BRACE Rapid Evaluation Centre
Steering Group Meeting Tuesday October 16th 2018, 11am - 3.30pm
Minutes

Chair: Angela Coulter (AC)
Present: Bert Vrijhoef (BV), Adrienne Skelton (AS), Dawne Garrett (DG), Sophia Christie (SC), Judith Smith (JS), Russell Mannion (RM), Anna Dixon (AD) dial-in for afternoon sessions
Observing: Jo Ellins (JE), Manni Sidhu (MS), Jon Sussex (JonS), Cathy Dakin (CD)
Apologies: Nick Mays, Jeremy Taylor, Daniel Reynolds, Kevin Fenton

1. Welcome and introductions

AC welcomed everyone to the meeting and introductions were made. JS noted that BRACE is a new venture for the NIHR and it is 6 months since its launch. BRACE is looking for support and challenge from the Steering Group.

2. BRACE Purpose, aims and progress so far

JE presented an overview of BRACE.

DG asked about the scope of BRACE and whether NHS services are the core recipient of findings. JE stated BRACE is looking at innovation with NHS-funded services (which could include services delivered by private/commercial providers), and that social care was within scope but only in terms of innovations in health and social care integration.

AC noted that there is potential for overlap with research already being done and the work of other NIHR-funded centres (including Policy Research Units and Applied Research Collaborations), and that BRACE should be looking at "What is missing?" JS explained that the NIHR is interested not only in the outcomes of BRACE evaluations, but also process learning (e.g. how the Centre is identifying and prioritising innovations for evaluation, the methodological issues and challenges that rapid evaluation presents). BRACE is expected to make a substantive methodological contribution in the field. JonS noted that BRACE has some room to shape their own programme of work, in accordance with the approach set out in the original proposal to NIHR. RM further commented that BRACE evaluations could evaluate de-commissioning of services.

There is a challenge of data access affecting the rapid nature of BRACE; the team is aware from colleagues in other Universities and Centres that applications for data through NHS Digital are often taking months to process. SC noted that the Primary Care Database at Nottingham could be of use – she has a contact for this.

ACTION: SC to provide contact details for Primary Care Database held at Nottingham University

Membership of Steering Group/BRACE Health & Care Panel

JS noted that Jeremy Taylor from National Voices is moving on and she is currently working with Jeremy about who will replace him on the BRACE team and steering group. RM suggested a representative of an NHS employment union should be on the Health & Care Panel – either from an NHS trade union or employers' organisation.

SC asked whether and how evaluations would explore change processes (as well as the outcomes of innovations studied). JE noted that HSMC has much relevant expertise – for example in relation to systems and organisational leadership, system redesign and models of change – and was committed to understanding how innovations are introduced and embedded, as well as their impacts. There is also a budget to draw in external expert advice if necessary. It was thought that Mary Dixon-Woods (BRACE academic critical friend) would be a good contact for this.

SC emphasised the importance of process and context to reproduce any outcomes that were found in other healthcare settings. AS noted the importance of flexibility of methodology to bring new approaches to understanding systems change.

ACTION: JE and MS to approach a union member to join BRACE's Health and Care Panel
ACTION: JS to agree with National Voices how best to replace Jeremy Taylor on the BRACE project team.

3. Terms of Reference

MS presented the draft Steering Group Terms of Reference.

The four core principles with regard to the purpose of the steering group were agreed by members. It was agreed that members were part of the Steering Group in their own capacity and so if they were unable to attend meetings, it was not appropriate to send a representative.

AC stated that a deputy chair to the group should be appointed. All members were in agreement.

The duties of the Steering Group were agreed by the meeting.

AC noted that she had signed an NIHR declaration of responsibility as Chair of the Steering Group and if a member had a concern, it should be raised with her. It was agreed that a declaration of conflicts of interest should be an agenda item for every meeting. Two amendments to members' names and job descriptions were made.

MS will redraft the ToR to members. It was proposed that the ToR will be added to the BRACE website. Members agreed to this.

ACTION: MS will redraft ToR and send them again to members of the steering group.
ACTION: Following consultation with AC as Steering Group Chair, BRACE executive team to appoint a deputy chair to the steering group.
ACTION: CD to upload information about the Steering Group, along with the ToR, onto the BRACE website.

4. BRACE 2018/19 work plan

JE presented the BRACE project management plan and noted that with the exception of the Primary Care Network Proposal – which is underway, but will need to be re-visited/re-worked following a workshop on November 15th with NHS England and other key individuals – the plan is on target.

There will be a Rapid Evaluation Conference in London held on 29th January 2019 that SG members may be interested in. JE will ask the Nuffield Trust – which is leading on arrangements for the conference – to add SG members to the invitation list.

ACTION: JE to contact rapid evaluation conference organisers to add SG members to the invitation list.

5. Prioritisation process, outcomes and project scoping

JE and MS presented the work that BRACE has been undertaking – through consultation and a prioritisation workshop, supported by Katherine Cowan – over the summer to set initial priority themes for the Centre's work.

The longer term project for BRACE is now being scoped and the team are identifying specific service innovations which could be candidates for evaluation within this overarching longer term theme.

It was agreed that in order to help ensure that BRACE work was not a duplication of other work that is on-going, SG members should communicate with others in their networks about what BRACE is doing; in addition BRACE will endeavour to keep abreast of other current research through HSMC's library and information services, and via liaison with NIHR/HSDR.

Service innovations

There is a key question about what is meant by service innovations, and how the team would select innovations to evaluate. There were discussions around the importance of findings being scale-able (this is a BRACE remit) and, given this, whether the Centre should focus on highly innovative services for relatively small-scale/targeted populations versus innovations targeting large population groups. Given that there will be around 11 studies in the BRACE portfolio, it was agreed that the Centre's work could include both types of innovation.

Hence, there was a need that BRACE evaluations consider:

- Innovations that can be scaled rapidly
- A balance in the size of projects across the BRACE portfolio
- The potential importance of health economics analysis (i.e. understanding the cost impacts of new services/approaches)
- A focus on particular clusters of conditions (e.g. comorbid physical and mental health).

JE asked for suggestions from members about how to identify service innovations to evaluate.

- DG noted repositories of case studies that sit with NHS England and HEE reports, and also suggested approaching Royal Colleges
- AC noted that within the NHS 10 year plan is to be published in Nov 2018, and will also include case studies of innovative practice/services
- AS said that the Richmond Group of Charities might be able to identify/suggest innovations within specific themes
- SC suggested the team look at the winner of HSJ Awards (including Efficiency Awards) in the last 2 years

6. Development of an impact and dissemination strategy

JE reported that she had had a discussion with SG member Daniel Reynolds (who was unable to attend the meeting) to inform the development of a dissemination and impact strategy. Key points from the conversation included:

- A strategy should support and reflect corporate objectives of the Centre – i.e. it should help deliver BRACE's commitment to be relevant, responsive and rigorous
- It is important to be clear who the audiences are that BRACE wants to reach and communicate with
- BRACE should select methods of communication that resonate with those audiences, remembering that one size will not fit all.
- The success of communication and impact should be measurable

SG members did an exercise with a "stakeholder analysis matrix" to identify potential audiences, both individual and groups – based on their degree of interest in BRACE outputs, and their degree of influence. It was noted that a key goal of the strategy should be to develop strategies for engaging groups that had high influence but may have low interest in the findings of academic evaluations.

7. Any other business

DG noted that the BAME representation on the SG panel was low. MS noted that the Exec Team are aware of this. NB – given a change in the RCN representative and also the resignation of Kevin Fenton, both of whom were BAME, the BRACE team will ensure that this is addressed going forwards.

ACTION: BRACE Exec team to review diversity in the membership of the SG and address.

Date of next meeting: Thursday 21st February, 10am to 1.30pm (London; Royal Society of Medicine)