

NIHR BRACE Rapid Evaluation Centre
Steering Group Meeting Minutes
Wednesday 7 October 2020 11am – 1pm
Meeting via Zoom

Chair: Angela Coulter

Attendees: Anna Dixon, Akiko Hart, Nick Mays, Judith Smith, Ash Soni, Bert Vrijhoef,

Observers: Cathy Dakin, Jo Ellins, Jenny Newbould, Manbinder Sidhu, Jon Sussex

Apologies: Charlotte Augst, Sophia Christie, Reena Devi, Dawne Garrett, Russell Mannion, June Sadd

Welcome, introductions and action points from previous meeting

Angela Coulter (AC) welcomed everyone to the first virtual Steering Group meeting and introduced Akiko Hart (AH) who has joined the BRACE Steering Group to replace Adrienne Skelton.

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.

Updates on projects

Details of progress with, and the current status of, ongoing BRACE projects were presented and the following points of note were discussed.

- **Overview of Centre projects:** Jo Ellins (JE) presented on the status of all current BRACE projects and noted that due to the Covid pandemic, research questions and timescales have had to be amended for projects still in progress and no qualitative face to face research has been able to take place since March. She mentioned current work to estimate how much of the remaining NIHR grant is committed to projects and activities in the BRACE work plan.

Anna Dixon (AD) asked whether short evaluations that could be done towards the end of the five year term could then be used to by NIHR to inform HS&DR commissions of longer term research. Judith Smith (JSm) noted this useful proposal.

- **Primary Care Networks (PCN):** JSm presented on this project for which the final signed-off report should be published in early November. Of note was that the team had been able to be responsive in terms of the impact of the pandemic on the evaluation by inclusion during write-up of additional information they collected from study sites over the summer of 2020; NIHR had been very quick and responsive in their review processes and feedback of comments on the draft report.
- **Hospitals providing general practice services (vertical integration):** Manni Sidhu (MS) provided an update of the project for which the final (revised following peer review) report has just been submitted to NIHR and should be published by the end of November. Case study workshops had already taken place to present findings at two sites who have also agreed to take part in the second phase of the study in 2021.

AD asked what the appetite was for other hospitals to manage GP services and what the barriers/enablers were from a policy point of view and whether there was more to draw out. MS outlined their findings of the impact of the pandemic particularly on locums, GPs wanting more secure jobs and the balance of salaried/career GPs.

- **AI+ Sensors in adult social care:** Jon Sussex (JSu) outlined this project, which was agreed with NIHR HS&DR from a shortlist of five topics identified by the social care innovation prioritisation project undertaken for NIHR HS&DR in July-November 2019. The study will focus on how local authority and third sector organisations commission new technology and work together to co-design the specific local use of these innovations development. AC noted that it was good to be developing the study with users.
- **Digital First Primary Care:** Jenny Newbould (JN) outlined this evaluation which is specific to the patient group with multiple long-term conditions, and their carers. The team recently explored the draft protocol with members of the BRACE patient and public involvement panel who gave valuable feedback and insight into the issues. The evaluation will look at two providers of DFPC.
- **Telephone triage in primary care:** JSu presented on this project which is a quantitative study using General Practice Patient Survey data (pre-pandemic data) to examine use of telephone triage in general practice, through a lens of inequalities, and is expected to start in December 2020.

Ash Soni (AS) noted the limitation that the GPPS survey data focuses only on doctors and nurses and not other healthcare professionals such as pharmacists whom patients with multiple morbidities may be consulting (particularly in the recent pandemic situation when technology inequalities may have prevented face to face contact with GPs). AD commented that other questions of interest concern the value that patients place on continuity over timeliness, and on consultations of an appropriate length. JSm noted that the BRACE overarching study of multimorbidity will be able to look at where the gaps (such as these) may exist in evaluation projects and explore additional research questions and hence provide a fuller picture of people's experience of using new services.

- **Evaluation of service innovations for people of all ages with multiple long-term conditions: an overarching study:** JSm outlined how this study will draw together insights from several BRACE evaluations, both in respect of multimorbidity and methodological issues and the team is pleased that this approach has been accepted by NIHR. The protocol, which has had review comments from HS&DR, will be resubmitted to NIHR in October and will be shared with the Steering Group.

AD commented on the importance of umbrella thematic research and how it can draw out positive and negative unintended consequences of service innovations; asking what does 'good' look like for people with multiple morbidities and what is the consequence of that? JSm noted that in the initial BRACE prioritisation process, people with multiple morbidities came out as the number one priority and this has driven the team's desire to undertake this overarching study.

Akiko Hart and Ash Soni offered insights into people with health inequalities (particularly in relation to the pandemic) that JSm and JSu will follow up with them.

Actions:

*JSu to circulate longer-term programme protocol to the Steering Group once approved by HS&DR.
JSu/JSm to follow up with Akiko Hart and Ash Soni on insights into people with health inequalities*

Remote home monitoring models during Covid-19 pandemic in England

MS presented on the recent and very rapid work that BRACE had undertaken with RSET during the first wave of Covid-19 in England. There were very tight timeframes from starting in July and presenting interim results in mid-September. A 'live review' paper has been submitted to BMJ in the hope it will be accepted and which can be updated every 12-18 months. Novel data collection using Rapid Assessment Procedure (RAP) sheets was used to save time. Feedback from policy makers and practitioners has been very positive and results have informed NHSE/I and PHE; the National Incident Response Board will decide whether to scale up the use of remote home monitoring models as a result of the study. AC asked if it has inputted into SAGE, JE will investigate.

Nick Mays (NM) asked how the team managed such rapidity and access to NHS staff during the pandemic given research governance and ethics usual constraints. JE noted that the study was classified as a service evaluation which enabled quicker ethics approval, plus case study sites were very committed to working with BRACE and hence cooperated well.

AS suggested that the next phase of this study should look at the health inequalities of people who could not access remote monitoring and JE confirmed that phase 1 showed these groups and phase 2 would address the issue [Phase 1 identified groups of patients unable to and/or difficult to access remote home monitoring; Phase 2 will endeavour to speak to members from such groups].

Action: *JE to find out if remote home monitoring model findings have inputted into SAGE*

Children and young people's mental health (CYPMH) trailblazer programme evaluation

JE presented on this project for which fieldwork had been delayed due to the pandemic. The team is about to resume research with additional questions being explored about the impact of Covid-19 on CYPMH services.

AH asked if the team expected a good response from the survey; JE noted that there is just one survey per school and it takes just 15 minutes to complete. The team will now have direct contact with the sites which should help to improve local engagement and response rates.

NM reflected that – when initially approached to undertake the study – it did look to be an appropriate evaluation for BRACE and PIRU. But only subsequently have the many challenges emerged, many of which are related to the complex partnership and governance arrangements for the trailblazer programme which have brought difficulties in data protection and programme management issues. BRACE and PIRU have sought to maintain independence in carrying out the evaluation but have come up against considerable obstacles, albeit they have had excellent support

and advice from HS&DR throughout. AC noted that the final report will be a good opportunity to reflect on these difficulties.

NM noted that the initial scoping exercise was robust and very rapid but since then (even aside from the pandemic) the study has taken a very long time to progress.

Both BRACE and PIRU have confirmed to NIHR that they would be unable to undertake phase 2 of the evaluation under their respective current research centre contracts.

Impact strategy: dissemination and maximising impact of reports: JSm outlined next steps for disseminating evaluation findings to combine breadth and depth and asked for Steering Group input and advice.

AH noted it was a difficult time to be disseminating and suggested the team think beyond webinars and look at a more segmented audience; possibly using audio reports, podcasts, a series of short interviews with people involved in the projects, infographics; the team could produce recommendations into a toolkit (AH gave the example of a recent research report that had been turned into guidance for service users and translated into several languages).

AD suggested considering longer-lasting outputs and developing resources that could be picked up later by a segmented audience.

AC noted that a well-written infographic that can be tweeted with links can prove very useful.

NM noted that some policy makers want to know the implications of findings and not necessarily recommendations. JSm noted that NIHR HS&DR now ask research teams to develop lessons/implications from their research findings..

Concluding thoughts

JSm summarised the themes from discussions at the meeting, including BRACE identifying gaps for future evaluations, exploring inequalities in more depth within and across projects, and who is missing out on services; also planning for the longer term trajectory of findings, ensuring that they are relevant now but also enduring for the longer term.

Summary of action points

- *JSu to circulate longer-term programme protocol to the Steering Group once approved by HS&DR.*
- *JSu/JSm to follow up with Akiko Hart and Ash Soni on insights into people with health inequalities*
- *JE to find out if remote home monitoring model findings have inputted into SAGE*

Next meeting: Mid-term review meeting (combining Steering Group and BRACE Core Team)
Tuesday 23 March 2021 times TBC