Health Review 2019; doi: 10.1071/AH18131 https://www.ncbi.nlm.nih.gov/pubmed/30738490
2	SHP 2018 Impact Report	https://www.slhd.nsw.gov.au/SydneyHealthPartners/About-ImpactReport.html
Question 2		
3	SHP Streams and Themes	https://www.slhd.nsw.gov.au/SydneyHealthPartners/clinical-streams.html
4	SHP Digital Health and Informatics Network (DHIN)	https://dhin.net.au/
5	MOOC eHealth: More than just an electronic record	https://www.coursera.org/learn/ehealth
Question 4		
6	AHRA CCI report	https://www.slhd.nsw.gov.au/SydneyHealthPartners/pdf/AHRA_CCI_Final_Report.pdf
7	SHP CCI Focus group report	https://www.slhd.nsw.gov.au/SydneyHealthPartners/pdf/EngagingConsumersHR.pdf
8	SHP CCI Focus group published paper	Todd, A, Nutbeam, D. Involving consumers in health research: what do consumers say? Public Health Research & Practice 2018; 28(2):e2821813, https://doi.org/10.17061/phrp2821813
9	Consumer leaflets for deprescribing antipsychotics, benzodiazepines and proton-pump inhibitors	http://www.nswtag.org.au/deprescribing-tools/
Question 6		
10	SHP Strategic Plan	https://www.slhd.nsw.gov.au/SydneyHealthPartners/news/news-New-Strategy-Intensifies.html
11	SHP Governing Council	https://www.slhd.nsw.gov.au/SydneyHealthPartners/about-gc.html
Question 7		
12	SHP CT support audit	https://www.slhd.nsw.gov.au/SydneyHealthPartners/pdf/ClinicalTrialsAuditReport.pdf
13	SHP videos about clinical trials	https://www.slhd.nsw.gov.au/SydneyHealthPartners/videos.html

14	ClinTrial Refer app/website	https://clintrial.org.au/
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