1 April, 2019

Dear Dr Anderson,

Thank you for this opportunity to provide feedback on New Zealand’s first prioritisation vehicle for health research. We would like to comment on behalf of the executive committee of the Health Services Research Association of Australia and New Zealand (HSRAANZ).

**HSRAANZ**

HSRAANZ is the peak professional body for health services researchers representing 230 members and 24 corporate partners. HSRAANZ exists to encourage and promote the development and conduct of health services research, in order to promote improved health services delivery and improved health. We facilitate communication across researchers, and between researchers and policymakers, to promote education and training in health services research, and to facilitate sustainable capacity in health services research in Australia and New Zealand.

**The domains**

We support the four proposed domains. We would like to comment on domain 2 in particular. The purpose and scope are clear, it is representative of a key area of the health research ecosystem and we agree it has good representation of diverse communities in New Zealand (particularly Māori, Pacific people, disabled people and other communities facing health disparities, discrimination or exclusion).

We especially affirm the emphasis on health services research in domain 2. We agree this is a crucial component of health research and “essential for an efficient and safe health system.” We also agree “capacity to undertake health services research in New Zealand needs to be grown, and there are key areas in which capacity is especially low, such as health economics.” This is borne out by our own survey of health services researchers in Australia and New Zealand, undertaken in 2017\(^1\). In addition to capacity issues, this study highlighted limited financial resources are a key barrier to developing health services research and ensuring its

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potential to improve the health and wellbeing of our population. We are therefore heartened that health services research will be explicitly supported in the final prioritisation for health research funding.

**Core health research attributes**
We support the core health research attributes, in particular, the strong focus on equity both here and throughout the document. We note the commitment in domain 1 to equitable health outcomes and to equitable access to services in domain 2. We expect the means to effecting these will be further detailed in Actions 2 and 3 of the New Zealand Health Research Strategy (NZHRS) (‘Invest in research for healthy futures for Māori’ and ‘Invest in research that results in equitable outcomes for Pacific peoples and helps them to lead independent lives.’) We agree an important contributor to achieving these aims will be research led by communities of interest (p.7); for this to happen, research capacity building among Māori, Pacific and disabled people is essential (pp.8-9, to be developed through Action 4 of the NZHRS: ‘Develop and sustain a strong health research workforce.’)

In addition to the core attributes, we would add a ‘value for money’ criteria to ensure efficient prioritisation of projects and the best return on investment.

**Guiding health research attributes**
We support the guiding health research attributes, but it is not clear why some of these have been given a secondary status compared with the core attributes. We believe community partnership and engagement; building on gains; national and international connection and contribution; and capacity and capability building should all be elevated to core health research attributes.

We are pleased to see ‘innovation and discovery’ included as a research attribute, and that the definition of innovation on p.26 encompasses health services research (i.e. through “processes or organisational methods”).

An additional guiding health research attribute could be ‘disinvestment in low-value care’ i.e. using a framework that reviews existing technologies and stops reimbursing those that are no longer found to be effective or cost-effective. This would result in additional funds for the new and effective technologies, or specific initiatives to support health equity.

**The priority action areas**
We are pleased to see the support for national and international collaborations as a guiding health attribute and as part of the priority action area of strengthening engagement between sectors. As an Association with members in both New Zealand and Australia, HSRAANZ is well-placed to facilitate collaborative work between trans-Tasman researchers and there are a number of areas where this would be mutually beneficial (e.g. research about primary health care services, hospital productivity and indigenous health). We note that at present, funding arrangements within each country often make collaboration very difficult in practice. For example, funders in each country can be reluctant to contribute to a joint project and if funding is obtained, dual requirements may have to be met. Removing such barriers will be vital if “international collaboration will be encouraged and incentivised” p.15). One way to do this might be through a two-country risk-sharing arrangement.

Finally, we propose that professional associations like HSRAANZ, partner with the HRC to develop a strategy for building capacity in health services research in New Zealand.

Thank you again for the opportunity to comment.

Yours sincerely,
Associate Professor Rachael Morton – President, HSRAANZ (University of Sydney)
Dr Laura Wilkinson-Meyers – Vice President, HSRAANZ (University of Auckland)
Dr Braden Te Ao – Emerging researchers’ group, HSRAANZ (University of Auckland)
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