BRACE Rapid Evaluation Centre
Steering Group Meeting
Thursday 13 February 2020 11am – 2.30pm
Royal Society of Medicine, 1 Wimpole St, Marylebone, London W1G 0AE

Chair: Angela Coulter
Attendees: Charlotte Augst, Anna Dixon, Russell Mannion, Adrienne Skelton, Judith Smith, Ash Soni, Bert Vrijhoef, June Sadd (by Skype)
Observers: Cathy Dakin, Jo Ellins, Jenny Newbould, Manbinder Sidhu, Jon Sussex
Apologies: Sophia Christie, Dawne Garrett, Nick Mays

Welcome, introductions and action points from previous meeting
Angela Coulter (AC) welcomed everyone to the meeting and introduced Ash Soni (ASo) who has joined the BRACE Steering Group. No conflicts of interest in relation to agenda items, other than those previously noted to the NIHR, were raised.

The action points of the last meeting were discussed and confirmed as complete.

AC requested more comprehensive note taking of meetings so that key discussions are recorded with greater detail.

AC fed back her experience of attending the 30 January Rapid Evaluation conference and felt a BRACE paper on rapid working and methodology warrants further exploration (including differences between research and evaluation, learning from other national programmes (e.g. Applied Research Collaborations)). The paper could be a potential opinion piece. Anna Dixon (AD) noted distinctions between research consultancy firms and universities in how service evaluations are conducted. JE noted that members of the team had had early discussions about writing an article on rapid evaluation; she agreed to take this work forwards and bring emerging thinking and ideas for the paper to a future steering group meeting for wider discussion.

Action: *BRACE Executive team to discuss writing rapid methodology paper.*

Russell Mannion (RM) asked BRACE colleagues to consider an explicit dissemination strategy to maximise impact from outputs.

Action*: BRACE Executive team to discuss developing an overarching dissemination and impact strategy.*

Updates on projects
Details of progress with, and the current status of, ongoing BRACE projects were presented and the following points of note were discussed.

- **Primary Care Networks (PCN)**: Judith Smith (JSm) stated that the team has encountered challenges with recruitment of interviewees amidst an environment of competing tensions in primary care. However, the team are proceeding with collecting data and plan to disseminate a survey to case study sites imminently.

  AC asked whether the PCN and Vertical Integration (VI) teams plan to submit a shorter-than-usual NIHR report at the end of the project (compared to the standard 50,000-word template) and what other publications from the projects are foreseen. JSm noted that there had been recent correspondence with the NIHR on the issue of final reports. The team is expected to

follow the standard format for final project reports, but there is flexibility in terms of the word length. JSu stated that both teams are planning to submit shorter NIHR reports (approximately 25 000 words in length). However, there will be no compromise in quality. There will a broader dissemination strategy for each project to ensure that findings are shared in a variety of ways, with particular thought given to how to reach those working in the health system

ASo warned that the BRACE team needs to disseminate findings with caution as it remains very early in the PCNs' life cycles and many people working in primary care are still coming to terms with the implementation of the policy. Therefore, the findings cannot be too definitive.

AD advised that the team needs to consider carefully which audiences they disseminate to and how to tailor approaches to audiences. A helpful approach could be to share findings with policy experts before publication of the NIHR report. The team needs to think about how best to turn knowledge into insight. BRACE brings a body of expertise that goes well beyond each immediate evaluation, and that depth of knowledge should be made explicit when disseminating findings.

- **Vertical Integration (VI):** MS provided an update of the project and reported that the team is coming to an end of the data collection, and is commencing data analysis. The report is currently expected to be submitted to NIHR on 1 May.

  AD reminded the team of the international context of hospitals running primary care. Adrienne Skelton (ASk) observed that the two-phase nature of the VI evaluation creates an opportunity for it to be a 'rapid formative evaluation'.

- **Adult social care innovations:** JSu summarised the outcome of the prioritisation workshop that took place on 21 October 2019, and specifically the top five innovations that were shortlisted as a result. From among those, the MySense.ai, sensors plus artificial intelligence (AI), innovation was currently being scoped by the BRACE team for possible evaluation.

  AD felt that the BRACE team needs to proceed with caution in this contested area of health and social care, while suggesting the team read Sarah Harper's paper on telecare products. They key argument is how MySense.ai differs from other technologies already available in the market – some of which struggle commercially, partly because they have not been co-designed with services users/carers. It will be essential to understand the service model that the technology is embedded in (e.g. who responds when an alarm goes off, and how do they respond?). How will a BRACE evaluation differ from other evaluations of similar technologies?

  Charlotte Augst (CA) stated the evaluation of MySense.ai should proceed with consideration given to market scoping, and user compliance for general users and people with multiple conditions and/or living in poor housing or being from disadvantaged communities. ASo reinforced that the innovation needs to be evaluated with a view to its impacts with the general public, not just the technological savvy who are likely to be the early users. Bert Vrijhoef (BV) felt that rapid evaluation is appropriate for AI innovation as the speed of advance is fast and a rapid evaluation could lead to useful findings.

- **Digital first:** Jenny Newbould (JN) provided an overall recap of progress. She has met with four providers, one of whom has already agreed to be part of the evaluation and two have declined. A response from the remaining provider is awaited. This will be a collaborative evaluation with the Improvement Analytics Unit (IAU) at the Health Foundation and will, therefore, entail a memorandum of understanding between BRACE and the IAU. ASk asked how the evaluation will be conducted in parallel with NHS England/Improvement's work in this area. JN explained that

there have been discussions with NHE&I to ensure complementarity and prevent duplication of work. The need for BRACE's study to be independent was agreed and reinforced.

JN will shortly circulate a draft topic specification form (TSF)for the project to the BRACE Executive team.

- **Longer-term programme:** JSu provided a summary of how the protocol has been devised, with the theme of evaluating service innovations for people, of all ages, with multiple long-term conditions, and noted that it is to be submitted to HS&DR before the end of February. The draft protocol has received positive peer review. The document will be shared with the Steering Group once approved by HS&DR.

Action: *JSu to circulate longer-term programme protocol to the Steering Group once approved by HS&DR.*

Children & Young People's Mental Health Trailblazers evaluation update to project steering group
There was a discussion about how this evaluation should address a whole-school approach, how to balance the needs of education and mental health issues and services, and how the difference in diagnosed mental health conditions compared to neurodiversity influences the evaluation.

Jo Ellins (JE) explained that there have been issues accessing/sharing data with collaborators in a wider context of GDPR; and with having to obtain local research approvals from a large number of organisations.

RM suggested that the team could benefit from exploring school leadership, culture and wider context, while CA felt there are issues surrounding the role of teachers i.e. the parameters of their role and their ability to make changes.

AD suggested accessing ONS administrative data, which may help to circumvent certain GDPR issues. In particular, the team should look at Administrative Data Research UK (ADRUK)'s work related to mental health.

AC asked if certain groups might be missed within the evaluation, such as those excluded from schools. JE clarified that the new mental health support teams are expected to support all children, including those who are excluded.

ASo recommended consultation with Educational Psychologists (e.g. a contact of Anita Soni at University of Birmingham). JE noted that the team had already had contact with the national Association for Educational Psychologists, but also welcomed further contacts.

June Sadd (JSa) asked whether she might be able to see the draft questionnaires to be used in the evaluation before they are finalised. JE agreed to pick this up separately with JSa.

Projects nearing completion (Vertical Integration/Primary Care Networks)
There was a discussion about dissemination of findings from evaluations that are nearing completion and key points were:

- Establish the key messages of the report first – identify new or important insights that are useful or actionable immediately – then be clear about the evidence that supports those messages, and then work up the final report around the key messages: "Write the blog first"

- Write short summaries (e.g. 500 words) of each chapter within the NIHR report before writing the chapter in full
- Consider audiences – for these two studies, primary care staff are probably the most important audience and also patients
- Be creative with media - use easy to view videos/podcasts
- Ask where audiences are already accessing their information and use these channels
- At the coding stage, identify the differences between what is policy, management etc. and write up accordingly
- Use the PPI panel for advice and channels of communication especially for public facing outputs
- Use the benefit of the team's many years of experience to draw out generalisations and make policy recommendations. There is a need to make findings applicable to those beyond the case study sites that were involved
- Use case studies and have people ready to give media interviews; gather informed consent to be contacted by the media along the way. Where anonymity of sites is necessary, identify a spokesperson from the BRACE Health & Care panel.

What's next

It was agreed to have a mid-point review meeting of the BRACE team around October 2020 to take place on the same day as the autumn meeting of the Steering Group. The mid-point review meeting could then include input from the Steering Group. The BRACE Executive team will work on a mid-term review process and agenda for the meeting

It was also agreed that BRACE should be cautious about undertaking any further topic prioritisation work, as the projects already in the pipeline may well be sufficient for the remaining duration of the current BRACE Centre grant. The focus should increasingly switch to achieving impact for BRACE's findings. The BRACE Exec team should continue to share outputs with the Steering Group as they emerge.

Summary of action points

- *BRACE Executive team to discuss writing rapid methodology paper.*
- *BRACE Executive team to develop overarching dissemination and impact strategy.*
- *JSu to circulate longer-term programme protocol to the Steering Group once approved by HS&DR.*

Next meeting: Monday 15 June 11am – 2.30pm RSM