

# The evidence-support system in NSW Health

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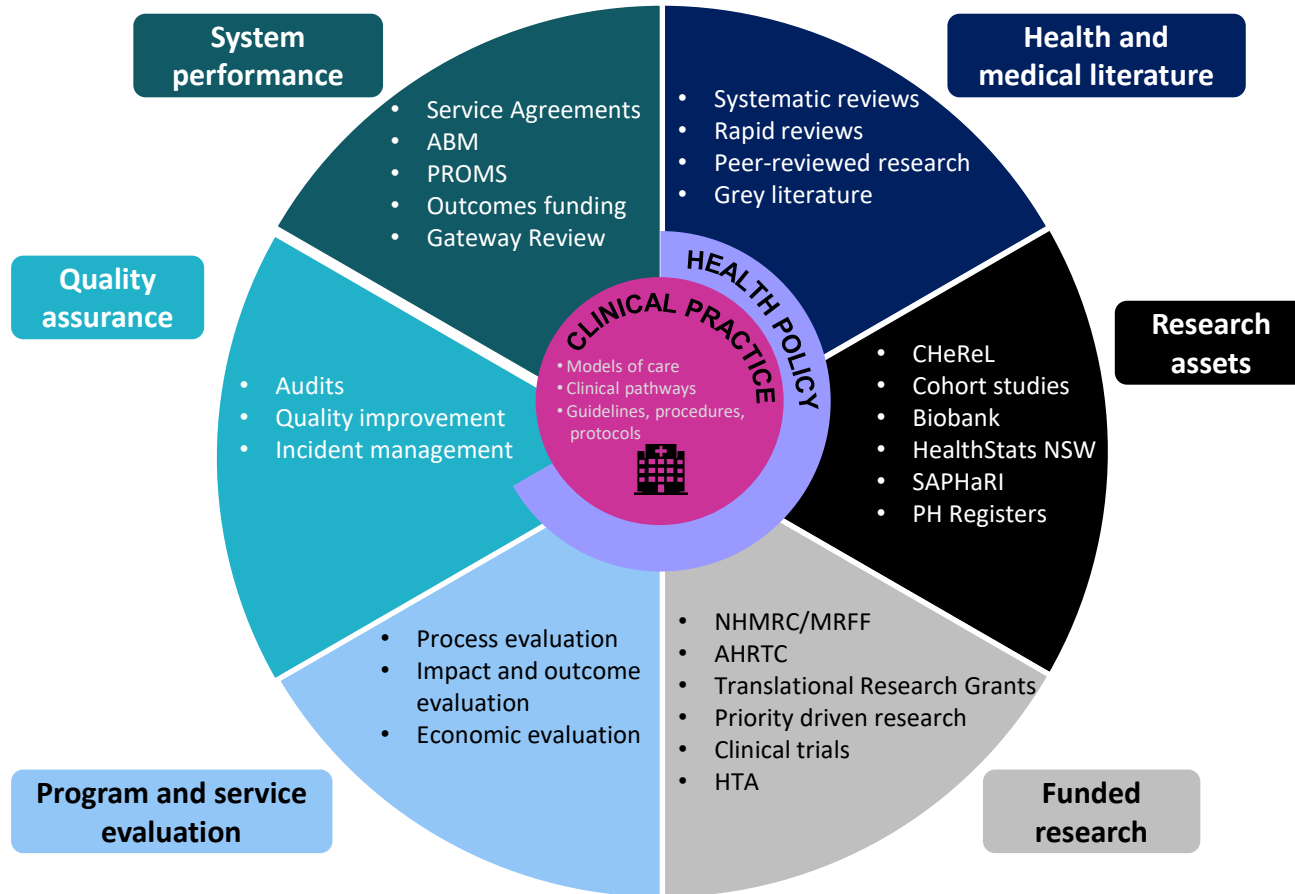
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# NSW has been building a 'research-ready' environment for >20 years

- Generate the right research/evidence
  - Competitive funding schemes across the spectrum
  - Funding priority research
  - Generating rigorous 'evidence-from-the-field'
  - NSW Health staff have conjoint academic appointments, routinely leveraged to support policy relevant research
- Mobilise knowledge
  - Evidence syntheses
  - Bridging the gap between health decision makers and researchers
  - Developing and maintaining research assets
  - Capacity building
  - Accountability



# NSW Health uses a broad evidence ecosystem



# We invest in the population health research pipeline

## Research assets

- Centre for Health Record Linkage (**CHeReL**)
- HealthStats NSW
- Secure Analytics for Population Health Research and Intelligence (SAPHaRI)
- NSW Health Statewide biobank

## Priority research centres

- Physical Activity, Nutrition and Obesity Research Group (**PANORG**)
- BBV and STI Research, Intervention and Strategic Evaluation Program (**BRISE**)

## Competitive funding schemes

- Translational Research Grants Scheme (**TRGS**)
- Prevention Research Support Program (**PRSP**)
- COVID-19 Research Grants
- Cardiovascular Research Capacity Program
- Early-Mid Career Fellowships and PhD Program

## Collaborative research

- NHMRC Partnership Centre: The Australian Prevention Partnership Centre **TAPPC**
- NHMRC Partnership Projects

## Other research and evaluation

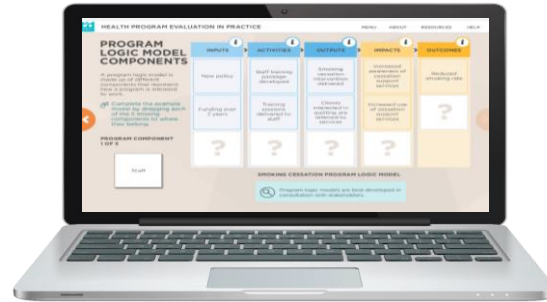
- Core funding for the **Sax Institute**
- Funding provided directly by policy areas for research projects
- Commissioned evaluations of policies and programs

## Enablers

- NSW Health population health training programs (**PHO/BOT/APHTI**)
- NSW Health population health networks

# We build our own capability to undertake research and assess evidence

- Critical appraisal
- Program logic (introduction, masterclasses)
- Program evaluation (introduction, complex programs, planning)
- Study design
- Economic evaluation
- Benefits realisation
- Working with MBS and PBS data



Introduction to Public Health Program Evaluation  
Professor Adrian Bauman



Professor, Introduction to Public Health Program Evaluation

Introduction to Economic Evaluation  
Professor Stephen Jan

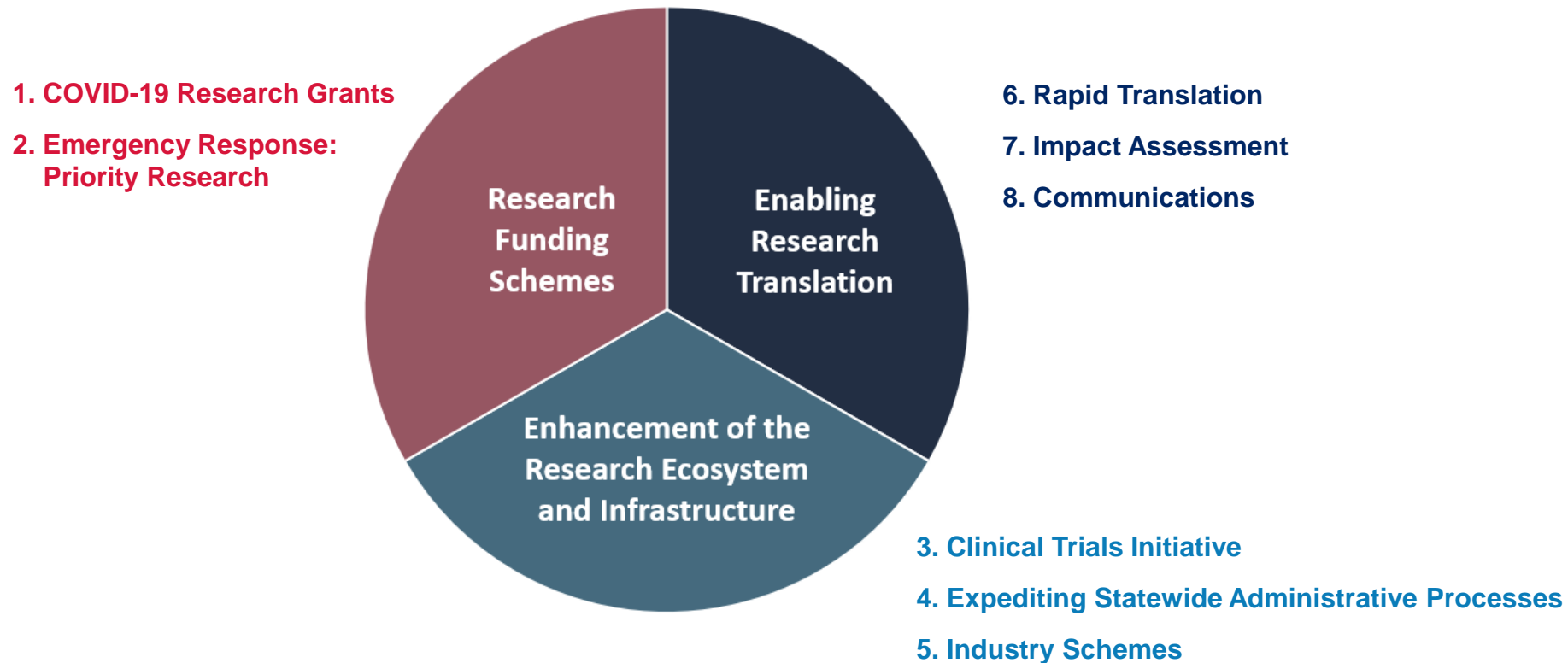


Transcript: Introduction to Economic Evaluation

# Case study:

Evidence-support systems  
assisting the response to  
COVID-19 in NSW

# We applied existing processes to generate new, local evidence



# This resulted in rapid research production early on



## COVID-19 in schools – the experience in NSW

Prepared by the National Centre for Immunisation Research and Surveillance (NCIRS)

26 April 2020

### Local evidence suggests low C-19 transmission in NSW schools

In the early stages of the pandemic a study by the National Centre for Immunisation Research and Surveillance found little transmission of COVID-19 among children and no evidence of children infecting teachers. This evidence was shared across NSW Health, Education and other parts of Government informing the policy decision to re-open NSW schools in May.



## Serosurveillance of SARS-CoV-2 – the experience in NSW

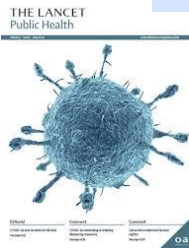
Prepared by the National Centre for Immunisation Research and Surveillance (NCIRS)

11 August 2020

### Rapid Serosurveillance of SARS-CoV-2 in Sydney and NSW

Large-scale serological testing of residual specimens from blood tests and donations to track presence of antibody to SARS-CoV-2 in the population, enabling monitoring of asymptomatic infection.

Part of national seroprevalence survey with APPRISE network. Collection of 5375 Sydney specimens is complete, analysis is underway at ICPMR. Collection across NSW occurring in line with national schedules.



Public Health (COVID-19 Restrictions on Gathering and Movement) Order (No 5) 2020  
under the  
Public Health Act 2010



# A Research Impact Evaluation identified the benefits of long-term investment



“One of the key learnings through COVID is that the research has happened seamlessly.

It adds no burden to do the research on either side. Some researchers have been able to be very nimble and can thrive in these environments. We see them as part of the team.

The researchers are given access to our data, it’s efficient, it’s evidence based, it’s a win-win and a new way of working with researchers.”

NSW Chief Health Officer

<https://www.health.nsw.gov.au/research/Publications/covid-impact-evaluation-interim.pdf>



NSW Health COVID-19 Emergency Response Priority Research program: a case study of rapid translation of research into health decision making

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# We leveraged the Prevention Research Support Program

- PRSP funding supports research infrastructure and strategies to build NSW research capability and translate evidence from research into policy and practice.
- Flexibility in program guidelines and 1 year extension of funding enabled leveraging of the program for the COVID-19 response.

**All PRSP-funded organisations contributed to the NSW COVID-19 response, with several assuming key leadership roles in critical clinical and research functions.**

**Centre for Infectious Diseases and Microbiology – Public Health** investigators redeployed to work on COVID-19 preparedness and response, inc. enhanced genomic tracking of COVID-19 importations and transmissions in NSW.

**The Kirby Institute** engaged in a range of research activities critical to the COVID-19 response including serosurveillance for SARS-CoV-2 infection, COVID-19 NSW Outcomes Study and various modelling and surveillance projects.

# The Critical Intelligence Unit (ACI) was established to synthesise international evidence

COVID-19 response

## COVID-19 Critical Intelligence Unit

Rapid, evidence-based insights during the COVID-19 pandemic.

[Living evidence](#) [Evidence checks](#) [Risk monitoring dashboard](#)

[Evidence digest](#) [COVID monitor](#) [About the CIU](#)

# Additional evidence-support activities

- Expert panels including practitioners, clinicians and academics to support decision making
- Clinical Council communities of practice established or pivoted
- Modelling Science Table
  - Chaired by Dr Andrew Wilson and Dr Jean-Frederic Levesque
  - Supported by Dr Andrew Milat (MoH)
  - Supports the interpretation of key statistical academic models. A useful mechanism for collaboration and coordination
- Secondment of academic staff into the pandemic response (non-research)
- Time-limited MoH strategic research governance group
- Research Intelligence Group with researchers and clinicians

# Thank you !