

PRIME Centre Wales (Wales Centre for Primary and Emergency Care Research) – Executive Management Committee Meeting

Date: Tuesday, 2nd May 2017, 12:00-14:00 (Buffet lunch 12:00-12:30, Meeting start 12:30)

Venue: College House, King George V Drive East, Heath Park, Cardiff CF14 4EP

Present: Kate Brain, Andrew Carson-Stevens, Ivor Chestnutt, Adrian Edwards (Chair), Robert Harris-Mayes, Joyce Kenkre, Ashra Khanom, Emma Lane, Alison Porter, Nigel Rees, Steve Smith, Colin Thomson, Carolyn Wallace, Angela Watkins (Notes), Fiona Wood, Nefyn Williams (TC).

Apologies: Gideon Calder, Antony Chuter, Bridie Evans, Nick Francis, Richard Neal, Rosanne Palmer, Helen Snooks, Anne Surman, John Wynn-Jones

NOTES & ACTIONS: Draft, for approval at next meeting.

1. Introductions

- i. Kate Brain, Reader, Cardiff University; Lead PRIME WP4 Screening, prevention & diagnosis in primary care
- ii. Andrew Carson-Stevens, Cardiff University; Lead PRIME WP6 Patient Safety
- iii. Ivor Chestnutt, Consultant in Dental Public Health, Cardiff University; Lead PRIME WP7 Oral health & primary dental care
- iv. Adrian Edwards, Professor of Primary Care, Cardiff University; Director of PRIME Centre Wales
- v. Robert Harris-Mayes, PRIME Lay Member / PPI Representative
- vi. Joyce Kenkre, Professor of Primary Care, University of South Wales; PRIME Associate Director, Lead of WP1: Long-term conditions & co-morbidity and lead for CCT3: Commercial/Industry engagement & collaboration
- vii. Ashra Khanom, Research Officer, PRIME, Swansea University
- viii. Emma Lane, Senior Lecturer, School of Pharmacy and Pharmaceutical Sciences Cardiff University
- ix. Alison Porter, Associate Professor, Swansea University; Co-lead of PRIME WP5 Unscheduled and emergency (including pre-hospital) care
- x. Nigel Rees, Head of Research and Innovation at Welsh Ambulance Services NHS Trust
- xi. Steve Smith, Professor of Political Philosophy & Social Policy, University of South Wales
- xii. Colin Thomson, PRIME Lay Member / PPI Representative
- xiii. Carolyn Wallace, Reader in Integrated Care, University of South Wales; Lead of PRIME CCT2 Social care
- xiv. Angela Watkins, Communications and Operations Manager, PRIME, Cardiff University
- xv. Fiona Wood, Senior Lecturer, Cardiff University; Co-lead of PRIME WP2 Patient centred and prudent healthcare
- xvi. Nefyn Williams, Senior Clinical Lecturer, Director of R&D BCUHB, Bangor University; PRIME Associate Director

2. Previous notes & actions

- i. Accuracy of notes of the meeting held 4th July 2016, USW
 - No changes required.

3. Director's Overview

Adrian Edwards gave an overview of key matters arising since the last PRIME Executive Management Meeting held 4th July 2016:

- i. It was aimed to meet approximately 6 months following the previous Executive Management meeting, but it was felt that it would be more effective to hold the meeting at this date to allow for review of working drafts of the PRIME Annual Report 2016-17 and Continued Funding Application 2018-20.
- ii. Since the last Executive Management meeting, PRIME has held its second **Annual Meeting**, held 15th November 2016 hosted by Bangor University, which was positively received.

The meeting featured key developments in the research Workpackages: 4: Screening, prevention & diagnosis in primary care' (led by Kate Brain) and 5: Unscheduled and emergency (including pre-hospital) care (led by Helen Snooks), with guest speakers and methodological workshops on Implementation Research, Adaptive Trial Designs, and Measuring Health-related Quality of Life.

(Presentations from the day are available to view at:
<http://www.primecentre.wales/2016-annual-meeting.php>)
- iii. Positive discussions have been held between **PRIME WP Leads and CHU de Québec Research Centre (CRCHUQ)**, Université Laval, Canada (focussed meeting held 13/12/2016), arising from links formalised by the PRIME External Advisory Board. Research areas of common interest were identified: Shared Decision Making/Person centred and prudent healthcare; Unscheduled and pre-hospital care; Inter-professional/social care (in addition to Palliative care which is a key interest of colleagues based at the Marie Curie Palliative Care Research Centre, Division of Population Medicine, Cardiff University). Recent communications have identified synergy in the current active studies led by CHU de Québec Research Centre: 'Evaluation of the value of care provided in primary care and emergency department settings' and PRIME: 'A realist evaluation of effectiveness, safety, patient experience and system implications of different models of using GPs in or alongside Emergency Departments'.

PRIME and CRCHUQ will look for further opportunities for research collaboration and potential exchanges for early career research and postgraduate research students.
- iv. The PRIME Executive Management Committee meeting coincides with the end of year 2 in PRIME, and start of year 3, where there is funding in place to 31/03/2018. All Health and Care Research Wales infrastructure centres and units have been asked to submit an application for continued funding (in addition to public annual report) for a further two years until 31/03/2020. The overall funding envelope remains the same/flat, with no incremental increase for staff salaries. The process for deciding if continued funding is granted will be similar to the original bid, with a convened judging session (18 July 2017) involving a panel of external judges (same panel including NIHR HTA and other disciplines from England) who will review the application and question the Directors. The outcome will be received in September 2017. It is important that the outcome is received in good time to allow for HR processes for the extension of contracts of the core funded staff.
- v. The Progress Report and Continued Funding Application will include reporting progress to date and plans for years 4&5. There is no guarantee regarding the funding so it will be

important to show how the investment in PRIME has been 'good value' – there has been good progress in grant capture and good stories around engagement with the public, NHS etc. This is a critical window ahead of the submission deadline 1st June 2017 so the Executive Management Committee's discussion and supportive scrutiny will be helpful.

4. Annual Report (draft tabled)

- i. Adrian Edwards: There has been an editorial process for the development of the Public Facing Annual Report with core staff working group and editorial leads for each section. The format has been decided upon following review of PRIME first annual report and also the reports from other centres and units. There are no strict rules from Health and Care Research Wales regarding word/page limit.
- ii. Andrew Carson-Stevens: The report includes a good balance of tables, diagrams, images and text. It reads well and presents a positive narrative of PRIME's progress. The Research Portfolio section is helpful – it may be worth considering reviewing the order from name of study to grouping by funder.
- iii. Joyce Kenkre: Good stories around Capacity Building and PhDs (e.g. number of PhDs funded by PRIME led awards and supervised by PRIME staff) but we some may not be captured.
ACTION: AW to circulate list of PRIME PhDs in progress to ensure numbers are accurate.
- iv. Steve Smith: The report shows the connection between research and impact in terms of the communities involved and reinforces the PRIME's strength in cross collaborations. It may be useful to conduct a SWOT Analysis – a critical evaluation of where we are up to. Impact with policy makers – Tremendous potential in Wales for further linking in with Welsh policy agendas around the Social Services and Well-being Act and Well-being of Future Generations Act. Local authorities have an obligation to produce wellbeing priorities (currently being collated) – potential opportunities around data being made available for analysis and evaluations.
- v. Nigel Rees: It would be good to include further information on collaboration with the Welsh Ambulance Service Trust (WAST). Research Impact – the research questions have been generated by policy makers and WAST so there is a good chance of policy/practice adoption and roll-out (gathering the research evidence before implementing in practice). There is good collaboration evident in unscheduled and emergency care, with further potential but there is a challenge around releasing staff time from clinical to research protected time.
ACTION: NG to liaise with AP to progress increasing representation of WAST in the report.
- vi. Joyce Kenkre: Impact & Knowledge Transfer – there are further opportunities to be made from linking in with policy makers to make them aware of PRIME's research.
- vii. Emma Lane: Extensive narrative around Patient and Public Involvement arising directly from PRIME's activities – it is helpful to show links arising from involvement in conferences etc. It may be helpful also to include quotes from lay participants to show the difference their involvement has made.
ACTION: Robert Harris-Mayes will relay the suggestion to the SUCCESS lay involvement group with a view for inclusion in future reports/website if not possible to obtain in time for this report submission.

5. Progress and Continued Funding Bid (draft tabled)

- i. AE: An opportunity to review progress to date and consider plans for future strategy in years 4&5 – whether more of the same, or something different.

- ii. Proposal for re-focussing of roles of 2/3 existing staff (all-Wales cross centre):
 - Knowledge Transfer and Impact (Micaela Gal)
 - Social Care, to further support Carolyn Wallace in this area (name to be confirmed)
 - Communications and dissemination support (Angela Watkins)
- iii. Existing core funded researchers have been invited to join the bid as co-applicants, supporting staff development.
- iv. Consideration has also been made to further opportunities for collaboration and cross-working across the Health and Care Research Wales funded centres and units, building upon existing links with Wales Cancer Research Centre (Dr Stephanie Smits is co-funded by both centres).
- v. Interaction with Health Boards – helping them to develop research strategies where there are areas of shared interests. Recent discussions have been held with Welsh Blood Service.
- vi. Industrial/Commercial collaboration – Mark Williams, Reader in Cardiopulmonary Science from USW will join the bid to further support this area.
- vii. Social Care – plans involve further progression of the research priority areas identified from the consensus meeting (possibly involving setting up a Board), linking in with Fiona Verity and School for Social Care Research, as well as with social care leads in the other HCRW funded centres and units to identify shared interests. Carolyn Wallace has also been working on capacity building for developing social care researchers; Social Care Wales has a new research section on their website, CW will link in with Sue Evans, Chief Exec. Possible areas of synergy in care homes and prescribing research identified by Emma Lane.
- viii. Third Sector – opportunities for further engagement and collaboration, developing initiatives in the community.
- ix. Overarching principle is that the research agenda is addressing the ‘real world’ health and social care problems and priorities in primary and emergency care research.

6. Any other Business

- i. Annual Meeting 2017
 - Swansea University to host in autumn/winter 2017. Will follow format of previous meeting with particular focus on two WPs.
- ii. Next Executive Management Board Meeting
 - Swansea to host the next Executive Management Board meeting in approximately 6 months (date and venue to be agreed).