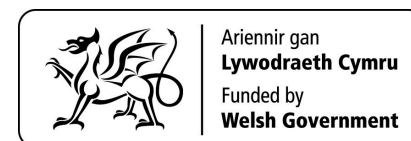




Health and Care Research Wales Evidence Centre Annual Report

2023 -2024

www.ResearchWalesEvidenceCentre.co.uk
[@EvidenceWales](https://twitter.com/EvidenceWales)



Contents

Foreword	3
Choosing our Research Questions	4
Rapid Evidence Synthesis & Collaborating Partners Case Studies	5
Primary Research & Collaborating Partner Case Study	8
Public Involvement and Engagement	9
Knowledge Mobilisation	10



www.ResearchWalesEvidenceCentre.co.uk
[@EvidenceWales](https://twitter.com/EvidenceWales)

Highlights

2023 / 2024

Launched by Eluned Morgan MS, Cabinet Secretary for Health and Social Care
The Evidence Centre was launched and we began working with our five Collaborating Partners.

Welcomed the Public Partnership Group (PPG)
The public are involved in every aspect of the research we conduct.

First call for questions (SPPI Round 1)
Worked with NHS and Social Care Wales leaders and the Welsh Government to identify the most important evidence needs to inform policy and practice.

105 questions submitted and 19 adopted onto work programme.

Strategic Advisory Group
In-person meeting
The group brings together expertise from across the sector to provide advice and guidance on the Evidence Centre's processes.

Second call for questions (SPPI Round 2)

40 questions submitted and 10 adopted onto work programme.

Foreword



I wish to welcome you to this first Annual Report of the Health and Care Research Wales Evidence Centre. The Report described the **rigorous, relevant, responsive and rapid** work that the Evidence Centre does to meet wide-ranging **evidence needs** for **Welsh Government, National Health Service (NHS) and Social Care Wales**, and other key stakeholders.

We build on the legacy of the Wales COVID-19 Evidence Centre, which was a world-leader in the evidence field for undertaking the evidence synthesis (review) work and linking this to a pipeline of primary research, all of which was to inform the rapidly moving policy agenda and related service delivery planning and evaluation. The principles of lean, policy-relevant, impactful research are equally important as we address the ongoing and changing NHS and social care pressures.

The Report showcases some of the key work over the past year. This includes the work to inform re-design of dental service provision in Wales that meets patients' needs and expectations. There is work on childhood obesity, an increasing public health challenge, and the subject of policy and strategic implementation under the Wellbeing of Future Generations Act. Other work covers supporting workplace wellbeing across

diverse working groups, access to mental health services for people from ethnic minorities, minimising digital exclusion for social care users, the costs, benefits and value of palliative care services, enhancing safety of 'special procedures' – tattooing, cosmetics, acupuncture and others. Near-future projects include to evaluate 'Safe@Home' community response teams for people otherwise likely to be admitted to hospital, understanding patients' perspectives on monetary support in place of gluten free product prescriptions for coeliac disease, and smoking cessation interventions for people with mental health conditions.

Collectively these address a wide range of important issues for people in Wales, seeking to enhance the public's health and experiences of using health and care services. All our work is publicly available and under-pinned by strong public partnership and impact delivery models. We are very grateful to our funders in Welsh Government for enabling this work to happen, and to our collaborating research partners and public partner members for ensuring we deliver for the people of Wales.

Professor Adrian Edwards, Director of Health and Care Research Wales Evidence Centre

www.ResearchWalesEvidenceCentre.co.uk
[@EvidenceWales](https://twitter.com/EvidenceWales)

Choosing our Research Questions

Consultation with key stakeholders is essential in establishing a **relevant work programme that addresses the most important health and social care policy and practice evidence needs in Wales**, that is most likely to achieve impactful change and result in benefits for the Welsh population.

We have developed a **critical network** of health and social care policy makers/advisors, clinical and practice leads to consult on high priority evidence.

The group is **intentionally broad**, including decision-makers covering all aspects of health and social care. We formally reach out to this network every six months, but are open to urgent requests as needed.

We have a **multistage prioritisation process** including consultation: within the Senior Evidence Centre team, our co-applicant partner research groups, the Welsh Government Evidence teams, our Strategic Advisory Group including public contributors and our Oversight Group including our funders, Health and Care Research Wales.



Questions submitted and accepted onto the work programme

Round 1





(105 questions submitted)

Jan - Apr 2023

Round 2

(40 questions submitted)

Sep - Nov 2023

	Evidence Synthesis	Primary Research	Evidence Synthesis	Primary Research
	12	7	8	2
 Policy	9	5	3	1
 Clinical	2	2	3	1
 Social Care	1	0	1	0
 Other	0	0	1	0

Evidence Synthesis

Our methods

Looking to existing literature

The Evidence Synthesis Work Programme focuses on rapidly and robustly reviewing existing research to provide answers to the questions prioritised by our stakeholder groups.

Each review is conducted by a dedicated **Collaborating Partner**. Early and ongoing stakeholder engagement is used to focus the question and ensure the review is appropriate to the needs of the stakeholder. This is supported by a series of stakeholder meetings.

Phased review process

The initial phase (~2 weeks) includes an introductory stakeholder meeting and preliminary search of key resources for existing reviews. This phase is used to clarify the needs of the stakeholder, check the research question has not been addressed by another group, inform the methods and design of the next phase, and provide limited interim findings to the stakeholder. This phase can also be adapted to address urgent questions and produce a **Rapid Evidence Summary (RES)** - an annotated bibliography with key findings.

The next phase involves developing the protocol and conducting the **Rapid Review (RR)** - a more rigorous and comprehensive review (~3 months) within a short time frame. These are based on systematic review methods, but

parts of the process are streamlined or left out. This is supported by further intermediate stakeholder meetings, as required. For broad or complex reviews, an interim **Rapid Evidence Map (REM)** - providing an inventory of the available research - is sometimes produced to help focus the subsequent rapid review. This can also be requested as a final product.

Whatever stage the review concludes at (RES, REM, RR), the findings are presented at the last stakeholder meeting, which includes a focus on Knowledge Mobilisation (see page 11).

Our rapid review methods

Our rapid reviews provide **valid and reliable evidence for stakeholders to address time-sensitive decision problems in a resource-efficient manner**. They aim to comprehensively locate and synthesise the evidence surrounding a particular question, using transparent, and replicable procedures to minimise inaccuracies and bias. The methods used to conduct the review are clearly reported.

WATCH NOW

Ruth explains the evidence synthesis process used by the Evidence Centre.



In the spotlight Collaborating Partners

Our Collaborating Partners are the backbone of the Evidence Centre.

The core team work together with four evidence synthesis Collaborating Partners across Wales to answer the priority health and social care questions, and to deliver outputs that have informed policy and practice decision making.

- **Cardiff Evidence Synthesis Collaborative (CESC)**, including the [Wales Centre for Evidence Based Care \(WCEBC\)](#) and the [Specialist Unit for Review Evidence \(SURE\)](#)
- **Bangor Institute of Health & Medical Research (BIHMR)**, including the [Centre for Health Economics and Medicines Evaluation \(CHEME\)](#)
- **Health Technology Wales (HTW)**
- **Public Health Wales Evidence Service (PHW)**

Skills

Our Collaborating Partners are experts in evidence synthesis and health economics and have extensive experience in healthcare, social care, and public health. The work of each

Collaborating Partner is 'spotlighted' over the next few pages, highlighting case studies they have undertaken during the first year across our evidence synthesis work programme. For further information on their expertise visit the [Collaborating Partner](#) page on our website.

Output

All research outputs produced by the Health and Care Research Wales Evidence Centre, together with our Collaborating Partners, can be found in our website [Report Library](#).

"We have continued to work as a Collaborating Partner of the Evidence Centre throughout 2023/24 carrying out rapid evidence reviews on topics ranging from eye health to obesity.

The Evidence Centre plays a crucially important role in ensuring that health and social care policy decision makers in Wales have access to the most up to date research possible.

It provides rapid answers to research questions and identifies gaps in the information needed to formulate policy that addresses key health and social care priorities.

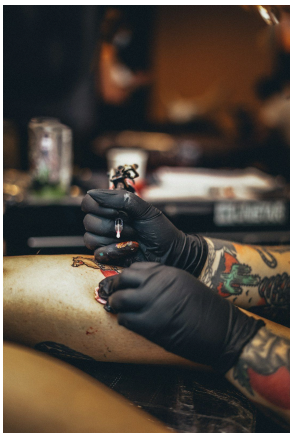
We look forward to continuing to work in close partnership with the Centre in the year ahead."

Dr Susan Myles, Director of Health Technology Wales

Cardiff Evidence Synthesis Collaborative

A rapid review of physical health risks associated with special procedures (tattooing, body piercing, acupuncture, electrolysis).

The review was requested by the Public Health Directorate of Welsh Government to inform the implementation of Part 4: Special Procedures of the Public Health (Wales) Act 2017.



The Act creates a mandatory licensing scheme for carrying out special procedures, which include tattooing, body piercing, acupuncture and electrolysis.

Special procedures involve piercing the skin, which poses a risk of introducing infections. High standards of hygiene may reduce the rate of infection.

The review summarised the available evidence on the physical health risks associated with special procedures, and reported on a wide range of adverse events, including infections in individuals who had undergone special procedures.

The findings are informing 'The Special Procedures of the Public Health (Wales) ACT' and have been presented to the Welsh Government Special Procedures Implementation Group. Findings and infographics produced by the Evidence Centre are also being used for a webinar for Healthcare Professionals, and in a 'Public Health Infection, Prevention and Control Standards for Special Procedures' document aimed at practitioners and regulatory officers. The findings will also be disseminated to trainers of the Level 2 Award in Infection Prevention and Control for Professional Procedures Practitioners qualification, delivered by the Royal Society for Public Health.

View the full report:

<https://researchwalesevidencecentre.co.uk/SpecialProcedures>

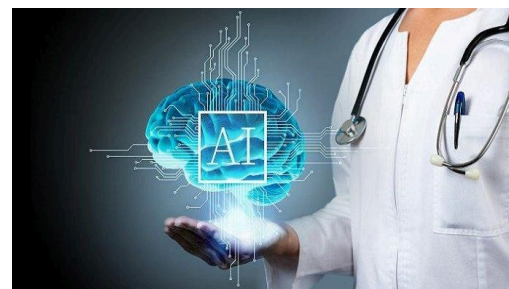
All research produced by the Evidence Centre and CESC, can be found in the [Report Library](#) on our website.



Public Health Wales Evidence Service

A rapid review exploring the effectiveness of Artificial Intelligence for cancer diagnosis.

The use of Artificial Intelligence (AI) in diagnosis is part of the Welsh Government's programme for transforming and modernising planned care and reducing waiting lists in Wales. With growing investment in the use of AI, and the rapid rate of development of AI models available that could potentially be utilised by the NHS in Wales, it is important to determine if AI is effective.



Stakeholders from the Health Sciences Directorate and Welsh Government wanted to know how effective AI may be for cancer diagnosis.

The overall evidence for effectiveness appeared in favour of AI however, further research is needed to better understand the cost implications and impact on patient safety. The findings from this report were presented to

the Welsh Government AI Commission for Health and Social Care with the aim of helping to inform policy making by providing a clear, evidence based evaluation of existing research. Stakeholders confirmed that

"The findings will contribute to the groups' overall aim, which is to advise the Chief Digital Officer for Health and Social Care – and through them, the Minister for Health and Social Care – in identifying the most effective use of limited resources to leverage the benefits of AI across the sector."

"... the work done by the team will help inform policy making by providing a clear, evidence based and independent evaluation of existing research."

View the full report:

<https://researchwalesevidencecentre.co.uk/AICancerDiagnosis>

All research produced by the Evidence Centre and PHW, can be found in the [Report Library](#) on our website.



Iechyd Cyhoeddus
Cymru
Public Health
Wales

Health Technology Wales

Measuring mental health in a cost-of-living crisis: a rapid review.

The question was suggested by the Science, Evidence and Advice (SEA) Division, Welsh Government. The intended audience are stakeholders needing to measure mental health outcomes who are seeking evidence for the appropriate methods and tools which are applicable to the UK or relating to Wales.

Since 2021 the UK has experienced a sharp rise in inflation. For many, wages and welfare payments have not kept up with rising costs, leading to a cost-of-living crisis. There is evidence indicating that economic crises are damaging to population mental health and that some groups are particularly vulnerable.

The review found 18 publications and reports of research evidence.

Many UK population-level surveys, include validated mental health measurement tools (e.g. short validated questionnaires) and questions about financial security, providing data that can be used to explore population mental health.

Vulnerable groups - 11 mental health measurement tools were used to identify population sub-groups whose mental health was most likely to be affected by an economic crisis. There is evidence that these tools and described methods are suitable for measuring

health in people with different socio-economic and financial situations. It was not possible to determine whether the methods and tools effectively captured data from people from minority ethnic groups.

Implications - population-level surveys can be used in quasi-experimental studies to measure the effects of a public health initiative with specific roll out dates to tackle cost-of-living impacts.

Reports and studies using population-level surveys or medical records should present data on ethnicity and, where possible, plan to stratify analyses by ethnicity.

The report is currently referenced in the draft Welsh Government Equality Impact Assessment.

View the full report:

www.researchwalesevidencecentre.co.uk/measuring-mental-health-cost-living-crisis-rapid-review



This work has now been published in a [Health Policy](#) journal

All research produced by the Evidence Centre and HTW, can be found in the [Report Library](#), on our website.



Technoleg Iechyd Cymru
Health Technology Wales

Bangor Institute for Health and Medical Research Centre for Health Economics and Medicines

The cost-effectiveness of different service models of palliative care, focusing on end of life care: a rapid review.

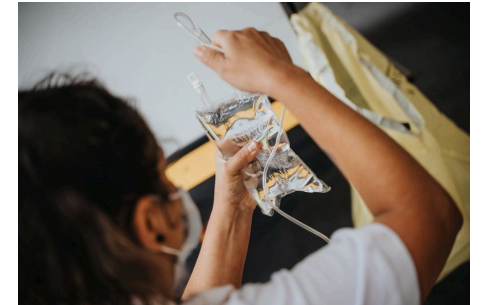
The question was requested by the Palliative and End of Life Care Programme Team. The intended audience are palliative care service commissioners and policy makers.

Palliative care is an interdisciplinary medical caregiving approach to optimise quality of life (QoL) of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social, or spiritual.

The team produced a rapid review which aimed to determine the costs and cost-effectiveness of different service models of palliative care focusing on end of life (EoL) care.

Cost analyses were found for hospital, hospice, home-based and community-based palliative care models as well as primary care focussed models of palliative care and mixed models of care.

Generally, hospital palliative care at EoL is the costliest with a range of costs between £10,000 and £64,000 per hospital death in 2023 prices. Cost-effectiveness evidence was mixed.



New palliative care pathways should be economically evaluated in the future and authors should consider which methods are most appropriate to evaluate palliative care models. Traditional Quality-adjusted life years (QALYs), health economic methods are unlikely to be the most appropriate calculation for the EoL population as the aim of palliative care is to meet the needs of terminally ill people. Prolonging death may be inconsistent with patient preferences and wishes.

The findings will inform a phase 3 report to Welsh Government regarding the model, structure and funding and wider programme of work. The report and infographic were presented to the Programme board in May 2024.

View the full report:

www.researchwalesevidencecentre.co.uk/palliative-care

All research produced by the Evidence Centre and CHEME, can be found in the [Report Library](#), on our website.

Primary Research

Conducting new research

Reviewing research evidence has provided answers to many questions, but sometimes we need to conduct new research.

We have two main streams to the primary research work programme:

- **'In-house'** – qualitative and quantitative studies conducted by our researchers
- **Population Data Science Projects** – working with our Collaborating Partner at Swansea University, we offer a range of data linkage and other complex projects

In-house studies

What do the Welsh public understand about NHS dental services, what do they think it could look like, and what are their priorities? A qualitative study.

The Welsh NHS dental reform programme (Welsh Government, 2020) acknowledges that using Units of Dental Activity (UDA) as the sole measure of contract performance does not promote needs-led care, risk-based prevention, or optimise the full range of skills within the dental team. The current interim contract in Wales emphasises increasing access, improving service delivery, and enabling personalised care through a needs

- and risk-based approach, rather than solely UDA.



This study aimed to investigate the Welsh public's perceptions of how NHS dental services (general and emergency) could be shaped within the dental reform programme and to discern their priorities. Specifically, it sought to understand the public's comprehension of dental teams and care, expectations regarding services and co-created care plans, and strategies for empowering patients to engage in self-care, potentially enhancing oral health outcomes. To achieve this, interviews and workshops were conducted with eligible individuals accessing the General Dental Service (GDS) in Wales.

The outcomes of this project will be directly used by the Chief Dental Officer to help inform dental reforms in Wales; specifically informing communication strategy and developing person centred services for people in Wales.

View the full report here:

www.researchwalesevidencecentre.co.uk/dental-primary-research

Pharmacy de-medicalising of gluten free products through a subsidy card scheme – exploring views on the scheme, including impact on quality of life, perceived economic implications and potential barriers to uptake.

In Wales, those diagnosed with Coeliac disease (CD) are eligible to receive gluten-free food on prescriptions in accordance with the national prescribing guidelines.



In 2018, the Hywel Dda University Health Board published a service evaluation report on a pilot scheme, which involved the use of pre-paid subsidy cards to compensate individuals for the higher costs of purchasing gluten-free products in place of prescription. Following the positive findings of this report, this subsidy card scheme has since been rolled out across the rest of the health board, meaning that anyone in Hywel Dda, with a diagnosis of CD, is now eligible to sign up for the card scheme.

The aim of this study is to explore the impact of the pre-paid subsidy cards in place of prescriptions for gluten-free products, barriers and facilitators to uptake and

recommendations for wider roll out. This is being explored through interviews with those in Wales eligible to receive, or responsible for the acquiring of gluten-free food for someone diagnosed with CD. Participants include individuals from all Welsh health boards to explore both the experiences of those who can currently access the card scheme, as well as the expectations of those who have not yet been offered the scheme.



The outcomes of this project will be directly used to help inform the implementation of the card scheme across other health boards. It is therefore hoped that this work will ensure that this scheme is rolled out with consideration to the needs and views of the individuals it affects.

The final results are due in Summer 2024 and full report will be available at:

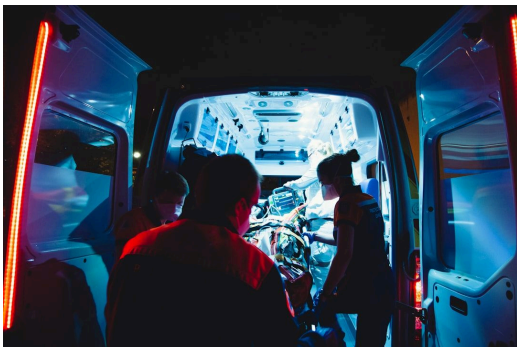
www.researchwalesevidencecentre.co.uk/gluten-primary-research

Primary Research Collaborating Partner- Population Data Science

The Population Data Science (PDS) team at Swansea University conduct world-leading research using the Secure Anonymised Information Linkage (SAIL) Databank in the field of population data science.

Evaluating the Safe@Home initiative

The Cardiff and Vale University Health Board 'Safe@Home' initiative is a new multi-agency and multi-professional integrated urgent response service, aiming to address current gaps in intermediate care services. Its aim is to provide an immediate and safe alternative to ambulance conveyance, emergency unit attendance and admission to hospital when it is safe and appropriate to do so. This project will investigate who is using this service and we will look at what happens to them, or their outcomes. We will also explore patient's experiences of this initiative through questionnaires and interviews.



Palliative Care

This project will investigate the patterns of care for people in Wales, who did not die from sudden causes, during their last year of life. Some of these people will be receiving specialist care aimed at patients who are terminally ill and are unlikely to get better – this is called palliative care. We will compare how often they use healthcare services, like going to the GP (General Practitioner) or the hospital, and whether they are getting specialist care or not. We will also compare differences in the amount of healthcare services these patients use and explore whether interactions with healthcare services reduce the need for urgent care.



Persistent Pain

This project will identify people in Wales who suffer with persistent pain. Persistent pain is long standing pain that lasts beyond the usual recovery time or occurs with chronic conditions, such as arthritis. We will describe how often they use healthcare services, like going to the GP (General Practitioner) or the hospital. Lastly, we will look at how changes to health services might improve the health of people living with persistent pain. This will help the Welsh Government and NHS teams decide what kind of services would best serve these patients.



Population Data Science
Gwyddor Data Poblogaeth



Medical School
Ysgol Feddygaeth



Public Involvement and Engagement

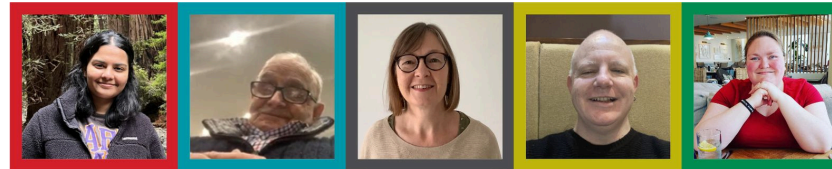
Public involvement is embedded in Evidence Centre activities. The public involvement plans are led by Ms Libby Humphris, who is a member of the public and an honorary research associate at Cardiff University and Dr Denitza Williams, who is the academic public involvement lead.

Working together, Libby and Deni have established a **Public Partnership Group (PPG)** of 10 members who are involved in:

- prioritising research questions taken on by the Evidence Centre
- refining research questions
- advising on research documentation, recruitment, data collection and analysis plans
- supporting report / publication write-up as co-authors
- writing lay summaries to accompany research reports
- quarterly PPG meetings

Every Evidence Centre question has a public partner as part of the research team.

During the past year the PPG have also been involved in the development of a draft **impact log tool for capturing meaningful public impact** in the **rapid research environment** of the Evidence Centre. The public involvement strategy for the Centre has been presented at the ENGAGE conference in May 2024.



Current PPG members:
(first row, left to right)

Praveena Pemmasani, Bob Hall, Mel McAulay, Tony Cope, Libby Humphris

(second row, left to right)

Martin Rolph, Olivia Gallen, Rashmi Kumar, Deni Williams

(not part of picture)

Nathan Davies, Alexandra Strong, Beti-Jane Ingram, Claire James

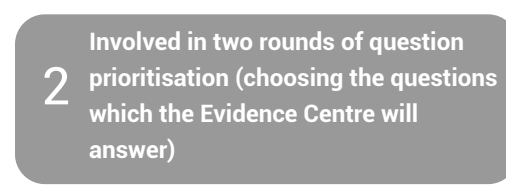
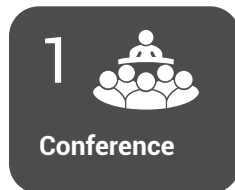
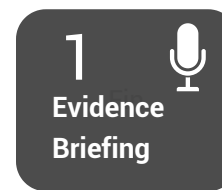
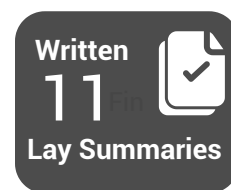
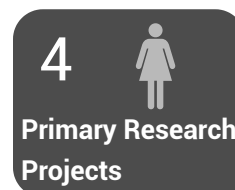
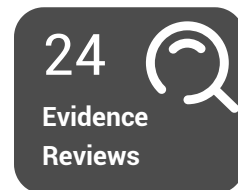
Previous PPG members involved in this work:

Deb Smith, Sally Anstey



The work of the PPG

In the first year of the Evidence Centre our PPG has been involved in the following activities:



“

Public partners are crucial to the philosophy of getting it right first time.

Andrew Dickenson, Chief Dental Officer

”

“

...not only does public involvement help shape research, it also can help the public contributor. Since getting involved in research my self-esteem has improved, I've become less depressed and now feel I have a purpose again.

Libby Humphris, PPG Co-lead

”

Knowledge Mobilisation

Our **knowledge mobilisation (KM) and impact strategy** underpins all of our research and aims to ensure that our **research outputs** are widely available, and that they are **relevant, timely and used to inform policy and practice decision making in Wales.**

Our dedicated knowledge mobilisation and impact team lead on a range of activities, to support and track the effective dissemination and use of our research findings from the earliest stages. For these activities, we work closely with the research teams, our stakeholders and public members.

Activities include:

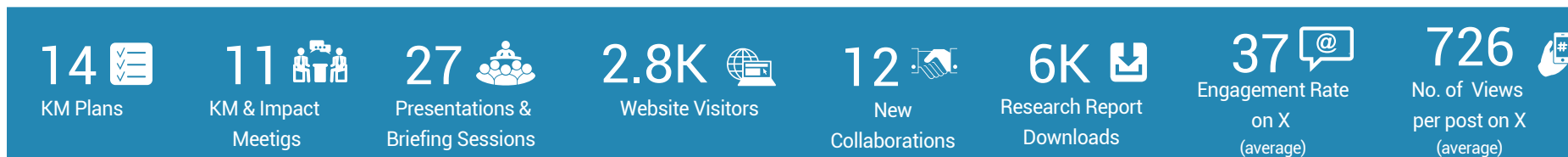
- **Identifying how the research findings will be used and the potential impact** for all questions prior to acceptance onto the Evidence Centre Work Programme.
- Developing a bespoke **knowledge mobilisation plan** for each piece of research with our stakeholders and public members.
- Producing a range of **publicly available research outputs**, including a webpage for each piece of research, publication of all reports, and bi-lingual executive summaries, lay summaries and infographics. We focus on ensuring our research findings are formatted and made clearly available.
- Developing a **communications plan** for the entire year ahead. This includes events, newsletters, blogs and social media.
- **Knowledge mobilisation and impact meetings** with stakeholders to plan and deliver knowledge mobilisation and communication, and track and evidence impact of the research.
- **Themed presentations and evidence briefing sessions.** Planned together with our stakeholders, these sessions provide a valuable forum for discussion and deeper understanding of research findings by policy and practice teams and others who may have an interest in the research. They provide an excellent opportunity for e-networking and future collaboration.
- **Stalls and presentations at relevant events and conferences**, together with our public members.

Sample
Executive Summary
and Infographic



Presenting at the UK Knowledge Mobilisation Forum 2024, to share barriers, learning and best practice

Micaela explains the knowledge mobilisation process used by the Evidence Centre
WATCH NOW





Health and Care
Research Wales
Evidence Centre

Canolfan Dystiolaeth
Ymchwil Iechyd a
Gofal Cymru

Health and Care Research Wales Evidence Centre
Funded by Welsh Government via Health and Care Research Wales

See our report library for all completed reports
www.researchwalesevidencecentre.co.uk/report-library



www.ResearchWalesEvidenceCentre.co.uk



healthandcareevidence@cardiff.ac.uk



@EvidenceWales



Ymchwil Iechyd
a Gofal **Cymru**
Health and Care
Research **Wales**



Ariennir gan
Lywodraeth Cymru
Funded by
Welsh Government

