

**NIHR BRACE Rapid Evaluation Centre
Steering Group Meeting Minutes
Tuesday 7 June 2022 11am – 2pm**

Chair: Angela Coulter

Attendees: Siva Anandaciva, Charlotte Augst, Natalie Darko, Reena Devi (first hour), Akiko Hart, Nick Mays, June Sadd

Observers: Cathy Dakin, Ann Evans, Jenny Newbould, Manni Sidhu, Jon Sussex

Apologies: Sophia Christie, Mary Dixon-Woods, Jo Ellins, Judith Smith, Ash Soni, Bert Vrijhoef

For Women's Health Hubs presentation: Beck Taylor

Welcome, introductions and action points from previous meeting

- Angela Coulter (AC) welcomed everyone to the Steering Group meeting and introductions were made.
- Natalie Darko (ND) has moved roles and is now Associate Professor, University of Leicester.
- There were no conflicts of interest in relation to agenda items, other than those previously noted to the NIHR.

PPI update:

June Sadd (JSa) fed back comments from the BRACE patient and public involvement (PPI) pre-Steering Group meeting regarding two evaluations.

For “Acute trusts directly managing general practices (vertical integration) phase 2”, the PPI panel asked: what is the impetus for this way of working; how can the impact of vertical integration be distinguished from impacts of horizontal integration; is the study looking at whether there are impacts on primary care of being linked with secondary care, as well as the other way around?

For “Women’s reproductive health hubs”, the PPI panel asked about how the hubs feed into existing services and what gap the hubs are trying to fill; asked for clarification of “through the lifecourse”; suggested that the inequalities of a gendered service should be considered; considered that use of the term “reproductive” could lead to self-exclusion from services; the word “hub” is confusing; branding around these services is vital to ensure inclusion.

All the comments have been fed back to the respective project PIs and managers and were discussed during later items on the agenda.

Managing the BRACE Portfolio:

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

Project	Timescale from scoping to NIHR report	Stage at 31 May 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
COVID Oximetry at Home – Phase 2	November 2020 – April 2022	Final report being reviewed by NIHR
COVID Oximetry in Care Homes	January 2021 – March 2022	Revised final report accepted; post-completion dissemination
Telefirst in primary care for people with multiple conditions	October 2020 – January 2022	Revised final report accepted; post-completion dissemination
Artificial Intelligence and social care	March 2020 – March 2022	Final report being reviewed by NIHR
Children & Young People's Mental Health Trailblazers	January 2019 – May 2022	Final report being reviewed by NIHR
Digital first primary care	Feb 2020- April 2020 (project then paused) September 2021 – Ongoing (project resumed)	General practice recruitment and interviews ongoing
Vertical integration of acute hospitals with GP practices – Phase 2	November 2021 – Ongoing	Protocol accepted. Preparatory desk research, data preparation, application for ethical approval
Women's reproductive health hubs	November 2021 – Ongoing	Fieldwork commenced
Overarching study – innovation for people with multiple long-term conditions	Summer 2019 – Ongoing	Ongoing

Discussion:

- BRACE will be applying to NIHR HSDR for a 6 month no-cost extension, which the Steering Group agreed was a sensible step.
- Time will be needed to prepare a BRACE 2 bid, whenever the call comes, so it was agreed that BRACE should concentrate on the remaining projects, not take on additional studies and keep in touch with NIHR HSDR if there were going to be any delays in project delivery.
- ND advised that BRACE 2 should include a greater emphasis on EDI, look at intersections and mechanisms to demonstrate equalities of protected characteristics; how they are evaluated and monitored across studies.
- Nick Mays (NM) commented there is a tension between balancing niche and majority populations, which ND advised emphasises the importance of equality monitoring data and evidence.
- It was noted that the NIHR report review and publication process has slowed and therefore should BRACE 2 be emphasising pre-report dissemination? The Steering Group agreed this was a good idea.

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

Jenny Newbould (JN) presented on this.

Discussion

- There have been challenges with the project which has been across health and education sectors. The final report has been submitted and includes an EDI section; the report is felt to be well-balanced by the project team and well received by schools; the service is limited by resource and capacity and retention of Mental Health Practitioners.
- It was agreed that the BRACE Steering Group should continue to act as the project steering group for this evaluation for at least one more meeting.

Acute hospitals managing general practice services (vertical integration) phase 2:

Manni Sidhu (MS) presented on this.

Discussion:

- The statistical analysis of this study is designed to isolate the impact of vertical integration.
- The study doesn't look at the impact of VI on primary care quantitatively as it is using HES (hospital episodic statistics) data for the statistical analysis. The qualitative analysis may reveal impacts on primary care.
- Charlotte Augst (CA) suggested that the study could look at how VI impacts non-clinical pathways and wider service use (community services, public health, social prescribing) as well as the impact on secondary care
- NM commented that the financial aspect of this study is interesting; it would be valuable to look at whether a practice improves when a Trust takes it on. It was noted that VI does not only happen when a practice is struggling, it depends on the strategy that a Trust is employing
- Siva Anandaciva supported the importance of knowing the impact of VI on primary care utilisation, to the extent possible in a rapid evaluation.

- ND noted the complexity of patient experience; the way that patients perceive that care has changed over time will have been impacted considerably by Covid so researchers should ask about satisfaction/continuity of care.
- CA noted the importance of impact on patients with multimorbidities and the patient experience of primary care.
- June Sadd voiced concern about services that practices provide which hospitals may not see as important.

Women's Health Hubs

Beck Taylor (RT) presented on this.

Discussion

- The evaluation will look at services through the life course from teenage to end of life.
- Akiko Hart (AH) asked about how the timeline of the project relates to the imminent Women's Health Strategy and Sexual Health Strategy for England; RT advised that the strategy is likely to be available this month and the team are watching for it.
- AH asked about the level of engagement with women's health organisations and charities; RT advised that they continue to build on the involvement (including with National Voices) they have already established; and they have reached out to the Royal College of Obstetrics & Gynaecology.
- AH asked about the thinking behind the Theory of Change output; RT suggested that this was designed to help others to replicate what has happened within the hubs and if possible to explore what has been learned and can be rolled out.
- AC asked about the impact of Women's Health Hubs on wider services and especially on GP practices as bringing care into hubs and away from practices may be undesirable.
- JSa suggested that the word 'hub' was mechanical and masculine; RT said they were keen to make sense of the word hub within the study and capture some of the issues.
- NM suggested that the study on 'Understanding the new commissioning system in England', July 2018, could be useful and he will forward to RT.
- SA asked about the 4 exemplar sites. RT noted that the typology will be built by mapping and then be refined by exemplar sites.
- CA stated that women experience some health conditions differently, other than those that are sexual or reproductive, and the vision should be holistic (e.g. include mental health); so where boundaries are drawn around hubs is going to be important. RT clarified that this evaluation will, however, be about sexual and reproductive health services specifically.

Concluding thoughts:

JS thanked the Steering Group for its good advice, challenge and feedback around evaluations. The BRACE team noted that the Steering Group is supportive of a no-cost extension of BRACE; and that there should be greater consideration of how EDI is woven into evaluations. The important role of the Steering Group would be emphasised in the expected re-bid.

Next meeting: Tuesday 19 October 2022 11am, 30 Euston Square, NW1 2FB, London