

**BRACE NIHR Rapid Evaluation Centre
Steering Group Meeting Minutes
Wednesday 19 October 2022 11am – 2pm**

Chair: Angela Coulter
Attendees: Sophia Christie (dial-in), Nick Mays, June Sadd (dial-in), Judith Smith; Akiko Hart (for updates only)
Observers: Jo Ellins, Jenny Newbould, Manni Sidhu, Jon Sussex, Cathy Dakin, Ann Evans
Apologies: Siva Anandaciva, Charlotte Augst, Natalie Darko, Reena Devi, Russell Mannion, Ash Soni, Bert Vrijhoef

Welcome, introductions and action points from previous meeting:

Angela Coulter (AC) welcomed everyone to the Steering Group meeting and asked for declarations of interest, with particular reference to the item about the 'BRACE 2' bid. There were none.

Action points/minutes from previous meeting:

Sophia Christie (SC) asked about the key themes for the Social Care prioritisation work and asked about the potential for this to be evaluated with BRACE2. It was noted that NIHR are currently shortlisting for a Rapid Evaluation Centre in Social Care and further social care evaluation work was likely to be directed to this Centre.

BRACE project updates:

Jon Sussex (JSu) reported on the status of the current BRACE projects (see summary table below).

Project	Timescale from scoping to NIHR report	Stage at 3 October 2022
Primary Care Networks – evaluation of early development	April 2018 – November 2020	Completed
Vertical integration of acute hospitals with GP practices – Phase 1	February 2019 – December 2020	Completed
Social care priorities for rapid evaluation	July 2019 – November 2019	Completed
COVID Oximetry at Home – Phase 1	June 2020 – October 2020	Completed
Telefirst in primary care for people with multiple conditions	October 2020 – January 2022	Completed

COVID Oximetry at Home – Phase 2	November 2020 – April 2022	Awaiting final report publication; post-completion dissemination
COVID Oximetry in Care Homes	January 2021 – March 2022	Awaiting final report publication; post-completion dissemination
Artificial Intelligence and social care	March 2020 – March 2022	Responses to 2nd round of reviewers' comments submitted mid-September
Children & Young People's Mental Health Trailblazers	January 2019 – May 2022	Responses to reviewers' comments in progress by evaluation team
Rapid evaluation essay	March 2022 – Ongoing	Submitted to NIHR HSDR May 2022; post-review revisions in progress
Digital first primary care	Feb 2020- April 2020 (project then paused) September 2021 – Ongoing (project resumed)	Data analysis and report writing for report submission deadline in November
Vertical integration of acute hospitals with GP practices – Phase 2	November 2021 – Ongoing	Quantitative and qualitative analyses in progress
Women's reproductive health hubs	November 2021 – Ongoing	Amended protocol accepted; fieldwork underway
Overarching study: services for people with multiple long-term conditions	Summer 2019 – Ongoing	Portfolio cross-analysis completed; protocol amended; literature review and interviews to come

Children and young people's mental health Trailblazer programme

Comments on the submitted report from peer reviewers and the national programme team have been received; team are finalising report to be resubmitted mid-November; the team are already giving verbal briefings to stakeholders and policymakers and preparing dissemination. The Youth Advisory Group and evaluation team are also co-designing a script for an animated output for children and young people.

Overarching study

SC asked if the team have contacted Academic Health Science Networks (AHSNs) or Applied Research Collaborations (ARC) who may give access to activity that has not been picked up.

- ❖ SC to provide JSu with a contact at AHSN network

BRACE 2 bid

JE outlined the NIHR HSDR call for up to two Rapid Evaluation centres for a £3 million grant each over five years with at least two evaluations per year (depending on size). The Expression of interest (EOI) is due on 10 November, stage 2 applications are due mid-February 2023. There is a switch to a fully responsive mode where evaluation topics will be identified by HSDR but it is hoped there will be some capacity for topic ideas to be discussed.

The BRACE2 EOI is drafted, led by Prof Justin Waring (University of Birmingham, Health Services Management Centre) and costings are being worked on. Nick Mays (NM) noted that Policy Research Programmes are also increasing capacity.

Future role of the Steering Group

A Steering Group will be proposed for BRACE2; it was agreed by the Exec team that the knowledge, networks and balance of encouragement and challenge has been incredibly helpful and beneficial for the 5-year term of BRACE Centre.

The role of PPI within the Steering Group has improved, so there is now more of a two-way communication process with June Sadd (JSa) representing the views of the PPI panel; Jenny Newbould (JN) noted that the addition of a pre-Steering Group PPI meeting was made as a result of the PPI mid-term review in 2021.

SC noted that 3 Steering Group meetings per year works well with a good level of engagement; it was agreed that one face to face meeting and two on-line meetings per year would be a good balance.

- ❖ JSu will also ask for views on this from other members of the Steering Group who could not attend today's meeting.

Rapid evaluation methods/review essay for NIHR

Judith Smith (JSm) outlined this essay, which will form part of the NIHR series of methods essays and is the BRACE/RSET joint, end-of-grant report. She detailed the five key lessons learned in working in rapid evaluation and asked the Steering Group what BRACE could do with the learning and how it might be presented.

SC noted that the content would resonate with many service managers and consultancies who are working for local initiatives and the Health Service Journal might be interested to draw this to the attention of a wider audience; she would be able to help in this.

AC noted that international audiences could be considered too (e.g. the Horizon 2020 group).

NM suggested producing short courses or writing commissioning guides (as Policy Research Units have done).

Digital First Primary Care evaluation emerging findings

JN outlined the findings from this study which looked at evidence about how well digital-first approaches can address more complex patients' needs, such as those living with multiple long-term

conditions, using interviews with health professionals and stakeholders. Unfortunately, due to recruitment issues, no patient interviews were carried out.

SC noted that the intersectionality with age/access to technology is a critical point requiring more exploration. She noted the necessity of being clear in the report that the findings present the health care providers' views of the patient experience, rather than the views of patients themselves. A second stage of the work could look at the patient view (which, it was agreed, is vital) and this could be used as a case for BRACE 2 work. In addition, evaluations which help practices how to choose digital system providers and other back-office technical support would be useful.

Patient and Public Involvement (PPI) update

JSa outlined feedback from the PPI panel following their pre-Steering Group meeting.

For the Trailblazer evaluation findings

1. The PPI panel confirmed the existence and impact of “the missing middle” in the service scope; the gap in support for children falling between referral criteria for Mental Health Support Teams (MHSTs) and for specialist CAMHS services.
2. They confirmed the issues around providing support to diverse groups and needs; that Cognitive Behavioural Therapy (CBT) is limited and only works for certain groups
3. Where services seek to strike a balance between prevention and intervention, they asked if there was a depth of need that was being uncovered as issues because apparent that could then not be ignored (e.g. due to safeguarding); they noted that NHS provision is still lacking in preventative and trauma-related therapy.

For the Digital First Primary Care findings

1. The PPI panel noted that not being able to engage with patients (due to issues following Covid) in the study was a problem.

It was noted that the experiences/difficulties of carrying out the Digital First Primary Care study are likely to mean that any research into general practice would be more difficult in the future. JSm said that Super-partnerships may have a research capacity which could help this (but they aren't typical practices); the issue could be a point of note in the “risks and issues” section of a stage 2 of BRACE2 bid.

SC suggested further work such as a dedicated survey with National Voices as a BRACE2 evaluation which would give an opportunity to look at commissioning of systems.