BRACE Rapid Evaluation Centre
Steering Group Meeting
Tuesday 8th October 10am – 1.30pm
Royal Society of Medicine, 1 Wimpole St, Marylebone, London W1G 0AE

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

There was a discussion about the difference between evaluation and research and related issues that ensue. Members felt that there was a need for a paper for publication about the different types of rapid evaluation that could be undertaken and the methodological challenges. A number of relevant topics was suggested and the team was strongly encouraged to write about these.

Mental Health Trailblazer project
The protocol has been approved and will be circulated to the Steering Group.
It was agreed that one or more external experts in mental health should be invited to join the Steering Group.
Points of note:

- 'What works centres' may provide useful contacts
- The Concordat approach should be considered, with a negotiated agreement up front if findings are found to be unexpected.
- Interaction with the Education Endowment Foundation was suggested.
- Suggestions for possible new members included Andy Bell, Helen Gilburt, Chris Naylor, Sue White, Lyn Romero. The BRACE Exec team will consider these suggestions.

Action: circulate Trailblazer project protocol.

Long Term programme
A presentation on the development of the BRACE Long Term programme was given

Points of note:

- Work at the Richmond Group on Ethnography of multiple morbidities done by Charlotte Augst may be useful. Also, she is currently working with a patient group looking at non-clinical morbidities that may be of interest.
- There was a suggestion that mental health and substance misuse could be used as trackers in evaluations. Work done by Jonkoping in 2015 and Ontario work in 1990s showing social circumstances are the biggest indicator of hospital admissions.

- It is important to define multi-morbidity and include a focus on the burdens of illness and treatment.
- The use of the Charlson index or Frailty index used by GPs is worth considering. The 'Electronic frailty index' for over 65s combines social and clinical diagnoses.
- The long term conditions questionnaire developed by Ray Fitzpatrick and his colleagues at Oxford may be of use.
- The need to look beyond diagnosis and the importance of the social model of disability was stressed. It is always important to look at what the service user wants.

There was a lot of support for work on the Long Term programme from the Steering Group. It was agreed that a separate advisory board for this programme would not be needed as the Steering Group will fulfil that function.

Social Care
An update on the horizon scanning work on adult social care/social work in the UK that BRACE is undertaking jointly with RSET was given.

There was a suggestion to look at NICE guidance and evidence reviews on social care.

Scoping next project
An update on the scoping work on social prescribing was given.

Points of note:
- Working with social prescribing teams and keeping in touch with them would prove useful
- Well-being outcomes are difficult to measure (a measure of emergency admissions does not give the full picture)

An update on the scoping work on new models of digital first primary care was given.

Points of note:
- The systems described were digital triage systems, not true digitisation, just a different way of communicating with patients.
- Suggestion to look at Doctrin in Sweden where interactions are fully digital, resulting in productivity gains.
- It was agreed that this is very topical as there are major access problems for patients being able to see GPs.
- Need to be aware that commercial organisations may not welcome publication if results are not favourable. This is another example where a concordat approach would be beneficial, securing prior agreement on how the findings will be used. Companies need to be accountable for safety and efficacy.
- It was noted that the basis of comparisons should be clear to all from the outset.

Any other business
It was noted that the BRACE team is still waiting for HES data following their application nearly 1 year ago. NHS Digital require a great deal of information prior to approving applications for data.

Next meeting: Thursday 13 February 2020 11am – 2.30pm RSM (Note later start time)