

NIHR BRACE Rapid Evaluation Centre

Steering Group Meeting Minutes

Tuesday 15th June 2021 11am – 1pm

Meeting via Zoom

Chair: Angela Coulter

Attendees: Anna Dixon, Akiko Hart, Russell Mannion, Nick Mays, June Sadd, Judith Smith, Ash Soni, Bert Vrijhoef

Observers: Cathy Dakin, Jo Ellins, Ann Evans, Jenny Newbould, Katie Saunders, Manbinder Sidhu, Jon Sussex

Apologies: Charlotte Augst, Sophia Christie, Reena Devi, Dawne Garrett

Welcome, introductions and action points from previous meeting

Angela Coulter (AC) welcomed everyone to the Steering Group meeting and introductions were made.

Anna Dixon (AD) reminded the meeting that she would be stepping down as Chief Executive of the Centre for Ageing Better at the end of June and that she is now chairing the Archbishops' Commission on Reimagining Care.

There were no conflicts of interest in relation to agenda items, other than those previously noted to the NIHR.

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

- **Overview of Centre projects:**

Judith Smith (JSm) and Jon Sussex (JSu) presented on the status of all of the current BRACE projects. The BRACE Centre is in a particularly intense period of activity with 5 evaluation projects in progress with report submission deadlines in July and August and 2 scoped projects with protocol approved due to start in August; 2 projects have been completed with ongoing dissemination and 1 further project is planned.

Completed → post-report dissemination	In progress	Protocol approved	Planned
Primary care networks (journal article, conference presentation, blog post)	Evaluation of the children's mental health trailblazer programme (in partnership with PIRU)	Digital first primary care for people with complex health needs – to start summer 2021	Hospitals providing general practice services Phase 2 (Protocol autumn 2021?)
Hospitals managing general practice services (journal article, conference presentation, blog post)	COVID oximetry at home (in partnership with RSET)	Evaluating service innovations for people of all ages with multiple long-term conditions (overarching study) – scoping work in progress	
	COVID oximetry in care homes (in partnership with RSET)		
	Impact of telephone triage in primary care on inequalities experienced by people with multiple morbidities		
	Artificial intelligence plus sensors in adult social care (in partnership with <u>UoB</u> Department of Social Work and Social Care)		

Discussion:

There has been considerable interest from all areas of the NHS in the COVID Oximetry @Home and in Care Homes evaluations. There has been a balance to be found in delivering the findings to funders whilst maintaining necessary critical distance. The Care Homes evaluation will be reported first to NIHR. For the main COVID Oximetry @Home evaluation, other forms of dissemination (e.g. to the NHS) are being produced before the report to NIHR. There is ongoing feedback of findings from both the main study and the care homes extension to an NHS policy audience (NHSE&I, NHS Digital, NHS X etc.) at weekly evaluation workstream meetings.

AD asked how much the patient/GP experience will be explored in the Digital First in Primary Care evaluation. Jenny Newbould (JN) said that they will ask GPs for a view about how the care they give has been affected (or not) by digital working and the evaluation team will be speaking with GP reception staff as well as patients and GPs. BRACE is aware of a range of other studies that are ongoing in this field and will monitor these to ensure that the BRACE evaluation makes a unique contribution, particularly in relation to patient and carer views, and the experience of people living with multiple long-term conditions. Ash Soni (AS) reflected the importance of asking what patients and carers do as a consequence of perhaps feeling disengaged from General Practice and how patients use the wider care system when they do not feel able to access the help they want from GPs (e.g., visit a pharmacist).

AD asked how user engagement will be evaluated in the Overarching Study. JSm said there had already been input from Charlotte Augst and the Heads of Policy group convened by National Voices about the research questions to ensure that issues are addressed. Further user engagement work is planned, and advice and involvement will continue to be sought from National Voices and the BRACE PPI panel.

- **Children and young people's mental health (CYPMH) trailblazer programme evaluation:** JE presented on this project which formally resumed in October 2020 after a pandemic pause. The key focus has been to understand what Mental Health Support Teams do in schools and colleges and how they work day-to-day, what support and interventions they are providing, and if these are tailored to different children and settings. The interim report of early findings was submitted to NIHR in April 2021 and the report launch and dissemination is planned for mid-July onwards.

Discussion: The Steering Group congratulated the project team on excellent work with schools under the difficult circumstances of the pandemic lockdown. Akiko Hart (AH) has previously given contacts for dissemination but has others she will pass on. June Sadd (JSa) suggested asking the Youth Advisory Panel for their input into effective dissemination, managing expectations around what the early evaluation can deliver and what a phase 2 evaluation would seek to address. AD suggested use of the "What Works" Centres for dissemination.

- **The impact of telephone triage in primary care on inequalities experienced by people with multiple morbidities:** Katie Saunders (KS) presented early findings from this evaluation, which is a quantitative study using General Practice Patient Survey data (pre-pandemic) and Understanding Society data (during pandemic) to examine use of telephone triage in general

practice and whether introducing telephone triage helps or hinders patients with multimorbidities to access a GP or other primary care practitioner relative to patients without multimorbidities.

Discussion:

JSm reported that the evaluation has highlighted learning from quantitative data at a patient level. Nick Mays (NM) stated that access to GPs may be good but the quality of interaction is another matter for consideration; it would also be interesting to know if patients with some morbidities, especially those with hearing difficulties, were being disadvantaged even if patients with multimorbidity were not being disadvantaged overall. JSa stated that the challenges during the PPI workshop for the evaluation, in which she had participated, were robust.

Concluding thoughts

The Steering Group as a whole expressed their thanks for the presentations on the two evaluations which they found both interesting and relevant to the current health and care landscape. JSm stated the need to have time to disseminate findings of evaluations carefully and widely, and to not take on any more projects than those already identified, without additional resource and/or focused prioritisation of our portfolio. JSm reported on the excellent relationship with the RSET team at UCL/Nuffield Trust and the joint work that they are undertaking with BRACE. She described how rapid evaluation had felt somewhat on the periphery of health services research 3 years ago but the importance of undertaking work in this way had been vital during the pandemic and is now widely seen as a relevant and necessary mode of working. BRACE can contribute by drawing out their learning and writing about the teams' experience of rapid work, along with our RSET colleagues.

Next meeting: Thursday 14 October 2021 10am via Zoom