

PRIMARY CARE & CANCER SPECIALIST SHARED CARE MODEL GRANT

GUIDELINES FOR APPLICANTS

cancer
institute
NSW



*All cancer clinical service disciplines will be supported by the Cancer Institute NSW
Cancer Grant Program including behavioural, biomedical, clinical,
epidemiological, health services and psycho-social disciplines
unless otherwise stated within the individual program.*

CLOSING DATE (5PM) 9TH APRIL 2010

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**CANCER INSTITUTE NSW PRIMARY CARE & CANCER SPECIALIST SHARED CARE MODEL GRANT
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1. ACRONYMS AND DEFINITIONS

Acronyms

ARC Australian Research Council

NHMRC National Health and Medical Research Council

Definitions

Administering Institution* The institution that receives and administers the funds. For the purposes of GST arrangements, this institution is defined as the supplier.

Applications are lodged through the Administering Institution.

Actual Institution* The institution at which the Grant will be undertaken

**The Administering Institution and the Actual Institution may be the same institution.*

GST Goods and Services Tax imposed in accordance with the A New Tax System (Goods and Services Tax) Act 1999, and related Acts and Regulations.

Intellectual Property Includes all industrial and intellectual property rights including but not limited to copyright, patents, trade/business or company names, registered and unregistered trademarks, registered designs, trade secrets, know how, rights in relation to circuit layout and all other rights of intellectual property as recognised by the law in force in NSW.

Supplier Means the persons or bodies party to the written agreement engaged to perform the services and includes officers, employees, agents and authorised sub-contractors (and their employees and agents) utilised by the Supplier.

Specialist For the purposes of this grant “specialist” refers to a practising medical oncologist

Shared Care The joint participation of primary care physicians and speciality care physicians in the planned delivery of care, informed by an adequate education program and information exchange over and above routine referral notices.

2. OVERVIEW OF CANCER INSTITUTE NSW AND STATE CANCER PRIORITIES

INTRODUCTION

The Cancer Institute NSW is Australia's first state-wide, government supported cancer control agency. We are saving lives through promoting the best cancer research, prevention, early-detection, and treatment and education initiatives. The Cancer Institute NSW is driving innovation in cancer care in New South Wales by working in partnership with the leaders in our field to deliver the best cancer results for the people of New South Wales.

STATE CANCER PRIORITIES

The Cancer Institute NSW has the statutory responsibility to substantially improve cancer control in NSW under its Act.

The specific objectives of the Cancer Institute NSW are to:

- I. increase cancer survival;
- II. reduce cancer incidence
- III. improve the quality of life of cancer patients and their carers; and
- IV. provide expert advice to patients, the public, health care professionals and the Government.

3. INTRODUCTION TO THE CANCER INSTITUTE NSW PRIMARY CARE & CANCER SPECIALIST SHARED CARE MODEL GRANT

The Cancer Institute NSW Primary Care and Cancer Specialist Shared Care Model aims to establish a safe and effective shared care model supporting the delivery and management of chemotherapy treatment for cancer patients involving GPs, medical oncologists and other relevant primary healthcare professionals.

The Cancer Institute NSW predicts there will be 30% more cases of cancer in the next ten years than in the last decade. By 2016, there will be an estimated 45,000 cases of cancer each year. Increasing numbers of cancer diagnoses due to an ageing population, together with increased survival for many cancer patients, places additional pressure on cancer services requiring careful resource planning and innovative service models.ⁱ

Two literature reviews commissioned by the Cancer Institute NSW in 2009 found that a number of Shared Care service models have been implemented in the healthcare sector across Australia and internationally to enhance the delivery of services, especially in areas affected by workforce shortage and distance to treatment.^{ii iii}

Various Shared Care models have been described in specialist cancer centres, but the scope of this project is limited to role redesign in the delivery and management of chemotherapy treatment involving GPs, medical oncologists and other relevant primary healthcare professionals. As this grant aims to enhance shared care in the treatment phase for cancer patients, the following definition will be applied,

The joint participation of primary care physicians and speciality care physicians in the planned delivery of care, informed by an adequate education program and information exchange over and above routine referral notices.

Under the Health Services Innovation Grant program, the Cancer Institute NSW has supported two Shared Care pilot initiatives for the delivery and management of chemotherapy treatment in rural areas to address workforce shortages and to provide safe and effective chemotherapy services closer to where patients live:

1. *Shared Care Model of Care between Cooma and Monaro Oncology Services* - a shared care clinic in Cooma involving metropolitan oncologists and local GPs to provide chemotherapy services to rural cancer patients. A Summary Report can be found on the Cancer Institute NSW website on

http://www.cancerinstitute.org.au/cancer_inst/publications/pdfs/2009-Report-Health_Service_Innovation_Grants_Round_1.pdf

2. *A Rural Oncology Model of Care: Guideline and Protocol Development* - a primary care role redesign approach in Dubbo to provide chemotherapy to rural patients involving an on-site GP supported by a specialist visit once a fortnight. The project has included the development of protocols and appropriate Position Descriptions. The final report for this project is currently being prepared. For further information on this project, please contact Ms Ruth Jones, Manager, Area Cancer Services, GWAHS on (02) 6363 8035.

The Cancer Institute NSW is seeking to build on the outcomes of these pilot projects through the development, implementation and evaluation of a Shared Care model in chemotherapy over a three year period with funding up to \$100K pa. Even though these pilot projects were rurally based, the Primary Care and Cancer Specialist Shared Care Model Grant is not intended to be limited to rural chemotherapy services.

It is expected that the outcomes of this project will add to the existing evidence base for shared care models and confirm requirements regarding sustainability and generalisability.

4. OBJECTIVES OF THIS GRANT PROGRAM

The Cancer Institute NSW Primary Care and Cancer Specialist Shared Care Model aims to:

1. Establish a best-practice shared care model between primary and specialist cancer service providers in the delivery and management of chemotherapy treatment.
2. Document and implement a role delineation structure to support the primary and specialist care roles under the model.
3. Develop a program logic to support and evaluate a Shared Care project in chemotherapy.
4. Develop tools to sustain the shared care project and allow potential transfer to another site, such as protocols and Position Descriptions.
5. Establish and document a program to provide mentoring and on-going support to develop the model as per the role delineation framework.
6. Build on previous pilot projects and the evidence base to develop shared care models in the delivery and management of chemotherapy treatment.
7. Evaluate the outcomes of the project and make recommendations regarding sustainability and generalisability.

5. ELIGIBILITY

5.1 *Administering Institution Eligibility*

- 5.1.1 Applications will only be accepted from individuals whose Grant will be conducted under the auspices of an Area Health Service, Hospital or University located within NSW.
- 5.1.2 The Administering Institution must have in place policies and procedures for the management of public funds; for the management of Intellectual Property; for the proper conduct of research in relation to ethics and good scientific practice, and will provide appropriate infrastructure support to allow the Grant to be completed.
- 5.1.3 The Administering Institution must be registered with the Cancer Institute NSW and hold a valid Administering Institution Contact ID Number (AIC). AIC Registration Forms and contact

details for existing AIC's are available at

http://www.cancerinstitute.org.au/cancer_inst/grants/aic.html

5.1.4 The Administering Institution must provide a supportive environment for the Grant in terms of infrastructure, mentoring opportunities for the applicant.

5.1.5 A single institution must be nominated as the Administering Institution.

5.2 Applicant Eligibility

5.2.1 Applicants must be located at one or more institutions in NSW.

5.2.2 Applicants must reside in NSW for the duration of the Grant.

5.2.3 All obligations regarding previously funded projects involving the applicants must have been fulfilled to the satisfaction of the Cancer Institute NSW. Such obligations include the provision of satisfactory progress, final and financial reports.

5.2.4 Applicants must hold relevant professional qualification.

5.2.4 Non Australian Citizens/Non Permanent Residents are eligible to apply. You will need to provide proof of citizenship/permanent residency to the Cancer Institute NSW if the application is successful before the grant commences.

5.2.5 Applicants must have the skills, knowledge, and resources necessary to carry out the proposed Grant.

5.3 Associate Applicant Eligibility

5.3.1 Participants on the program grant who provide intellectual input into the project and whose participation warrants inclusion of their name on publications or outputs may be named on the grant application as Associate Applicant.

There is no residency or workplace requirement relating to Associate Applicant.

6. SELECTION CRITERIA

In awarding a NSW Primary Care and Cancer Specialist Shared Care Model Grant , the following criteria will be taken into account:

6.1 Rationale to support the project and project objectives (20%)

6.1.1 Rationale to support the project, eg describing an area of need, meeting a workforce gap through role redesign or providing services closer to home in a safe environment complying with best evidence practice.

6.1.2 Objectives of the project and an outline of the anticipated benefits of the shared care model implementation.

6.2 Project design, plan, methodology and budget (40%)

6.2.1 Description of the Primary Care and Cancer Specialist Shared Care model, articulating key components such as role of service, role of practitioners, training program, links to existing services and role delineation.

6.2.2 A program logic to support project design and evaluation.

6.2.3 Key performance indicators.

6.2.4 Clear project plan including timeline and project milestones.

6.2.5 Project barriers and risk management plan.

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- 6.2.6 Project budget detailing staffing allocations, project establishment and implementation costs.
- 6.2.7 Project governance to support a successful project.
- 6.2.8 Strategy to comply with best evidence in the delivery and management of chemotherapy treatment in the clinic setting through the use of standard cancer treatments from the eviQ website.
- 6.2.9 Identification of a clinical lead for the project from either the primary or specialist sector.
- 6.2.10 Description of mentoring and on-going support to develop the model as per the role delineation.

6.3 Stakeholder engagement and communication (10%)

- 6.3.1 Identification of stakeholders.
- 6.3.2 Description of communication / consultation strategies that will be used to engage key stakeholders.

6.4 Outline of the evaluation methodology and how it will be implemented (15%)

Evaluation methodology to assess the model and measure effectiveness

6.5 Description of tools to support sustainability and potential transfer of the model to similar sites (15%)

Description of tools resulting from the project to promote sustainability and transferability, such as protocols and generic Position Descriptions and a strategy to describe integration of these into the eviQ website.

7. REVIEW CONSIDERATIONS

- 7.1 Upon receipt, applications will be reviewed for completeness and for eligibility by the Grants Secretariat. *Late, incomplete or ineligible applications will not be accepted.*
- 7.2 The independent, interstate Cancer Institute NSW Grants Review Committee will score and rank applications based on:
 - An assessment of merit against the stated selection criteria.
 - Consideration of independent assessor or referee reports if required.
- 7.3 Applications may be reviewed by appropriate independent assessors.
- 7.4 Recommendations for the award of NSW Primary Care and Cancer Specialist Shared Care Model Grant will then be made by the Grants Review Committee to the Chief Executive Officer/Chief Cancer Officer of the Cancer Institute NSW.
- 7.5 The lodging of an application does not confer any entitlement upon the applicant.
- 7.6 The making of a recommendation is totally within the discretion of the Cancer Institute NSW.
- 7.7 The Grants Review Committee requires its members and independent assessors to declare conflicts of interest and to withdraw from considering individual applications where such conflict exists.

8. ADMINISTERING INSTITUTION RESPONSIBILITIES

- 8.1 The Administering Institution is responsible for the administration of the funds in accordance with the executed agreement and accepts financial responsibility.

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- 8.2 Payment of the funds will be made to the Administering Institution in accordance with the payment schedule in the executed agreement. Funds may only be used for the purposes as detailed in the application and approved by the Cancer Institute NSW.
- 8.3 It is expected that the Grant will also be supported within the respective Actual Institution(s).
- 8.4 It is the responsibility of the Administering Institution to ensure that appropriate ethical clearances are obtained before any Grant commences.
- 8.5 These Awards may be regarded as a “taxable supply” and therefore a Goods and Services Tax may be payable. The Award will be increased by 10% and the Administering Institution will be required to collaborate in the recovery of the GST component. The written agreement with the Cancer Institute NSW will therefore include the following clauses:
- *To the extent that the Supplier is liable to pay GST in connection with services supplied under this Agreement, the fees specified in this Agreement are inclusive of GST.*
 - *The Supplier will forward their Australian Business Number ("ABN") to Cancer Institute NSW at the commencement of the Agreement. Where no ABN is supplied, Cancer Institute NSW will withhold from any payments an amount of 48.5% in accordance with GST legislation unless appropriate documentation is provided.*
- 8.6 For the purposes of payments under this agreement, the Supplier (the Administering Institution is the Supplier) may be required to provide invoices to the Cancer Institute NSW in the form of a GST Tax Invoice as prescribed in the GST legislation.

9. PERMITTED USE OF NSW PRIMARY CARE AND CANCER SPECIALIST SHARED CARE MODEL GRANT FUNDS

- 9.1 The purpose of the funds is to implement and evaluate the Primary Care and Cancer Specialist Shared Care Model grant. Funding can be used to support staff training; Program staff salaries; Program team travel to sites, necessary IT infrastructure and conference dissemination. All requests for funding must be strongly justified in the application.
- 9.2 Funds awarded shall not be used for any named Investigator salaries
- 9.3 The Administering Institution must administer the Grant and ensure appropriate infrastructure and support is provided to the applicant(s). The applicant(s) is responsible for negotiating the use of the funds with the Administering Institution. All funds must be spent on the direct support of the applicant(s) and his/her Grant program.
- 9.4 Funds awarded shall not be used for any purpose associated with overhead infrastructure costs (i.e. institutional overheads or administrative levies).

10. CANCER INSTITUTE NSW POLICY DOCUMENTS

10.1 *Grants Administration Policy*

The Grants Administration Policy may assist those who are considering applying for and those who hold Cancer Institute NSW competitive grant support. It provides advice on eligibility and selection criteria, the application process, appeals, complaints, Freedom of Information (FOI), deeds of agreement, funding, monitoring and reporting and other specific policy issues.

10.2 *Grants Peer Review Policy*

The Grants Peer Review Policy provides information about the policies and governance arrangements for the peer review of competitive grant applications and the ongoing monitoring of the progress of competitive grant projects and activities.

These Policy Documents can be found at:

http://www.cancerinstitute.org.au/cancer_inst/grants/policies.html

11 REPORTING REQUIREMENTS

- 11.1 Recipients will be required to submit **Progress Reports** at the end of each calendar year (or part thereof), or as stipulated in the executed agreement schedule, including information on the progress made in the Grant.
- 11.2 **Progress Reports** must be submitted to the Grants Secretariat by 31st January following the end of each calendar year (or part thereof). Report proforma's are available at http://www.cancerinstitute.org.au/cancer_inst/grants/reporting.html
- 11.3 The Grants Review Committee reserves the right to recommend the suspension of a Grant if progress is unsatisfactory.
- 11.4 Recipients will be required to submit **Financial Reports** at the end of each financial year that includes information on the expenditure of funds in relation to the Grant.
- 11.5 **Financial Reports** must be submitted to the Grants Secretariat by 15th August following the end of each financial year. Report proforma's are available at http://www.cancerinstitute.org.au/cancer_inst/grants/reporting.html.
- 11.6 The Grants Review Committee reserves the right to recommend the suspension of a Grant if expenditure of funds is not consistent with the terms in the funding agreement.
- 11.7 Where a Grant recipient fails to submit satisfactory reports, as required, the Cancer Institute NSW may determine that funds have not been used in accordance with conditions applicable to the Grant, and that all or part of Grant must be repaid. In this case, the Cancer Institute NSW may withhold the remainder of the Grant payments for the current year or initiate recovery of the Grant money.
- 11.8 Recipients may be required to participate in and present at forum(s) at the request of the Cancer Institute NSW.

12 ACKNOWLEDGEMENT OF SUPPORT

- 12.1 All publications, media releases or discussion of results from grants, training or research carried out with the assistance of a Cancer Institute NSW Grant must acknowledge the support of the Cancer Institute NSW.
- 12.2 Grantees must indicate their status as recipients of Cancer Institute NSW Grant support in scientific publications and programs of scientific meetings and in any other public connection.

13 PRIVACY AND CONFIDENTIALITY

- 13.1 Documents containing personal information will be handled and protected in accordance with the provisions of the Privacy and Personal Information Protection Act 1998. Personal information would be disclosed only with permission of the individual to whom it relates or where the Act allows.

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- 13.2 Applicants consent to the information supplied as part of their application being disclosed for the purposes of the assessment of their application and for purposes connected with the making and administration of the Grant. Such disclosure includes, but is not limited to, disclosure to members of the Grants Review Committee, independent readers/assessors requested by the Committee to provide advice, and relevant employees of the Cancer Institute NSW and Government involved in the Grant process.
- 13.3 Applicants acknowledge that announcement of the successful applicant from this grant round will involve the dissemination of information to the public about the general nature of the Grant funded including the lay description provided in the application, the funding awarded, the applicants involved in the Grant, and the administering institution and any actual organisations at which the Grant is being carried out.
- 13.4 Information contained in applications will be regarded as Confidential.

14 INTELLECTUAL PROPERTY

Applicants must adhere to an Intellectual Property Policy approved by the governing body of the host organisation(s) that is congruent with the document “National Principles of Intellectual Property Management for Publicly Funded Research” released in September 2001:

<http://www.arc.gov.au/>

15 CONFLICT OF INTEREST

All parties involved in or associated with Cancer Institute NSW funded proposals/projects are required to disclose to the Cancer Institute NSW any conflict of interest which has the potential to influence, or appear to influence, the project and activities, publications and media reports, or requests for funding related to the proposal/project. Such conflicts must be disclosed to the Cancer Institute NSW at the time of the submission of a proposal, and in reporting on Cancer Institute NSW funded grants as soon as practicable after the conflict of interest is identified.

16 FUNDING AGREEMENT

- 16.1 All parties involved in a Proposal should familiarise themselves with the standard Funding Agreement (available at www.cancerinstitute.org.au), but only the Administering Institution and the Cancer Institute NSW will be parties to the Funding Agreement. Parties involved in a funded project must accept the terms of the Funding Agreement and the Administering Institution must sign the Funding Agreement before payments commence.
- 16.2 Projects must commence as required by the Funding Agreement. Failure to do so may result in termination of the Funding Agreement.
- 16.3 Administering Institutions should note that the Funding Agreement covers post-award management, including reporting requirements and financial management. The standard Funding Agreement can be viewed on the Cancer Institute NSW's Web Site.

17. VARIATIONS TO THE FUNDING AGREEMENT

Requests to vary the Funding Agreement must be forwarded in writing by the Administering Institution to the Cancer Institute NSW. Forms are available on the Cancer Institute NSW's Web Site. Amendment of any clauses of the Funding Agreement will be at the Cancer Institute NSW's absolute discretion.

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19.4 Hard Copy

8 hard copies (1 original plus 7 copies) double sided, stapled on top left hand corner of the application should be lodged with the Grants Secretariat. Only the original copy of the application requires signatures.

Hard copies should be sent to:

Postal Address

Grants Secretariat
Cancer Institute NSW
PO Box 41
ALEXANDRIA NSW 1435

OR

Courier address

Grants Secretariat
Cancer Institute NSW
Australian Technology Park
Biomedical Building
Suite 101, 1 Central Avenue
EVELEIGH NSW 2015

20. ENQUIRIES

Enquiries about Cancer Institute NSW Grants can be directed to the Grants Secretariat at grants.secretariat@cancerinstitute.org.au or on 02 8374 5644/3530

ⁱ Aitken R, Morrell S, Barraclough H, Baker D, Clements M, Jelfs P, Bishop J. *Cancer incidence and mortality projections in New South Wales, 2007 to 2011*.

ⁱⁱ Malinowski T, Adams P *Shared Care Models: A High Level Literature Review*. Sydney: Cancer Institute NSW, February 2009

ⁱⁱⁱ Adams P, Harwick J, Embree V, Sinclair S, Conn B, Bishop J. *Literature Review: Models of Cancer Services for Rural and Remote Communities*. Sydney: Cancer Institute NSW, March 2009.