Innovations in Cancer Control Grants 2020 Round
Expression of Interest Guidelines

CLOSING DATE FOR SUBMISSIONS
5:00pm on Friday, 3 April 2020
Extended to 5:00pm on Friday, 3 July 2020

V2 | 19 March 2020
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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 organisations working in cancer, health and other related services. 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 community and service-centred initiatives and not research proposals.

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)
- Enhance community engagement or cancer service provision by working towards the goals of the NSW Cancer Plan
- Target the priority populations, cancers or actions of the NSW Cancer Plan.

Eligibility Criteria

To be eligible for funding in the 2020 Grant Round:

1. The organisation must be a 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.

2. Applicants must apply online via the Grants Management System (GMS). There are three priority areas in the Innovations in Cancer Control Grants 2020 Round. To apply for more than one grant in the same or different priority area, a separate application will need to be submitted through the GMS.

3. The project must commence in the 2020/21 financial year and be completed at the latest by 30 June/September 2022.
4. 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, final and financial reports.

5. The project must have an evaluation approach that includes process 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).

6. All applications must have the required signatures.

7. A [NSW Health Aboriginal Impact Statement (PD2017_034)] must be completed as part of the online project application.

**Out of Scope**

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

1. Capital purchases
2. Funding for research proposals
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 to undertake the project.

**Grants Management System (GMS)**

The Innovations in Cancer Control Grants will be managed through the [Grants Management System (GMS)](https://gms.cancerinstitute.nsw.gov.au). 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.

This system has been used successfully for research grants within the Institute for the past three years, and for the Innovations in Cancer Control Grants for the 2019 Round.

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

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1^ Note: Individual priority areas might have additional out of scope items, please check the relevant section in this document.
### Priority Areas Summary

<table>
<thead>
<tr>
<th>#</th>
<th>Priority Area</th>
<th>Available Funding (excluding GST)</th>
<th>Eligible Organisations</th>
<th>Length of Project</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lessening the Impact of Cancer on Aboriginal People and Communities</td>
<td>Up to a maximum value of $30,000 per grant</td>
<td>Aboriginal Health Services (Aboriginal Community Controlled Health Services or Aboriginal Medical Services), Local Health Districts, Specialty Health Networks, Primary Health Networks, non-government, not-for-profit organisations</td>
<td>Up to 9 months, commencing September 2020</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
<td>Investigating Clinical Variation and Addressing Unwarranted Clinical Variation</td>
<td>Up to a maximum of $80,000 per grant</td>
<td>Local Health Districts or Specialty Health Networks</td>
<td>Up to 24 months</td>
<td>11</td>
</tr>
<tr>
<td>3</td>
<td>Improving the Experiences of People and Carers affected by Cancer in Multicultural Communities</td>
<td>Up to a maximum value of $30,000 per grant</td>
<td>Local Health Districts, Specialty Health Networks, Primary Health Networks, non-government, not-for-profit organisations</td>
<td>Up to 18 months</td>
<td>14</td>
</tr>
</tbody>
</table>
Revised Timeline

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<thead>
<tr>
<th>Key dates for the Innovations in Cancer Control Grants</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wednesday, 19 February 2020</strong></td>
<td>Call for Expressions of Interest</td>
</tr>
<tr>
<td><strong>5:00pm on Friday, 3 April 2020</strong></td>
<td>Close of applications</td>
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<tr>
<td><strong>3 July 2020</strong></td>
<td></td>
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<tr>
<td><strong>April—May 2020</strong></td>
<td>Review of applications</td>
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<tr>
<td><strong>July—Aug 2020</strong></td>
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<tr>
<td><strong>Early June 2020</strong></td>
<td>Notification to applicants</td>
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<tr>
<td><strong>September 2020</strong></td>
<td></td>
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<tr>
<td><strong>Wednesday, 1 July 2020</strong></td>
<td>Projects and funding period commence</td>
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<tr>
<td><strong>Thursday, 1 October 2020</strong></td>
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<tr>
<td><strong>July—August 2020</strong></td>
<td>Commencement meeting between the Cancer Institute NSW and grant recipients</td>
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<tr>
<td><strong>October—November 2020</strong></td>
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<tr>
<td><strong>Regularly throughout the grant</strong></td>
<td>Project progress reporting</td>
</tr>
<tr>
<td><strong>Thursday, 30 June 2022</strong></td>
<td>Final report/ project closure</td>
</tr>
<tr>
<td><strong>Friday, 30 September 2022</strong></td>
<td>(or earlier as applicable)</td>
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</table>

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.

- Funding is available for registered not-for-profit, non-government organisations/companies in NSW. If a joint application is received and successful, funding will be provided to the lead applicant and distribution of funds is their ultimate responsibility. This should be identified in the project budget to be submitted as part of the Expression of Interest.

- The Institute reserves the right to award funds at a different level and for varying periods to that requested in the Expression of Interest.

- As part of the final reporting requirements, a full financial acquittal verified by a certified officer is required.

- Funding is not to be used for clinical service positions or provision of clinical services. 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 position to undertake the project.

- There is an expectation that successful applicants will participate in a relevant Communities of Practice group and submit an abstract to the Institute’s Innovations in Cancer Treatment and Care Conference (or other agreed conference).

**Evaluation of Expression of Interest 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 Expression of Interest 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 (for each Priority Area) should be addressed throughout the Expression of Interest and will also be considered and scored as part of the evaluation.

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

Each Chief Executive (or equivalent), Project Sponsor, Head of Department (i.e. Director of Cancer Services) or equivalent, and Project Lead detailed in the Expression of Interest will be notified in writing of the evaluation 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 Expression of Interest**

**How to complete an Expression of Interest application**

- For instructions on how to use the GMS, refer to the [GMS User Guide](https://www.government.nsw.gov.au).
- Expressions of Interest should provide all requested information. Only information provided in the Expression of Interest will form the basis of the review process.
Sign-off

- All applications require signatures of the Project Lead, Project Sponsor, Chief Executive (or equivalent), and Head of Department (i.e. Director of Cancer Services or equivalent).
- Applications with a partner organisation also require the signature of the appropriate authority from the partner organisation.
- Applications for Priority Area 1 are to be co-led by the local cancer services, the LHD Aboriginal Health Unit and any local Aboriginal Community Controlled Health Services. Signatures will be required, at a minimum, from the Director/Manager, Aboriginal Health (or equivalent), the Director of Cancer Services, and the Chief Executive of the local Aboriginal Community Controlled Health Service/s.

Due date

- Applications must be submitted through the GMS by 5:00pm on Friday, 3 April 2020.
- Incomplete submissions will not be accepted.
- Late submissions may be considered in exceptional circumstances.
Priority Areas 2020 Round:

Priority 1: Lessening the Impact of Cancer on Aboriginal People and Communities

*Up to a maximum value of $30,000 per grant excluding GST, up to 9 months, commencing September 2020*

Significant disparities in cancer outcomes exist between Aboriginal and non-Aboriginal people in Australia. These disparities are a direct result of colonisation, which continues to have an impact on social determinants of health.

It is acknowledged that community engagement is the cornerstone to ensuring that the profile of cancer is raised within the NSW Aboriginal population. Leadership and co-design with the Aboriginal community will lead to success of any relevant interventions at the local level.

These grants projects will highlight and identify gaps in programs that aim to reduce the incidence and impact of cancer within a Local Health District catchment, in accordance with the NSW Cancer Plan objectives and the *Cancer Australia (2018) Optimal Care Pathway (OCP) for Aboriginal and Torres Strait Islander people with cancer.*

‘The OCPs.....aim to provide a template for evaluating cancer care programs, as well as foster an understanding of the whole cancer pathway and its distinct components to promote quality cancer care and patient experiences.... Health services and health professionals can use this OCP as a tool to identify gaps in current cancer services and to inform quality improvement initiatives across all aspects of the care pathway. Clinicians can also use the OCP as an information resource and tool to promote discussion and collaboration between health professionals and people affected by cancer.’ p.8 Cancer Australia (2018)

The focus of these grants is to undertake an environmental scan and needs analysis across Local Health District to improve cancer control activities for Aboriginal people across the Optimal Care Pathway including:

- Prevention and early detection
- Presentation, initial investigations and referral
- Diagnosis, staging and treatment planning
- Treatment
- Care after initial treatment and recovery
- Managing recurrent, residual or metastatic disease
- End of life care.
This project will require the collection and analysis of both qualitative and quantitative evidence to inform a needs analysis and the development of an action plan to address the agreed priorities within current resources.

**Essential Criteria**

1. The organisation currently provides healthcare or health promotion services to the NSW population and has a demonstrated track record in cancer control and Aboriginal health.

2. The project plan includes detail on the stages to complete an environmental scan and needs analysis which will highlight and identify areas for improving the impact of cancer within NSW Aboriginal communities, in accordance with the NSW Cancer Plan objectives, the principles and priorities within the National Aboriginal and Torres Strait Islander Cancer Framework, the [NSW Aboriginal Health Plan 2013-2023](#), and the [Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer](#).

3. The project will need to list all the Aboriginal and non-Aboriginal stakeholders who the organisation will collaborate with to undertake this initiative (internal departments and external agencies).

4. The project aims are:

   a) **Services Scan**: Undertake an environmental scan of all services within the boundaries of the Local Health District (internal and external) that deliver health and support services along the Optimal Care Pathway (prevention and early detection, through to end of life care).

The Scan would include investigation into:

- Any established Aboriginal specific programs which aim to reduce the incidence and impact of cancer for Aboriginal people, including the relationships, partnerships and governance which promote a coordinated multi-disciplinary approach

- An audit on how health and cancer services apply the following NSW Health policies into their practice:

   - [Good Health, Great Jobs: Aboriginal Health Strategic Framework 2016-2020 (PD2016_053)](#)
   - [NSW Aboriginal Health Impact Statement (PD2017_034)](#)
   - [Respecting the Difference – An Aboriginal Cultural Training Framework for NSW Health (PD2011_069)](#)
   - [Communicating positively: A guide to appropriate Aboriginal terminology (GL2019_008)](#)
   - [Aboriginal Cultural Activities Policy (PD2019_025)](#)
   - [Aboriginal and Torres Strait Islander Origin: Recording of information of patients and clients (PD2012_042)](#)
b) **Health and cancer related data:** Undertake a patient record review to determine general physical health status and key cancer pathway data (minimum 50 records). Ethics approval will be facilitated by the Cancer Institute NSW.

c) **Community storytelling:** Undertake 2-3 interviews and focus groups with Aboriginal people who have experience across the Optimal Care Pathway to document their experiences and inform the development of case studies. Ethics approval will be facilitated by the Cancer Institute NSW.

d) **Planning for the future:** Using the knowledge gained through the scan and the community storytelling, develop a needs analysis which identifies the key priorities and actions required to make the change required.

5. A final report will be required to summarise the environmental scan, needs analysis, data and community stories to inform a local action plan identifying the priorities and the strategies required to make the change within current resources.

6. The project must be completed within 12 months of commencement.

7. An evaluation methodology must be identified in the proposal to monitor and measure the outcomes of the project.

**Desirable Criteria**

1. The project aligns with the organisation’s Aboriginal strategic plan or local Cancer Plan.

2. The project requires collaboration with eligible agencies to maximise efficient use of funding to achieve a common goal.

3. The applicant has identified potential human resources and in-kind support.

4. 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

2. Funding for research proposals

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 to undertake the project.

5. Activities that do not raise the cancer profile or identify partnerships; both informal and formal partnerships.
Priority 2: 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 for one of the specified cancer types (see essential criteria), and development of a continuous quality improvement strategy to address unwarranted variation or improve 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 reducing unwarranted clinical variation.

Clinical variation currently exists in cancer care between 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 on key measures of cancer treatment quality are benchmarked by Local Health Districts or Specialty Health Networks, hospitals, or facilities. The RBCO program and local data have the potential to highlight clinical variation, and can:

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

The grants available can be used towards:

- Conducting clinical audits
- Data collection (qualitative and/or quantitative)
- Data analyses (e.g. statistical)
- Education and training
- Service redesign and evaluation
- Sourcing fixed term officers with analytics, statistics or project management or clinical continuous quality improvement expertise.
Essential Criteria

1. The organisation must be a NSW Local Health District or Specialty Health Network.

2. The submission must address one of the following cancer focus areas:
   a) Lung cancer
   b) Rectal cancer
   c) Bladder cancer
   d) Oesophageal and gastric cancer
   e) Pancreatic and primary liver cancer, cholangiocarcinoma.

3. The project identifies clinical leadership with subject-matter expertise and a governance structure that includes input by and feedback to clinicians.

4. Provision of a clear rationale for the proposed project initiative, including outlining what clinical variation has been identified (provide data) and how clinical variation will be investigated.

5. Provide a draft and/or governance structure to outline how any identified unwarranted variation will be addressed.

6. Provide an outline for how identified opportunities to improve quality of systems and care will be approached; particularly when variation is not found to be unwarranted however, opportunities for system change are identified.

7. Commitment to working closely with the Institute to develop a statewide framework to understanding clinical variation, continuous quality improvement and addressing unwarranted clinical variation.

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, non-government, not-for-profit organisations) 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 develops or utilises systems to share knowledge, expertise or experience (e.g. communities of practice, information technology).

5. The project has the potential for implementation across NSW.

6. The project has academic partners, such as members of a Translational Cancer Research Centre (TCRC) or academics with subject matter expertise.

Out of Scope

1. Capital purchases
2. Funding for research proposals

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 to undertake the project.
Priority 3: Improving Experiences of People and Carers affected by Cancer in Multicultural Communities

Up to a maximum value of $30,000 per grant excluding GST, up to 18 months.

The NSW Cancer Plan aims to implement initiatives to improve cancer outcomes across the community, including multicultural communities of New South Wales. Research indicates that multicultural communities have higher incidences of cancer and may experience poorer cancer outcomes. Also, certain groups within multicultural communities are at risk of specific cancers.

To address equity issues experienced by the multicultural communities, the Institute has adopted a Multicultural Equity Framework focusing on four strategic areas:

1. Collect evidence of multicultural equity issues relevant to goals of the NSW Cancer Plan.
2. Engage with multicultural communities in developing and delivering the NSW Cancer Plan initiatives.
3. Ensure multicultural equity by filling gaps and further embedding culturally appropriate strategies and activities within the NSW Cancer Plan initiatives.
4. Take leadership in multicultural equity through innovation and by setting best practice benchmarks.

The grants available are to aid the planning, development, implementation, and evaluation of projects, within the scope of the NSW Cancer Plan. They should aim to address equity issues that exist within multicultural communities; thereby, improving the experiences of those affected by cancer, and ultimately improving cancer outcomes.

The grant aims to encourage effective partnerships between non-government, not-for-profit, Local Health Districts, Primary Health Networks and academics, in order to develop culturally responsive cancer services to better support multicultural people and their carers affected by cancer, and improve quality of life.

Projects that address a prioritised action of the NSW Cancer Plan, under Goal 3, against which the Institute has been identified as a lead agency will be highly regarded. This includes (but not restricted to) strategies that:

a. support people and carers affected by cancer to appropriately self-manage
b. assist patient decision making on treatment, care and survivorship
c. improve activities that facilitate cultural safety and appropriateness of cancer services.

Note – while the NSW Health Aboriginal Impact Statement must be completed as part of the online project application, the level of detail in the response required will be guided by the type of initiative and should be determined on a number of factors including: the
health issue, the geographical area, and the specific target population of the proposed program.

**Essential Criteria**

1. The lead applicant must be a NSW Local Health District, Specialty Health Network, non-government, not-for-profit organisation or Primary Health Network. If the lead applicant is a non-government or not-for-profit organisation, it must demonstrate significant experience in delivering health programs and/or must partner with appropriately skilled organisations and provide evidence of such.

2. The project must address a prioritised action of the NSW Cancer Plan, under Goal 3, against which the Institute has been identified as a lead agency, and align with one or more of the four strategic areas of the Institute’s Multicultural Equity Framework.

3. The project application must demonstrate sustainability of the initiatives; e.g. how the project will continue to contribute to achieving the NSW Cancer Plan goals beyond the funding period of the grant.

4. The project must have a comprehensive plan and an evaluation strategy, and up to 10% of the budget be allocated for evaluation and monitoring.

5. The project must identify key stakeholders and foster effective partnerships in order to improve culturally responsive services, to better support multicultural people and carers affected by cancer.

**Desirable Criteria**

1. The project aligns with the applicant organisation’s strategic plan or local Cancer Plan.


3. The project attracts in-kind resources to maximise efficient use of grants funding.

4. The project activities include systems for knowledge-sharing, expertise or experiences, e.g. community of practice.

5. The project encourages collaboration with eligible agencies to maximise efficient use of funding to achieve a common goal.

**Out of Scope**

1. Capital purchases

2. Funding for research proposals

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 to undertake the project.
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 2020 Round” and the priority area in the email subject line to enable quicker processing of your query.