

Innovations in Cancer Control Grants 2022 Application Guidelines

CLOSING DATE FOR SUBMISSIONS
5:00pm on Friday, 2 September 2022

V1.0 | 25 July 2022

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Introduction

The Cancer Institute NSW (the Institute) is Australia's first statewide government-supported cancer control agency. Our vision is to lessen the impact of cancer in NSW, and we are focused on taking a collaborative approach to improving outcomes in cancer prevention, diagnosis, treatment, care and ultimately, survival.

The Institute is working on delivering the [NSW Cancer Plan](#), the NSW Government strategy that sets the platform for programs and campaigns aimed at lessening the burden of cancer in NSW. The NSW Cancer Plan has a focused attention on priority populations and priority cancers to both improve cancer outcomes and lessen inequity within the community. The NSW Cancer Plan can be downloaded from the Institute's [website](#).

Objectives of the Program

The Innovations in Cancer Control Grants Program provides funding to Local Health Districts, Specialty Health Networks or Primary Health Networks. These organisations will undertake evidence-based projects that have the potential to be embedded in the health system and are sustainable past the funding period. The focus of these grants is service-centred initiatives; they are not for funding research projects.

Consideration will be given to applications which:

- Assist health care professionals in transferring research outcomes into clinical practice
- Build upon evidence which is currently available (e.g. publications, previous initiatives/projects, new optimal care pathways)
- Enhance cancer service provision by working towards the goals of the NSW Cancer Plan.

Eligibility Criteria

To be eligible for funding in the 2022 Grant Round:

1. The organisation must be a Local Health District, Specialty Health Network or Primary Health Network.
2. The organisation must be a GST registered organisation with a demonstrated track record in cancer control or vested interest in improving cancer outcomes for specific groups in the community and be based in and providing services to the population of NSW.
3. Applicants must apply online via the [Grants Management System \(GMS\)](#).
4. The project must commence in the 2022/23 financial year and be completed at the latest by 15 November 2024.

5. All obligations regarding previously funded projects involving the applicants must have been fulfilled to the satisfaction of the Institute. Such obligations include the provision of satisfactory progress reports including budget update, final report including final budget and financial reconciliation report, and evaluation reports, submitted on time, as per the detailed project plan.
6. The project must have an evaluation approach that includes both process measures and outcome measures. It is recommended that up to 10% of the total project cost is allocated to evaluation (an Evaluation Report template is included in the online Final Report submission for successful applicants).
7. All applications must have the required signatures:
 - Project Lead
 - Project Sponsor
 - Director of Cancer Services (for Local Health Districts and Specialty Health Networks) or equivalent (for Primary Health Networks), and
 - Chief Executive (or equivalent).Applications with a partner organisation also require the signature of the appropriate authority from the partner organisation.
8. A [NSW Health Aboriginal Impact Statement \(PD2017_034\)](#) will be required for successful grants to accompany the project plan.

Out of Scope

The following items are out of scope for this grant round:

1. Capital purchases (including IT hardware or software)
2. Funding for research projects
3. The continuation and/or evaluation of existing programs/initiatives
4. Funding for clinical service positions or the delivery of clinical services. Please note, the funding may be used to appoint a fixed term project officer, or similar position (funding is not to be used for medical officers/staff specialists/research fellows) to undertake the project.

Grants Management System (GMS)

The Innovations in Cancer Control Grants will be managed through the [Grants Management System \(GMS\)](#). The GMS is the online portal that the Institute uses for grant applications. The GMS allows the grant applicant to edit and submit their application before the closing date.

Further information on the GMS can be accessed on page 6.

Priority Areas Summary

#	Priority Area	Available Funding (excluding GST)	Eligible Organisations	Length of Project	Page
1	Investigating Clinical Variation and Addressing Unwarranted Clinical Variation	Up to a maximum of \$80,000 per grant	Local Health Districts, Specialty Health Networks and Primary Health Networks	Up to 24 months	8
2	Optimal Care Pathways	Up to a maximum of \$50,000 per grant	Local Health Districts, Specialty Health Networks and Primary Health Networks	Up to 12 months	10

Timeline

Key dates for the Innovations in Cancer Control Grants	
Monday, 25 July 2022	Call for applications
5:00pm on Friday, 2 September 2022	Close of applications
5 September to 7 October 2022	Review of applications
By 21 October 2022	Notification to applicants
Monday, 14 November 2022	Projects and funding period commence
Late November 2022	Commencement meeting between the Cancer Institute NSW and grant recipients
Regularly throughout the grant	Project progress reporting and financial acquittal
Friday, 15 November 2024 (or earlier as applicable)	Project completion
Friday, 21 February 2025 (or earlier as applicable)	Final report, financial acquittal and evaluation report

Funding

- The funds must be spent for the primary purpose of achieving the objectives of the Innovations in Cancer Control Grants.
- All projects funded under the program will be required to report against evaluation measures developed by the applicants as part of the submission process.
- If a joint application is received and successful, funding will be provided to the lead applicant and distribution of funds is the lead applicant's responsibility. This should be identified in the project budget to be submitted as part of the Application.
- The Institute reserves the right to award funds at a different level and for varying periods to that requested in the Application.
- Funding is not to be used for clinical service positions, provision of clinical services nor payment of medical officers/staff specialists/research fellows. Funding should be used to support the establishment of sustainable models of care/initiatives that can continue beyond the funding period. Please note that funding may be used to appoint a temporary project officer, or similar level position to undertake the project.

- As part of the final reporting requirements, a full financial acquittal verified by the organisation's Chief Financial Officer is required.
- In addition to the Final Report, a summary document of the project outcomes, findings and learnings are also required to be submitted and this will be hosted on the Cancer Institute website.
- There is an expectation that successful applicants will participate in a relevant Communities of Practice group and submit an abstract to a conference held by the Cancer Institute NSW (or other agreed conference).

Assessment of Application Submissions

Once the application has been submitted through the Grants Management System (GMS), it will be reviewed for completeness and adherence to submission requirements. Successful applicants will be selected through a competitive process. Each application will be reviewed and scored according to the project concept, including:

- Sustainability
- Project methodology
- Project budget
- Project evaluation
- Experience/background
- Focus and current activities of the organisation.

The Essential Criteria listed below on pages 9 and 10 should be addressed throughout the application and will also be considered and scored as part of the assessment.

Applicants may be asked to provide additional information in order to reach a final decision.

All signatories to this application will be notified in writing of the assessment outcome. The Institute is unable to provide any additional information about the reasons for being successful/unsuccessful beyond what is stated in the letter of notification.

Submitting an Application/ Sign-off

How to complete an Application

- The application must be completed through the [Grants Management System \(GMS\)](#).
- For instructions on how to use the GMS, refer to the [GMS User Guide](#).
- The application should provide all requested information. Only information provided in the application will form the basis of the review process.

Sign-off

- All applications require the following signatures:
 - Project Lead
 - Project Sponsor
 - Director of Cancer Services (for Local Health Districts and Specialty Health Networks) or equivalent (for Primary Health Networks), and
 - Chief Executive (or equivalent).

- Applications with a partner organisation also require the signature of the appropriate authority from the partner organisation.

Due date

- Applications must be submitted through the GMS by **5:00pm on Friday, 2 September 2022**.
- Incomplete submissions will not be accepted.
- Late submissions may only be considered in exceptional circumstances, as agreed to by the Cancer Institute NSW. Where late submissions are granted, due to exceptional circumstances, the grant application will still need to be submitted online via the Grants Management System on the due date, with any outstanding supporting information to be provided by the agreed extension date.

Priority Areas 2022 Round:

1) Investigating Clinical Variation and Addressing Unwarranted Clinical Variation

Up to a maximum value of \$80,000 per grant excluding GST, up to 24 months.

The purpose of this grant is to support the investigation of clinical variation in care, and development of a continuous quality improvement strategy to address unwarranted variation or improve the quality of systems and care; ultimately improving cancer service delivery aligned to the goals of the [NSW Cancer Plan](#).

The NSW Cancer Plan aims to increase the survival of people with cancer through improving cancer outcomes. This goal and objective will be met through strengthening the capacity of the cancer system to deliver high quality, patient centred, integrated, multidisciplinary care, with a focus on understanding variation and reducing unwarranted clinical variation.

Clinical variation currently exists in cancer care in Local Health Districts or Specialty Health Networks, individual hospitals and other settings. Some variation in health care is warranted, for example when variation can be explained by differences in health status or patient preferences. However, variation that cannot be explained by patient needs and preferences is classified as unwarranted variation. If unaddressed, it has the potential to reduce safety, quality, patient experience, performance effectiveness and efficiency outcomes.

As part of the Institute's [Reporting for Better Cancer Outcomes \(RBCO\)](#) program, data and information on key measures of cancer treatment quality are benchmarked by Local Health Districts or Specialty Health Networks or hospitals. The RBCO program and local data and information have the potential to highlight clinical variation, and can:

1. Provide a signal for when further investigation is required to determine if the clinical variation is unwarranted; or
2. Identify when there is potential to improve the quality of systems and care provision.

The grants available can be used towards:

- Conducting medical record audits
- Data collection, qualitative and/or quantitative (funds not to be used for external data storage)
- Data analyses (e.g. statistical or qualitative)
- Education and training of staff or teams
- Service redesign and/or evaluation.

Essential Criteria

1. The project identifies clinical leadership with subject matter expertise and a governance structure that includes input by and feedback to clinicians.
2. Provision of a clear rationale for the proposed project initiative, including outlining what clinical variation has been identified (provide data) and how the clinical variation will be investigated.
3. Provide a draft project plan and/or governance structure to outline how any identified unwarranted variation will be addressed.
4. A) Provide an outline for how identified opportunities to improve the quality of systems and care will be approached, particularly when variation is not found to be unwarranted but opportunities for system change are identified; or
B) Provide an outline for how identified opportunities to address unwarranted variation (where confirmed) will be approached/actioned.
5. Commitment to working closely with the Institute to assess the opportunity to scale up successful projects statewide.
6. Provision of a detailed final report in addition to a summary document of the completed project to facilitate knowledge sharing across the cancer system.

Desirable Criteria

1. The project aligns with the organisation's strategic plan or local Cancer Plan.
2. The project encourages collaboration with eligible agencies (Local Health Districts, Specialty Health Networks, Primary Health Networks) to maximise efficient use of grants funding to achieve a common goal.
3. The project attracts in-kind resources to maximise efficient use of grant funding.
4. The project utilises systems to share knowledge, expertise or experience (e.g. communities of practice, information technology).
5. The project has the potential for scaling up and implementation across NSW cancer services.

Out of Scope

1. Capital purchases (including IT hardware and software)
2. Funding for research projects
3. The continuation and/or evaluation of existing programs/initiatives
4. Funding for clinical service positions, the delivery of clinical services, reimbursement of medical officers/staff specialists/research fellows. Please note, the funding **may be used** to appoint a fixed term project officer, or similar position to undertake the project.

2) Optimal Care Pathways

Up to a maximum value of \$50,000 per year, per pathway being localised, excluding GST, up to 12 months.

Local Diagnostic and Referral Pathways for people with cancer

The NSW Cancer Plan identifies the 'delivery of consistent, coordinated and timely pathways to ensure people with cancer are referred appropriately from primary care to treatment and care' as a priority action to achieve improved cancer outcomes in NSW.

Focus 1: Neuroendocrine Tumours (NETS)

Focus 2: Cancer types prioritised by local health districts

Pathway Focus: Diagnosis and Referral

The focus of these grants is to contextualise the diagnosis and referral components of the national 'Optimal Cancer Care Pathways' on a local level.

The methodology in the Cancer Care Pathways Toolkit, developed in partnership with the Cancer System Innovation Managers Community of Practice, must be used by projects in this grant. The link to the Toolkit can be found [here](#).

Project work should be based on an integrated model of care within the clinical cancer community which will be reflected in the final product; a defined, localised diagnostic and referral pathway commencing with primary care that sits within the local version of Health Pathways or on an equivalent tool. For this reason a collaborative approach across the Primary Health Network and Local Health District will be critical to the successful delivery of the project.

Essential Criteria

1. The lead applicant is a NSW Local Health District, St Vincent's Health Network or Primary Health Network.
2. The project has a clear plan to produce a practical localised Diagnostic and Referral Pathway for people with cancer in Health Pathways or on an equivalent tool which promotes integrated care across the local clinical cancer community.
3. Collaboration with local Primary Health Networks, Local Health Districts or other relevant agencies in the development of the localised pathway demonstrated through letters of support from relevant and engaged collaborative agencies or departments.
4. The project will utilise one or both of the following national Optimal Care Pathways as the foundation for the local pathway:
 - Focus 1: Optimal care pathway for people with Neuroendocrine Tumours (NETS)
 - Focus 2: Optimal care pathway for the prioritised cancer type
5. The project integrates the use of electronic health processes where possible e.g. e-referrals.

6. The project considers culturally-significant factors and priority population groups within the LHD boundaries.
7. The project should be completed by Friday, 17 November 2023.

Desirable Criteria

1. The project aligns with the Local Health District, Specialty Health Network or Primary Health Network strategic plan or local Cancer Plan.
2. The Local Health District, Specialty Health Network or Primary Health Network has already developed local Cancer HealthPathways.
3. The project develops or utilises systems to share knowledge, expertise or experience (e.g. communities of practice, information technology).

Out of Scope

1. Capital purchases (including IT hardware and software)
2. The continuation and evaluation of existing programs/initiatives
3. Funding the creation of new clinical service positions or the delivery of clinical services. Please note, the funding may be used to appoint a fixed term project officer, or similar position to undertake the project.
4. Applicants who have previously received funding for the development of a localised pathway for the same cancer type are not eligible for further funding to define and localise the pathway.
5. Activities not relating to diagnosis and referral.

Frequently Asked Questions

- A 'Frequently Asked Questions' section on the Institute's [Innovations in Cancer Control Grants webpage](#) will be updated with relevant questions received during the application period.

Contact us

- Email: CINSW-Innovation@health.nsw.gov.au
- Please enter "Innovations in Cancer Control Grants 2022 Round" in the email subject line to enable quicker processing of your query.