

00:00:00.000 --> 00:00:01.450

Kate Martin

Parents and welcomes mental health team.

00:00:04.680 --> 00:00:08.890

Olivia Donovan

Hi, I'm Olivia. I'm the procurement business partner for mental health.

00:00:10.780 --> 00:00:27.530

Niall Boyce

Thank you. So in this webinar, what we're going to do is talk about common metrics. We're going to give you the what, the why and go into detail about our current call in this area. We're also going to answer your questions that you've sent in or that you've put in the chat. But first of all, we're going to have a video.

00:00:47.650 --> 00:01:01.170

Suzanne Gage

I think there are many ways that you can involve in collaborate. People that lived experience that might look like having expert advisors or involving people with experience as queries such as and Co applicants or even having an advisory group.

00:01:01.790 --> 00:01:14.750

Suzanne Gage

Umm. At Wellcome. I think we're really open to any methods and rules that teams might choose, but we do expect looked experience experts to be involved in meaningful and appropriate ways in multiple stages of the project. So from.

00:01:16.770 --> 00:01:38.560

Suzanne Gage

Delivery to design to dissemination. It's really important that as you involve people lived experience, you don't make it to kinetic or make it a tick box exercise that people lived experience are involved in ways that are appropriate for the research aims and the different stages of their study.

00:01:45.670 --> 00:02:15.780

Suzanne Gage

I think the first thing is to make sure that lived experience is central and grades multiple aspects of the project. So whether that's from designing the research or when you're collecting and analyzing data, or when you're sharing and disseminating your findings, making sure that that guided by the insights you get from lived experience. But it's also really important for you to recognize people that lived experience as colleagues, they bring real expertise to the table and so they deserve to have the same respect as you would.

00:02:15.890 --> 00:02:27.280

Suzanne Gage

Give any other member of your project team and in that same line. Then you should pay your lived experience advisors and compensate them appropriately for the value and the experience that bringing to the table.

00:02:28.360 --> 00:02:50.860

Suzanne Gage

But as much as they're bringing a lot of expertise, lived experience advisors are still individual people

with individual experiences, and so they cannot, on their own, fully represent the different intersections of community and context. And so it's really important for you to have diversity within your team, and especially within your lived experience advises.

00:02:51.350 --> 00:03:12.690

Suzanne Gage

Umm. And I think also it's important for you to be flexible when you involve people lived experience to have conversations on how you want to collaborate with them and with the rest of your colleagues to discuss what some of your shared values are and what some of the ground rules will be.

00:03:29.240 --> 00:03:49.280

Niall Boyce

So that video is there really to emphasize the point that lived experiences at the heart of what we do in Wellcome. And so, Susie, thank you. Welcome back. We're going to start off with a question for you, Susie, which is let's go right back to the beginning of it. What are common metrics and why are they important?

00:03:50.880 --> 00:04:08.820

Suzanne Gage

Thanks. And first of all, apologies for my ineptitude at screen sharing. You'd think after this long of using teams that I've got the hang of it, but no. So apologies about that. So common metrics, I think what we mean by common metrics is now really worried that I'm still sharing my screen, but I'm not, am I this is fine.

00:04:10.060 --> 00:04:41.580

Suzanne Gage

What we mean by common metrics is a kind of shared language for talking about mental health in this in this instance, so a sort of a set of tools that mean that when we're talking about, for example, depression, we're talking about the same aspect of depression that we're using, the same metrics to investigate it. And this doesn't mean that they're going to be the only metrics that we use, but it means that when we want to compare studies that have been done in different contexts.

00:04:41.660 --> 00:04:49.010

Suzanne Gage

Or by different sort of fields of research we've got a common language that we can talk about together.

00:04:50.960 --> 00:04:51.990

Niall Boyce

Thank you so.

00:04:52.770 --> 00:05:03.770

Niall Boyce

I I can see why common metrics is important, clearly, but but Kate, isn't there a bit of a concern that this might be a little bit abstracted from a little bit removed from lived experience?

00:05:04.910 --> 00:05:38.510

Kate Martin

A great question and I think going back to what Suzi was saying, like it's really important we we're able to make best use of the existing data and information we have as well as new research projects,

programs that we're developing. So ultimately, I suppose we lived experience perspective, what we're trying to do is a whole program is find new and better ways, improve ways of supporting people with anxiety, depression and psychosis, common metrics. Whilst in some ways might seem sort of a bit abstracted from the from lived experience actually really central and helping us fundamentally improve.

00:05:38.700 --> 00:05:50.600

Kate Martin

And what we can learn, what we can compare and contrast across studies and ultimately improve our kind of the kind of knowledge available to really improve how we support people anxiety, depression and psychosis.

00:05:52.330 --> 00:06:02.900

Niall Boyce

Care. So there's a really practical aim. And so. So, Suzi, I'd like to bring you and again here to to ask how would you like to see how would Wellcome like to see common metrics being used in mental health research?

00:06:05.250 --> 00:06:35.660

Suzanne Gage

I think that we would hope that or certainly I personally would hope that when when people are designing a questionnaire or a study away, that they're going to be collecting data, that these common metrics are just a thing that they throw into their questionnaire sort of protocol or their study design in the same way that we would with demographics. So we would always or pretty much always ask about something like age about sex or gender or both.

00:06:36.380 --> 00:07:06.390

Suzanne Gage

And sort of common demographic socioeconomic status, that kind of thing, things that we think are sort of critical to being able to like, understand our population. These common measures would be the things that would go in there straight away. And I think the stakeholders that Wellcome are really keen to bring with us on this journey are obviously researchers and people with lived experience, but also other funders and also publishers. So the use of these common metrics is something that Wellcome is keen to see sort of throughout.

00:07:06.490 --> 00:07:12.670

Suzanne Gage

The research process, from initial sort of concept all the way through to a published finding.

00:07:15.500 --> 00:07:16.800

Niall Boyce

So really I'm I'm guessing.

00:07:17.670 --> 00:07:47.340

Niall Boyce

Three things here which are the common metrics are about communication, so they're about it being very, very clear what what precisely the the finding is how we can compare the finding in one bit of research with another bit of research. And then when that comes to sort of combining it in terms of say meta analysis, that process is so much smoother and easier which also accelerates research. But then it's also about really having trust in the system because it means that as you say publishers.

00:07:47.620 --> 00:08:05.290

Niall Boyce

Funders. Researchers. We're we're all speaking the same kind of language we're all on on the same page, but I I know one of the the concerns I've heard about common metrics in the past is that they might maybe be a bit restrictive in the way that we think about mental health. I wonder, Kate, if that's something you've heard too.

00:08:06.410 --> 00:08:20.860

Kate Martin

Yeah, sure. I think that is a, it's a concern, I suppose, for this, I suppose what needs to be two things, I suppose, jump to mind. Firstly is that again building on what Suzi was saying that these should be part of a suite of measures, not the only measures used, so these?

00:08:21.050 --> 00:08:25.530

Kate Martin

A. The kind of measures that kind of core metrics chosen should be.

00:08:25.660 --> 00:08:26.350

Kate Martin

And.

00:08:26.700 --> 00:08:43.760

Kate Martin

Uh, you know they are. They are part of a whole suite of measures or approaches that different studies may use. So that's been going to compare and contrast, not the be all end or not. The only way of capturing measures and information. Secondly, bring it back to lived experience, that's why it's so critical that lived experience expertise is involved in the kind of the.

00:08:43.840 --> 00:09:08.290

Kate Martin

And and the reviewing and choosing measures developing guidance about those measures really helping people understand which measures team most relevant, but also in terms of the advice, the guidance, the understanding, the pros and the cons, what they capture, what they don't capture, etcetera, that's really part of the reason why so, so clear that the importance of lived experience expertise as part of the this process.

00:09:09.780 --> 00:09:20.710

Niall Boyce

So what we're going to do in the next part of this webinar is talk about this specific, uh, call this request for proposals which has gone out and but before that.

00:09:21.550 --> 00:09:22.960

Niall Boyce

We are going to have another video.

00:09:24.030 --> 00:09:24.480

Niall Boyce

So.

00:09:25.750 --> 00:09:27.370

Niall Boyce

Fingers crossed that's watch the video.

00:09:44.770 --> 00:10:07.800

Suzanne Gage

So lived experience is a unique form of knowledge, insights, and expertise that comes from having experience of mental health challenges. So people with lived experience or lived experience. Expats are people who identify as having anxiety, depression, or even psychosis either have experienced it in the past or currently and people do not need to have a formal diagnosis.

00:10:07.870 --> 00:10:12.860

Suzanne Gage

Or even accessed clinical services to be termed as people with lived experience.

00:10:19.470 --> 00:10:49.840

Suzanne Gage

We believe that embedding lived experience expertise in mental Health Science can help broaden research and science opportunities that are currently not captured in the system. That experience also instills a level of trust in research which is required for science to be effective and successful in the real world settings. This perspectives from lived experience experts are equally valuable as those of expats and we believe that lived experience involvement is a collaborative effort. It should contribute a vital perspective.

00:10:49.960 --> 00:10:54.800

Suzanne Gage

And also it shouldn't invalidate other people's work or perspectives in the field.

00:11:01.290 --> 00:11:31.520

Suzanne Gage

Wellcome ask research teams to involve young people in the research during the Wellcome Active Ingredients Commission last year, which funded research to explore the evidence on interventions that could make a difference for youth anxiety and depression, such as those of physical activity, emotional regulation and loneliness reduction. When we ask for that feedback on this, many teams told us that involvement of leadex and expats and reach their project added more depth and breath to it and also made their research projects more useful and of higher quality.

00:11:31.960 --> 00:12:02.760

Suzanne Gage

One research team in particular told us and I quote, it was something that was slightly skeptical about before I started. But the involvement of young people really enriched the project. We get stuck in our ways and doing something outside the box helps shine new light on a subject, and another team also fed back to us that the active involvement helped us define the scope of our review, shape our findings in ways which are more meaningful and appropriate and also relevant to young people, and to know how best this findings can be disseminated to.

00:12:02.860 --> 00:12:03.780

Suzanne Gage

Other young people.

00:12:14.750 --> 00:12:22.540

Niall Boyce

Thank you very much, Susie. So let's go specifically into this call now, what is Wellcome asking for in this request?

00:12:25.630 --> 00:12:34.830

Suzanne Gage

OK, this is me again, so I'm going to share my screen again. I'm going to share just some brief slide of what we're doing if I can find it.

00:12:41.140 --> 00:12:42.970

Suzanne Gage

That it's kind of 1 see that, OK.

00:12:50.150 --> 00:12:57.720

Suzanne Gage

Great. So these are the deliverables that we are asking for here and they fall into.

00:12:59.140 --> 00:13:29.950

Suzanne Gage

Three different sections and then within each section there are a set number of deliverables. So this is kind of different to the way that we work in terms of grants in that because this is a Commission, we're asking for a very specific set of things that we want to receive. So I'll start with the depression and anxiety because in this instance Wellcome have already identified, along with some other funders, some some metrics that we have identified as common.

00:13:30.040 --> 00:13:59.500

Suzanne Gage

Metrics that we are mandating the use of in funded research already, but we want to go further than that. We want to actually really go into depth and evaluate these measures, write down to sort of the clinically significant cut offs rather than statistically significant cut offs and the efficacy in different cultural contexts, item level functioning. So this might also include shortened versions of these metrics.

00:14:00.060 --> 00:14:30.350

Suzanne Gage

And reflections of people who lived experience about these metrics, how they can best be delivered in terms of what sort of acceptable for people who lived experience so that the first part of the deliverables is a paper basically summarizing this evaluation that I've just gone through. The second part is looking at these metrics as they're currently used. So finding them in secondary data. So data sets that already exist and looking at.

00:14:30.440 --> 00:15:00.610

Suzanne Gage

The clinically significant cut offs from real data and the efficacy in different cultural contexts and again item level functioning and then the third part which we believe is quite critical is developing a toolkit for use of these measures for researchers, for funders and for publishers. So again this is like trying to bring everyone along with us. So this toolkit really needs to be practical clear to use.

00:15:00.730 --> 00:15:06.960

Suzanne Gage

I think it probably will need to consider things like the translations in different languages and different cultural contexts.

00:15:08.340 --> 00:15:08.850

Suzanne Gage

And.

00:15:09.620 --> 00:15:39.790

Suzanne Gage

And all of these kind of things and I think again, it needs to think about the clinically significant cut offs it needs to think about down to the item level and and we want these three uh deliverables also for the Hooda. So this is an impairment metric that has also been pre identified and for psychosis there haven't been any common metrics identified. So this part of the Commission would be to first of all identify up to three core measures.

00:15:39.950 --> 00:15:47.350

Suzanne Gage

And then deliver 1/2 and three as detailed above. So exactly the same thing and the last part of the.

00:15:48.510 --> 00:16:19.120

Suzanne Gage

The Commission is to develop an implementation plan. It isn't necessarily to sort of put this plan into action, but it's to have a plan there that then can be used because obviously, I mean I put up while we were all waiting for this to start and XKCD cartoon about standard measures saying, oh, there's 15 standard measures, this is ridiculous. We need to come up with something better. And then the next slide is there are 16 standard measures. So obviously that's the situation that we really want to avoid.

00:16:19.480 --> 00:16:35.470

Suzanne Gage

And so I think it's really key that throughout this process, it's very clear what we are doing, but also what we aren't doing. We aren't saying that these are the only measures that should be used. But what we are saying is that these measures are key to be used in amongst lots of other measures.

00:16:36.440 --> 00:16:37.490

Suzanne Gage

Niall, thanks.

00:16:39.030 --> 00:16:44.890

Niall Boyce

Thank you. So, Kate, I wonder if you could just briefly tell us how lived experience has been involved in putting this call together?

00:16:46.140 --> 00:17:16.940

Kate Martin

Sorry, I mean well. I mean, even a step before that. So a significant period of time, we've been having conversations with lived experience experts in multiple different countries and context to really understand their priorities for their work that we're doing. And certainly one of the big things that's come out is the need to not only develop new improved interventions but to make better use of existing data to really kind of get better learning across research and cross research studies for the benefit of people who lived experience. So I kind of a larger scale that's certainly been sort of a very strong call from the conversations.

00:17:17.020 --> 00:17:37.080

Kate Martin

That we've had in this specific call for people who don't know, we have a team of 12 lived experience advisors and consultants who are based in multiple countries who work within our team to advise on the work and to work alongside our team and developing calls and commissions. So certainly seems that this call, like all the others have been involved in developing the criteria.

00:17:37.350 --> 00:17:42.700

Kate Martin

Uh for the call as a whole as well as the lived experience aspects and will be involved in reviewing.

00:17:42.980 --> 00:17:47.470

Kate Martin

And the applications each day to really look at the kind of the.

00:17:47.560 --> 00:17:54.040

Kate Martin

And how lived experience is being involved in the case as well as the the kind of quality and the concept of the overall application?

00:17:55.530 --> 00:18:03.740

Niall Boyce

Thank you. So one of the questions which we've had is about suppliers. So we're just going to focus on that for a moment. So we've been asked, what does the term supplier mean?

00:18:04.960 --> 00:18:33.650

Niall Boyce

And if you look in the the actual document, the RFP, it says that really we're casting the the net very wide here that suppliers can come from any sector, universities and geos or charities, commercial companies, any discipline. But we need at least one member of that team of suppliers to have a proven track record in terms of conducting high quality measurement research. The other thing to say is that we're very keen to encourage.

00:18:33.820 --> 00:18:42.020

Niall Boyce

It's very diverse geographical coverage as well across really all parts of the globe, the global North End and the so called Global South.

00:18:43.100 --> 00:18:49.040

Niall Boyce

So, Susie, do you have anything to add to that in terms of who could be a supplier for this call?

00:18:50.530 --> 00:19:14.920

Suzanne Gage

Umm, I think that that comes at quite well. We're really keen to sort of balance out the speed. We're very this is something that has been talked about for a really, really long time and the general consensus has been it's really, really difficult to do. There's no perfect measure. And so with the best will in the world, it's been very hard to sort of move it forward. So I think we really feel that.

00:19:15.800 --> 00:19:42.910

Suzanne Gage

It's important to get to get this moving and to do this evaluation to ensure that we are on the right

line and then really sort of push this forward. So I think we would be keen for a supplier that has a track record of being able to deliver things very promptly, but also at a high quality level. So I mean obviously we want the best of all worlds because who doesn't? So I think that's the key that we're looking for, someone who can sort of balance those two things as sort of that.

00:19:44.280 --> 00:19:54.060

Suzanne Gage

Promptness of delivery, but also with the quality of really actually getting into this evaluation, bringing in lived experience expertise throughout as well.

00:19:55.380 --> 00:20:03.550

Niall Boyce

Thanks. So Kate, just to a question for you then, how would a supplier demonstrate this this sort of inclusivity? What kinds of things would they need to show us?

00:20:04.240 --> 00:20:11.030

Kate Martin

OK, again, good question. So in terms of involving people who lived experience expertise where open to kind of any.

00:20:12.340 --> 00:20:36.150

Kate Martin

Methods approaches that supply seems deem relevant for the for their project, for their proposal and the approach they're willing to take. So there's there's not one set of way of collaborating with lived experience experts, but what we're really looking for is making sure that a people are seen as experts are not as research participants. So as soon as this sort of collaborating in developing the outputs that Suzi talked through before.

00:20:37.270 --> 00:21:05.760

Kate Martin

And involved in multiple stages throughout the the projects and the process, and not just right at the end of consulting on things once they've already been produced, they're being actively involved at all stages of the project, identifying the measures, developing the toolkit, etcetera. So open to a whole range of ways of doing that. We know that there are a whole range of different methods and approaches that will make that be meaningful, but they're gonna. The key thing is that seeing people as experts and ensure they're involved in multiple stages of the project that you're going to set out for us.

00:21:07.100 --> 00:21:16.030

Niall Boyce

Thank you very much. So we're just going to one more video and then after that we're just going to spend a few minutes talking about the practicalities and then we'll go to your questions. But we'll just have the last video.

00:21:36.290 --> 00:21:47.230

Suzanne Gage

There are several points I have in mind. Uh, the first one is don't treat people with lived experience as research participants because those two are different things.

00:21:47.310 --> 00:22:17.580

Suzanne Gage

So you should involve people with lived experience as you know, experts and and try to involve them to inform you about your research process. You know the delivery, the governance and the design of your research. And you can do that by involving them to be Co applicants or Co researcher collaborators through advisory groups or just gathering their perspectives through.

00:22:17.660 --> 00:22:19.720

Suzanne Gage

Workshop or online discussions.

00:22:20.390 --> 00:22:43.980

Suzanne Gage

And the second point I want to make is don't ask for their personal stories or their mental illness background. I mean, they they could share that, but only if they feel comfortable too. And it's not necessary for them to do that because that's not why they're there. They're there to provide you with their expertise and instead you could.

00:22:44.610 --> 00:23:15.460

Suzanne Gage

More asked about their opinion about various elements in your research, and the Third Point I want to make is about don't involve them in small or insignificant ways, and by that I mean, for example, you only ask for their opinion after the major decisions about the project has been made or you asked them at the very end of the process, so their ideas cannot be implemented anymore. So.

00:23:15.750 --> 00:23:33.050

Suzanne Gage

Uh. It becomes futile and it's best to make sure that there are opinions really matter and inform the decision making of your research process. And I think the last point I want to make is don't be too rigid on the involvement many individuals can.

00:23:33.460 --> 00:23:46.160

Suzanne Gage

It can contribute in many different ways. It really depends on their preferred way of working. You could involve them by through workshop or through emails and et cetera.

00:23:52.300 --> 00:24:16.880

Suzanne Gage

I think it's also important to remember that we're all as a research community still learning about this, because this is a very new thing and we're still learning about how to best collaborate and involve people with experience in mental Health Science and particularly at Wellcome. We're also in this journey and we're very keen to learn from other organizations and research teams.

00:24:18.000 --> 00:24:47.810

Suzanne Gage

And with Wellcome lift experience teams, we will be running workshops with funded teams to about lift experience involvement to enable them to learn together and share their practices. And I just hope that by normalizing the involvement of that experience in research like where we're getting close to our goals to make mental Health Science to be more applicable and beneficial in real world.

00:24:47.950 --> 00:24:48.240

Suzanne Gage

Thanks.

00:24:59.390 --> 00:25:17.180

Niall Boyce

Thank you. So it's good to see so many people online, but wanting to hear about what we're doing with with common metrics and what we're asking for. And so I think it's time to to really move on to the practicalities now of how people can get involved. So Susie, what's the first thing that a supplier needs to do if they're interested?

00:25:19.670 --> 00:25:49.340

Suzanne Gage

Thanks though. First of all, I just wanted to say that I'm Catalina's very kindly put the links to all of the videos that we've shown in the chat, so if anyone wants to watch them again, they're now there. So thanks, Kathleen, what should a supplier do if they're interested in applying is? Look at the contracts web page that Olivia has shared in the chat and find the RFP for this common metrics, which is the first one on the list, I think. I mean, if the order changes, then it's the one called common metrics and mental health and.

00:25:49.440 --> 00:26:21.290

Suzanne Gage

Have a read through of that that goes into real detail about what we want and then about sort of 2/3 of the way down that document is details about the expression of interest phase. And so this is a set of questions that we would like a supplier to answer and they can send that via email to the RFP email. That same one that was used for submitting questions to this and that's all we need in the first instance is the answer to those questions. And also that's a good opportunity for the potential to supplier to submit any more questions.

00:26:21.610 --> 00:26:28.620

Suzanne Gage

The deadline for expressions of interest is the 5th of May, and then we will be shortlisting I think.

00:26:29.870 --> 00:26:46.220

Suzanne Gage

We haven't fully decided, but probably up to around five people to then submit a full application and there'll be more details about that to those people. They'll also get any questions that they have answered so that they're able to incorporate those answers into a full application as well.

00:26:47.920 --> 00:26:57.790

Niall Boyce

Thank you, Susie. So one last question for Kate. Before we move to your questions. Kate, what would you like to see changed? What do you like to see done differently as a result of this call?

00:26:59.190 --> 00:27:01.460

Kate Martin

Ohh well I see that so that could be a huge question.

00:27:02.800 --> 00:27:17.870

Kate Martin

I could say it really helps us change the way that we do mental Health Science and research, which ultimately zero our whole whole program. But I guess for me in this first instance, for this, for this proposal, for this project, really opening up conversations, team, multiple stakeholders across mental Health Science to really understand how we can.

00:27:19.430 --> 00:27:21.780

Kate Martin

Better use the metrics that are already set out.

00:27:22.810 --> 00:27:32.250

Kate Martin

And have been agreed and really choose the best metrics for psychosis to really ensure there's that kind of much better ways of being to compare the research we're doing for ultimately for the benefit.

00:27:32.520 --> 00:27:40.570

Kate Martin

And a of people who are living with anxiety, depression and psychosis. But first, I think a really good opportunity to open up conversations across stakeholders.

00:27:41.940 --> 00:28:04.450

Niall Boyce

Thank you. So let's open up the conversation here to begin with, we have some questions which were sent in advance. We're going to go through those and then I'm going to look through the chat and we'll get through if we can all of your questions. But certainly as many as we can. So the first question for Susie, can you please provide information on the amount of funding available? Is there a budget limit? And I've seen a similar question actually in the chat for this Susie.

00:28:05.060 --> 00:28:19.470

Suzanne Gage

Thank you. So at the moment, we are hoping that a supplier will guide us here. So we want to know what's realistic from people who are going to put applications in and then further guidance will be giving us appropriate to those who were shortlisted.

00:28:20.900 --> 00:28:33.510

Niall Boyce

Thank you. So the next question you touched on this briefly is what are the implications of this not being given out as a grant, but as a contract? Suzi, do you just want to recap that briefly and then we'll bring it. Olivia.

00:28:34.590 --> 00:29:04.260

Suzanne Gage

Sure. So yeah, so Umm, I've recently I'm, I've recently left academia to join Wellcome. So I was very much of the sort of grant funding kind of mindset and in in that sort of example there's a sort of a topic and then you pitch your idea for the type of question that you want to answer in a fund will give you money to go and do that. But this is quite different to that so because this is a contract this is a Commission it means there are very specific list of things that we as welcome.

00:29:04.360 --> 00:29:25.270

Suzanne Gage

Want a supplier to provide and so rather than there being flexibility for people to tell us like what they want to answer, This Is Us saying we want these particular things. So I think that's the difference between a grant and a Commission. But there are also sort of financial differences as well. So I think Olivia will be able to do that.

00:29:26.510 --> 00:29:57.200

Olivia Donovan

Hi yeah, apologies for any background noise. There's some trees being cut down outside and so yeah, the main points sort of Suzi got there is that we have a set amount of outcomes that we would like to see. It's not just being handed as some money and sort of go and go and research. Whatever you're interested in, we've got these very specific outcomes that we need. And this means the contract will be structured by having deliverables and that will be based off what you outline in your proposals.

00:29:57.410 --> 00:30:10.260

Olivia Donovan

You have quite a close working relationship with us and the contract will be managed by myself in procurement day-to-day and then of course Susie as the lead from the subject matter expert for mental health.

00:30:11.010 --> 00:30:23.750

Olivia Donovan

I'm going through these deliverables. It work on a system of invoicing and us paying you, so it's slightly different sort of being handed a large sum of money on day one and we'll sort of see you in three years kind of thing.

00:30:24.490 --> 00:30:55.150

Olivia Donovan

And also it allows us to be a lot more open with the sort of suppliers we can work with. Obviously grants have quite a lot of stipulations in terms of has to be researchers, whereas as Susie and Niall said earlier, we're gonna be able to really accept applications from a wide range of different types of suppliers. So I think that's the main points that sort of affect how you would work and hopefully it means as well that we're able to get projects like this.

00:30:55.240 --> 00:31:02.040

Olivia Donovan

Up off the ground quicker where we know we know what we want and we know what we're looking for and we can just move things forward a bit faster.

00:31:03.870 --> 00:31:29.020

Niall Boyce

Thank you Olivia. Umm, so the next question is again for Susie, which is can we choose one or several of the deliverables to focus on or should I proposal focus on all the deliverables, stated the RFP and related to that someone else I think has asked if you can clarify whether the contract involves delivering on metrics if all three domains, anxiety and depression and payment and psychosis or can people choose to focus on any one or two Susie?

00:31:30.060 --> 00:31:40.010

Suzanne Gage

I'm it's our expectation that we will have one supplier who will do all of the deliverables that we ask for, so we'll be issuing one contract rather than several.

00:31:41.490 --> 00:31:55.670

Niall Boyce

Thank you. Then we've just got two quick requests for clarification. The first is son wants to know

what is mental page 2 by Wellcome welcomes views as to how the supply would link in with the common metrics board and the experts on the Common Metrics Advisory group.

00:31:56.730 --> 00:32:26.720

Niall Boyce

Well, that essentially means how you would see that this project would dovetail how practically you think you could work together with the efforts in this area so far and right at the beginning of the chat. I've, I've popped in a link which goes to the IAMHRF website which will tell you the story so far. You can go into that and you can find out more about the common measures board and the common measures advisory group. Also at the end of the RFP that we've reproduced A blog from around a wall.

00:32:26.800 --> 00:32:55.350

Niall Boyce

But which will tell you everything that you need to know about that. Then there's a very quick one, which is that uh, there's also request for clarification on page 5, Item 3.4, Sun said Psychosis Metrics toolkit. The development of a practice based toolkit providing a concise rationale for common metrics and depression and anxiety. The person said perhaps this is a typo and yes it is a typo for depression. Anxiety on that section 3.4 on page 5. Just read cyclosis.

00:32:56.450 --> 00:33:11.950

Niall Boyce

So we're now able to go through to the chat and the first question is at the at EOI stage. Do you need CVS of the applicants Susie? Now, I know that in the RFP there is a 200 word section for track record. Is that sufficient?

00:33:13.590 --> 00:33:14.980

Suzanne Gage

Yeah. I think in terms of.

00:33:15.060 --> 00:33:26.870

Suzanne Gage

And the at the expression of interest stage, what we've asked for is you to sort of narratively describe your track record rather than submit AC B. So we wouldn't be expecting CV S no.

00:33:29.020 --> 00:33:37.240

Niall Boyce

Thank you. So at the next question, I'm not sure entirely understand this question, which is does this common metrics approach require common indicators?

00:33:38.830 --> 00:33:48.650

Niall Boyce

I'm not sure I completely understand that question. Uh, if you ask that question, if you could perhaps unpack it and clarify a little in the chat and we'll we'll get back to it if we can.

00:33:49.470 --> 00:33:52.160

Niall Boyce

But would you be showing these videos? Yes, we have.

00:33:52.900 --> 00:34:00.600

Niall Boyce

OK. And the next question is, is the funding of post Doc Slash master students a legitimate budget expenditure, Susie?

00:34:02.520 --> 00:34:04.830

Suzanne Gage

I think what we'd want to see in terms of UM.

00:34:05.660 --> 00:34:27.420

Suzanne Gage

Budgeting and again I think at the expression of interest stage, I think we just ask for a figure. I don't think we want any further detail, but we would really want to see how it would be relevant, how this post would be relevant to delivering the deliverables that we've asked for. So if you can justify it, then yes. And if you can't then no, I mean this is the sort of simple answer.

00:34:28.700 --> 00:34:30.010

Niall Boyce

OK. Thank you, Ethan Cox.

00:34:30.090 --> 00:34:40.380

Niall Boyce

Umm it someone who's done a study, but that doesn't look like it's a question particularly and I have to say so I'll just move on to the next question which is.

00:34:40.650 --> 00:35:01.890

Niall Boyce

And someone asks, ideally the team would have preexisting access to relevant data. For example, these large scale cohorts such as MCS or ALSPACH and or cohort cohorts and low and middle income countries. How can these data sets be accessed? The person asks. Now, I'm not sure that's a question which we can necessarily help with, though. Seriously, perhaps you've got some general insights into accessing databases.

00:35:02.440 --> 00:35:09.110

Suzanne Gage

I mean, with my previous academic hat on, then I know about Millennium Cohort study and also back and.

00:35:09.750 --> 00:35:25.900

Suzanne Gage

They're both. You can apply to actually, I think Millennium Cohort study is is completely Open Access and Outback you can apply to use. So we would expect the supplier to investigate this sort of on their own terms and come to us with telling us how to do it.

00:35:27.910 --> 00:35:41.820

Niall Boyce

Thank you. So the next question is at institutions from overseas could apply, am I right? Also is it possible to apply as a team i.e. Involving UK and overseas institutions? Thank you very much, Olivia. Are you able to help with this one?

00:35:43.520 --> 00:36:08.120

Olivia Donovan

Yeah, absolutely. Yeah. Institutions from overseas are welcome to apply on the RP is open to anyone from all countries in terms of applying as a team. I'm not 100% sure on that. I will have to check as

that may have some contractual implications later down the line. So I will have to come back to that one to make sure.

00:36:09.860 --> 00:36:10.430

Niall Boyce

Thank you.

00:36:11.720 --> 00:36:16.930

Niall Boyce

OK. So the next question is, can we put the URL, the RFP and yes, I think we've done that.

00:36:18.330 --> 00:36:28.460

Niall Boyce

OK. And then a question which is related to a previous one, which is our salaries of the PICOP Co investigators, legitimate budget expenses.

00:36:29.510 --> 00:36:31.930

Niall Boyce

At Olivia and Susie, I think you can take that one.

00:36:36.000 --> 00:36:41.250

Suzanne Gage

Yeah, I mean, I don't, I think what I said before applies, but Olivia, can you provide any more detail?

00:36:42.050 --> 00:37:15.840

Olivia Donovan

Yes. So when we are looking to contract, it depends ultimately what supplier we end up with. If it's an organization as such, then the contract is with that organization. If it's an individual, then there's a slightly different route to go down. So in general, it will most likely be an organization in which case the salaries for those will all come into what you're what you're charging us. It wouldn't be sort of separated out as such into the type of role they're doing if it is just an individual applying, there's a slightly different path than a slightly different team at Wellcome getting involved in that.

00:37:18.680 --> 00:37:25.270

Niall Boyce

Thank you, Olivia. So we then have another question about the budget ceiling, which I prefer you to the earlier answer on that subject.

00:37:26.190 --> 00:37:39.000

Niall Boyce

The next question is will guidance on common metrics or psychosis will likely be available in time for the current calls from the trust backwards translation and cognition funding calls?

00:37:40.730 --> 00:37:41.380

Niall Boyce

Susie.

00:37:42.700 --> 00:37:49.130

Suzanne Gage

Uhm, I would say almost certainly not, because the deadlines are very very similar.

00:37:50.310 --> 00:38:19.160

Suzanne Gage

So the because we expect whoever gets this contract to identify these common metrics for psychosis and by the time that the contract negotiation like we've shortlisted, we've invited full application, we've interviewed suppliers and we've done contract negotiation. I don't think that person will be starting until these other calls that are open at the moment. They're deadlines will probably have passed. But our hope is that we will get something very soon, so that.

00:38:19.280 --> 00:38:30.550

Suzanne Gage

Going forward, we will be able to use these things, but I think the calls that are currently open, I think that would be unfair to the people who are applying for them to expect them to do something that we haven't decided on yet.

00:38:32.660 --> 00:38:56.010

Niall Boyce

Thank you, Sir. This next question, I'm not I have this entirely close to the meaning of, but it it is, would you eventually be open to having a commercial entity providing mental health services as part of a consortium? Now I refer you to my earlier answer here, which is the suppliers can come from any sector and in those included universities, NGOs, charities and indeed commercial companies.

00:38:56.630 --> 00:39:01.340

Niall Boyce

I'm Olivia. Is is there anything to add to that that answer do you think?

00:39:02.950 --> 00:39:21.380

Olivia Donovan

I don't think so, no. And just to reiterate that yes, this is again one of those key differences between doing it as a contract or Commission as opposed to a funding call is that we are also inviting applications from commercial entities. So. So yes, I suppose the answer to that question in nutshell.

00:39:23.230 --> 00:39:29.670

Niall Boyce

Thank you. OK. Are you going to fund multiple suppliers potentially or only one, Susie?

00:39:31.480 --> 00:39:43.930

Suzanne Gage

So I think we've got, we answered that question earlier, didn't we, I think so our expectation is that we will fund one supplier which could be a group but one one supplier will get the funding to do the whole thing.

00:39:46.000 --> 00:39:57.020

Niall Boyce

Thank you. OK. And then the question are you only interested in clinical measures or are you also interested or are you also interested in measures that assess the quality of care? Well, this is to do with the focus of this particular call.

00:39:58.100 --> 00:40:06.630

Niall Boyce

And this this specifical is not assessing quality of care measures and Susie, do you have anything to add to that?

00:40:08.220 --> 00:40:21.380

Suzanne Gage

Umm yeah, I think what we're we're sort of trying to what before we can run in a way, but while moving things forward if that makes sense. So I think our initial idea for common metrics.

00:40:22.080 --> 00:40:24.610

Suzanne Gage

Will be something that is.

00:40:25.470 --> 00:40:27.500

Suzanne Gage

Kind of self report measure of.

00:40:27.580 --> 00:40:27.990

Suzanne Gage

And.

00:40:29.280 --> 00:40:31.030

Suzanne Gage

Uh, what's the word I'm looking for? Sort of.

00:40:31.780 --> 00:40:36.070

Suzanne Gage

Symptoms or diagnosis. So it's it's a measure capturing. Uh.

00:40:38.010 --> 00:40:45.880

Suzanne Gage

The disorder that we're interested in. So I think those measures are important, but that's not the focus of this at present.

00:40:46.930 --> 00:40:48.290

Niall Boyce

Yep. So what we're really trying.

00:40:47.440 --> 00:40:49.170

Suzanne Gage

I think really.

00:40:49.110 --> 00:41:00.540

Niall Boyce

But yeah, so I guess what we're trying to do is to to get a sense of of how someones life and function are being affected by these conditions rather than bringing the the question of care and this point.

00:41:01.450 --> 00:41:01.700

Niall Boyce

Yep.

00:41:02.760 --> 00:41:05.730

Suzanne Gage

I was wondering whether Kate might have something to add on that as well.

00:41:06.820 --> 00:41:08.520

Suzanne Gage

Or not. It's fine if not.

00:41:09.600 --> 00:41:09.980

Niall Boyce
OK.

00:41:11.370 --> 00:41:13.300

Niall Boyce
OK, so UM.

00:41:14.410 --> 00:41:33.230

Niall Boyce

This is quite a long question. It's a very interesting one. Are you open to supplier proposing the country slash geographies of interest or are there specific countries of focus and the person asking this question adds, I would imagine this might be a consideration, particularly in terms of the lived experience experts we recruit to collaborate with.

00:41:33.930 --> 00:41:37.490

Niall Boyce
So, Susan, Kate, if you you could take that one.

00:41:39.060 --> 00:42:00.510

Suzanne Gage

Sure. I'll start and we're very keen to look at multiple different sort of geographies and UM cultures. So I think we would be open to a supplier suggesting areas of interest. I mean, particularly given the depression and anxiety metrics that have already been captured.

00:41:40.550 --> 00:41:40.940

Niall Boyce
Go ahead.

00:42:01.530 --> 00:42:14.660

Suzanne Gage

What we're asking suppliers to evaluate these, so obviously in order to evaluate them, they need to have been used really in different contexts, so that that might be limiting. But that doesn't mean there isn't also scope for.

00:42:14.960 --> 00:42:38.540

Suzanne Gage

And suggesting ways that they can then be evaluated if they're moving into a novel setting, for example. So I think we'd be very keen to have a supplier sort of guide us in where to go, but with the sort of proviso that we are particularly interested in the way that these metrics are used in low and middle income countries, OK.

00:42:40.670 --> 00:43:10.630

Kate Martin

Yeah. And just to build on that, you know, one of the things will be looking at is the your approach to involving and collaborating with people with lived experience expertise, making sure that you're kind of collaborating individual comes to the right people, the right experience, the right expertise. So if you're looking at the measures around comments around psychosis, of course would expect people who lived experience expertise around psychosis to be engaged. Again, if you are a spanning multiple countries, it would be and particularly looking at the kind of context from alone, middle income, context perspective, really interested to make sure that there is.

00:43:10.720 --> 00:43:19.550

Kate Martin

Some expertise from different context as well so, but we'll be guided by the the countries you're proposing and making sure that that's the right expertise to fit in with them.

00:43:22.020 --> 00:43:27.780

Niall Boyce

Thank you, Kate. So there's another question about the budget sealing, which has been answered in the chat. So I'm not going to go through that.

00:43:29.020 --> 00:43:42.770

Niall Boyce

OK. And then I'll have question about if we have additional questions, who's the best person to reach out to that again has been answered in the chat and then at this question, which is so the supply will be one entity and not multiple entities which are partners.

00:43:44.970 --> 00:43:46.560

Niall Boyce

So Sissy, would you like to?

00:43:47.590 --> 00:43:48.340

Niall Boyce

To address that one.

00:43:48.760 --> 00:43:58.130

Suzanne Gage

I'm going to say what I think is correct. An Olivia hopefully will correct me if I'm wrong, but as I understand it, the way that a contract works is that there would be 1.

00:43:51.510 --> 00:43:51.670

Niall Boyce

Yeah.

00:43:59.260 --> 00:44:22.670

Suzanne Gage

Person or organization that we would have the contract with. Now they can have as many partners as they want and and sort of I guess subcontract stuff out to other people work with whoever they want in any way that they want. But Wellcome will have a contract with one supplier so that supplier can then work how they want. Obviously we will have then decided whether that's the way that.

00:44:22.530 --> 00:44:23.630

Niall Boyce

Within reason, yeah.

00:44:23.340 --> 00:44:33.680

Suzanne Gage

We think this is a good way to work, but so they they can absolutely be multiple entities which are partners, but the relate the contract that Wellcome will have will be with one supply is that have I got that right Olivia?

00:44:34.170 --> 00:45:03.940

Olivia Donovan

Yeah, that's exactly right, Susie. And we will just be contracting with one organization if they will be using subcontractors and they just need to make us aware just so it can all go into the contracts. So we wouldn't be sending money or paying invoices to sort of multiple suppliers, it would just be the one what that supply then decides to do with their subcontractors and it's up stem and obviously depends on the proposal itself and the quality of that proposal.

00:45:04.140 --> 00:45:07.850

Olivia Donovan

Whether Suzi and the panel and wish to go down that route or not.

00:45:09.780 --> 00:45:21.560

Niall Boyce

Thank you. So there are two more questions I can see in the chat because a bit more time. So we'll we'll answer them now. And so is there a preference for how these supplier should phase the deliverables? Suzi, I know we've discussed this a bit.

00:45:22.960 --> 00:45:45.780

Suzanne Gage

Yeah. So we toyed with having a a timeline as suggested timeline in the RFP itself, but actually we decided that we would rather be led by the supplier telling us what was realistic. But it's our expectation that these different sets of deliverables will be being run in parallel, hopefully because as we say, we're really keen for.

00:45:46.880 --> 00:45:50.410

Suzanne Gage

For this project to to keep moving and sort of to.

00:45:51.850 --> 00:45:56.680

Suzanne Gage

Capitalize on the momentum that we've already made in this in this area.

00:45:58.240 --> 00:45:59.610

Suzanne Gage

Yeah, so so.

00:46:00.280 --> 00:46:04.510

Suzanne Gage

We don't have a preference apart from inner timely fashion I suppose.

00:46:06.960 --> 00:46:23.820

Niall Boyce

Thank you. So there's one more question I can see in the chat because a little bit more time. So if you have any any other questions, do you pop them in while we're addressing this one, it's quite a short question. It's it says in line with other Wellcome funding and the partner country cannot be China, is that correct, Olivia?

00:46:23.750 --> 00:46:53.080

Olivia Donovan

And say no, and this is actually another difference between contract and funding. So the reason we can't have grant funding with mainland China and it's as a result of restrictions in China's foreign energy NGO law. So it's actually their laws not ours and that mean we have those restrictions. This doesn't apply where we're directly contacting goods or services.

00:46:53.980 --> 00:47:17.050

Olivia Donovan

From mainland China and for commercial basis, so there's no restriction on China submitting proposals, research from China or partnering with that, it's absolutely fine and that does not apply and there will obviously still have to go through the same diligence checks same as any other supplier from any other country would anyway.

00:47:19.440 --> 00:47:38.280

Niall Boyce

Thank you and thanks for the clarification, Olivia. OK, that's great. So I'm not seeing any more questions in the chat, so I'm happy to wrap up this webinar mail. I just wonder Susie and Kate, if you have any last messages for people who are watching, are thinking of putting in a proposal.

00:47:39.880 --> 00:48:08.330

Suzanne Gage

Umm, just to say thank you so much for everyone for attending and for all of the great questions this UM, whether the recording of this webinar will go up on the RFP page, probably I would guess sometime tomorrow. So if you need to watch it again or share it with any people who might be potentially interested in applying, that's great. And yeah, I look forward to reading your application soon. Thank you so much everybody.

00:48:09.660 --> 00:48:30.770

Kate Martin

Yeah. Likewise, just to echo that, I mean, thank you all so much for joining today and for the interest in this in this RFP. As I said earlier, the kind of the what we're looking for in terms of lived experiences, just it's specific and tangible that it's linked to the work you're doing embedded in your project proposal, not kind of something separate alongside that it's pragmatic.

00:48:30.850 --> 00:48:39.810

Kate Martin

And and sort of and within the within within your project proposal. So really looking forward to seeing the applications. Thanks so much for your time.

00:48:40.690 --> 00:48:53.120

Niall Boyce

Thank you. And of course, you have any further questions, Olivia, there's a an email address which you've got there in the chat, which is RFP at wellcome.org.uk and it's the 5th of May. As the deadline correct.

00:48:54.010 --> 00:49:26.360

Olivia Donovan

Yeah. So it's the same deadline as the expression of interest deadline. So sending any more questions you have to that RFP at wellcome.org.uk address, then they will be sent to the panel along with your expressions of interest. And just due to share volume, only those questions from suppliers that are taken through to the full stage will be answered. But you will see all of the answers from all of the questions. If you are one of those suppliers and that will be done anonymously as well.

00:49:28.140 --> 00:49:36.540

Niall Boyce

So what's left to do is to add my thanks to everyone for coming along to this webinar. We hope it's been informative and we hope to hear from you soon. Thank you.

00:49:39.210 --> 00:49:39.600

Kate Martin

OK.