BRACE Rapid Evaluation Centre
Steering Group Meeting
Tuesday 18th June, 2pm - 5.00pm
Royal Society of Medicine, 1 Wimpole St, Marylebone, London W1G 0AE

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

Welcome, introductions and action points
Angela Coulter welcomed everyone to the meeting. 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.

Update on progress and activities
An update on the progress and activities of the BRACE Research Centre was given.

On the issue of ethics approval, it was noted that full ethical approval may be required for multi-site evaluations and some journals may not want to publish findings without this. Hence, there may be some restrictions of publishing findings for projects categorised as service evaluations.

It was noted that the NIHR had said that the 28 day notice period for outputs would not be required for more interim outputs which allows for rapid dissemination of findings.

It was noted that many of BRACE's current projects are being undertaken in a politically sensitive context, and we need to be aware of this when it comes to dissemination of findings and ensure that we seek the advice HS&DR as appropriate.

It was agreed by the group that BRACE had made good progress during the first year of its work.

Project pipeline
An update on the two topics of new models of digital first primary care and social prescribing that are being scoped for the next BRACE project was given

It was noted that there are other new models of digital first primary care other than Docly and Livi which may be suitable for evaluation. BRACE should be cautious where some models are not truly digital but rather innovative approaches for patients to access existing primary care services. The lens of long-term conditions is important for digital first and the team should consider how this is part of the study; it was suggested that people with some conditions won't be able to access digital services. Therefore;

- Could look at what has made the areas adopt the technologies (eg, importance of infrastructure (broadband);

- Do digital first services work for various groups (eg night workers) particularly those that are underserved?
- Also, the nature of the intervention – if a digital service takes a group of people away from GPs, they then have more time for another group in face-to-face consultations.

In the discussion on social prescribing, it was noted that a BRACE study could potentially look at the role of link workers, examining what is happening in ABCD (asset based community development) and social prescribing and what the implications of this are. For example, is there a risk of over-medicalising people's condition(s) by social prescribing.

There was a discussion about any study of social prescribing having a focus on marginalised and/or under-served communities and taking a systems level approach (e.g. STPs/ICSs) of how social prescribing services are currently being delivered nationally.

It was agreed that one of the two topics (digital first primary care, or social prescribing) would be put forward to the NIHR as the next BRACE project by the end of 2019.

Health & Care Panel

An overview of the BRACE Health & Care Panel and their input into the Centre's work so far was given. The aim now was to strengthen the involvement of this group, and this was to be a core focus of the 19 September meeting of the BRACE team and the panel. Suggestions for the September workshop included:

- Update the panel on BRACE work to date, and how we have enacted last year's priority setting work so far.
- Breakout session 'What did you hope for when you signed up for BRACE?' and 'What can BRACE do for you?'
- Charitable organisations could be asked to talk about evaluations that they have taken part in and what they would like to learn from BRACE in terms of commissioning, undertaking, and disseminating evaluation findings.

Action: put forward suggestions to Katherine Cowan to include in the programme for the September workshop

BRACE long-term programme

An overview of the proposal for BRACE to scope the long-term aspect of its evaluation work was given and the plan is to do this as an overarching thematic and methodological programme, rather than as a four-year BRACE research project.

Points raised included:

- Develop lines of enquiry with National Voices, Health and Care Panel and others.
- We need a clear overall set of research questions – to give the programme coherence. And each evaluation study should then shed light on the research questions.
- There was a need to clarify how far the long-term programme was to be about methodological synthesis vs a meta-analysis of project findings.

- The possibility of using something like Maxwell's quality framework to conceptualise the work of the programme.
- It should ensure overarching learning about multi-morbidity across several studies.
- There was a need to look at the next generation of older people when thinking about multi-morbidity – how will this generation differ from the baby boomers? And what will this mean for the way that services may need to be offered and experienced?
- The programme should consider the health system challenges for delivering care to people with multi-morbidities of different age groups.
- The programme could consider how innovators develop/implement new services and what impact this has on service users and the care experience.
- Every time a BRACE project is scoped, there should be consideration of how a multimorbidity lens can be applied.
- We could interrogate evaluation project design as follows:
    - Have people living with multi-morbidity been thought about in the design?
    - Are the outcomes of the innovation likely to be relevant to people living with multi-morbidity?
    - An innovation might be about a completely different group but could it translate to people of different ages living with multiple health conditions?
    - Explore with people who live with multiple health conditions what particular innovations might mean for them.
    - The Richmond Group study identified outcomes/area of change where services for people with multiple health conditions need to do better (e.g. improving resilience, mobility) – BRACE must make sure to look at these under-researched outcomes in the long-term programme of overarching research.

Children and young people's mental health trailblazers evaluation
An overview of this new evaluation project (which came from NIHR) was given. This project is a collaboration between BRACE and the Policy Innovation and Evaluation Research Unit (PIRU) based at the London School of Hygiene and Tropical Medicine.

HS&DR has asked that there is a formal project steering group and it was proposed that the BRACE steering group undertake this function, having formal responsibility for oversight of the project and its delivery, including ensuring ethical conduct and adherence to the study protocol. It would therefore be a standing item on BRACE Steering Group agendas.

It was agreed by Steering Group members that this would be acceptable with some members voicing that their expertise was outside the children & young people and mental health field. It was suggested that an invitation be issued to colleagues with such expertise to join the Steering Group.

Actions:

- Consider Steering Group members with appropriate expertise
- Connection with Headstart programme (Adriene Skelton)

Date of next meeting:
8 October 2019 10am – 1.30pm Royal Society of Medicine, London