

Health and Care Research Wales Evidence Centre

Annual Report
2024 -2025

www.ResearchWalesEvidenceCentre.co.uk

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Evidence Centre Symposium 2025 - Evidence to impact for a healthier Wales



“
In a very short space of time the Evidence Centre has become, an indispensable part of the Health and Care Research Wales landscape and has made significant contributions to policy and practice.
”

Jeremy Miles MS, Cabinet Secretary for Health and Social Care



On the 19 March 2025, Health and Care Research Wales Evidence Centre held its inaugural symposium, opened by Jeremy Miles MS, Cabinet Secretary for Health and Social Care.

The event brought together research experts, health and social care decision makers, and members of the public to celebrate the vital role that research plays to help inform decision making within health and social care.

Thought-provoking plenary talks covering many areas of health and social care, presentations from research teams demonstrated the impact of research, and specialised workshops guided delegates to develop research questions to submit to the Evidence Centre's Spring 2025 question call-out.

[Visit the website to watch recordings from the symposium.](#)



Foreword



I welcome you to this second Annual Report of the Health and Care Research Wales Evidence Centre. I and the Centre's staff and colleagues hope you find it both interesting and encouraging as we describe how the evidence we have generated has led to impact, informing policy and practice for the NHS and social care services in Wales.

The work covers a real breadth of important topics to help inform the delivery of quality services for the people of Wales, ranging from crucial public health challenges like childhood obesity, enhancing the safety of 'special procedures' like tattooing and acupuncture, the impact of medical tourism on NHS Wales, involving the public in the reform of services like dental care, understanding the value of palliative care services which will be an important part of developments that may occur in relation to assisted dying in the UK, mitigating suicide risks at

locations of concern and the impact of suicide and bereavement for family members especially children, the validity of risk prediction tools to identify low risk patients for surgery at regional centres and thus tackle waiting lists, and also reablement services to reduce hospital admission and long term care needs. Each of these and more address critical challenges for health and care provision in Wales and the evidence is being used by Welsh Government politicians and policy-makers, and NHS and social care Directors to improve quality, safety, efficiency and experience of services for the people of Wales.

I particularly want to pay tribute to the excellent colleagues in the Evidence Centre who make this work and impact possible. It is a truly collaborative programme, across Bangor, Swansea and Cardiff universities, Health Technology Wales, Public Health Wales Evidence Service, social care and public partners and stakeholders from government and the health and care services. We co-produce our work, with inclusivity from the inception of a project through to the vital stages of 'mobilising' the knowledge into everyday impact. Our methods are widely recognised, have been shared in publications and now also led to funded research projects built on those methods. We are pleased that the Evidence Centre's profile has grown during its short existence, such that we have had a record number of new questions proposed in early 2025 for the Evidence Centre to undertake through this next year.

We thank everyone involved and look forward to continuing to work with you all to provide the rapid, relevant, rigorous and responsive research that is needed to help improve health and care services in Wales.

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

Choosing our Research Questions

Engaging key stakeholders is fundamental to developing a work programme that addresses the most pressing health and social care policy and practice evidence needs in Wales. This engagement is most likely to achieve impactful change and result in benefits for the people of Wales. We have established networks of health and social care policymakers, advisors, clinical leaders, and practice leads to consult on high-priority evidence needs. This group represents decision-makers across all areas of health and social care.

We reach out to this network every 6-12 months and remain responsive to urgent requests as they arise. Stakeholder research question development workshops are held to support the submission process, to enable stakeholders to demonstrate research need and pathway to impact. Particular focus on supporting the development of questions from key stakeholders in social care policy and practice in Wales has helped to strengthen representation of this group in our work programme.

After we receive the questions, our multistage prioritisation process includes input from: the Senior Evidence Centre team, co-applicant partner research groups, Welsh Government evidence teams, our Strategic Advisory Group, (including public contributors), and our Oversight Group (including our funders, Health and Care Research Wales).

To be included in our work programme, research questions must be relevant and important to the people of Wales and aligned with our health and social care remit. Questions must also have a clear pathway to impact. We assess feasibility based on data availability, potential duplication with existing research, and considerations around cost and equity.

The current [work programme](#) is published on our website.

Round 3 Work Programme

15 questions were submitted to the third call for questions which ran between April 24 and May 24. Ten questions were accepted on to the work programme based on the potential for impact, feasibility within the Evidence Centre and their uniqueness for Wales.

Primary research questions were not sought for round 3 due to work programme capacity.

Evidence Sythesis

10



Health Policy

5



Social Care Policy

0



Health Practice

4



Social Care Practice

0

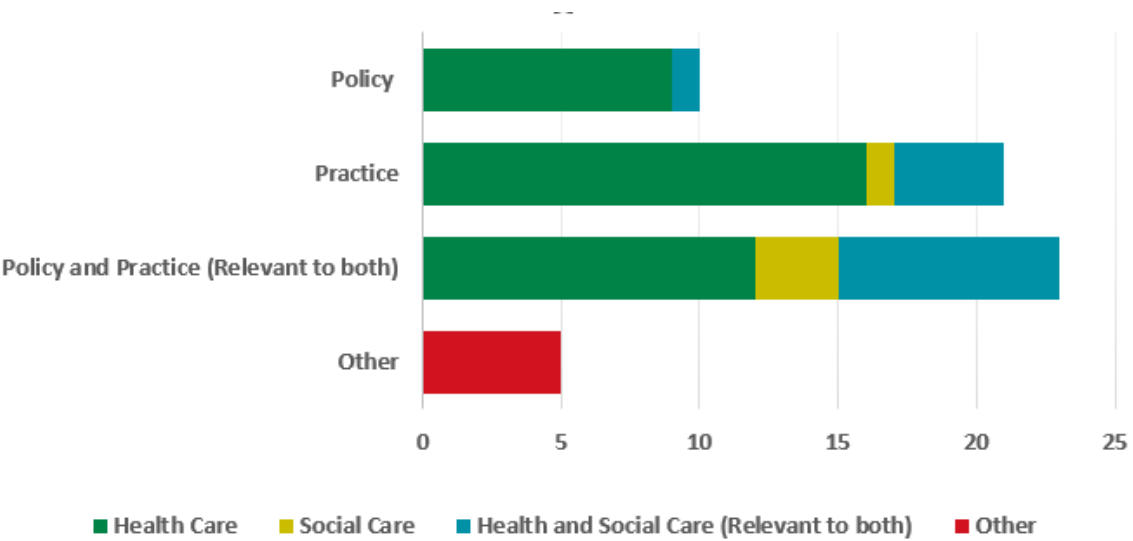


Other

1

Round 4 Question Submssions

59 questions were submitted to the fourth call for questions which ran between January 25 and June 25. Prioritisation of the questions is currently underway and the work programme will be published on the [website](#) by Summer 25.



Public Involvement and Engagement

The **Public Partnership Group (PPG)** has been in post for just over two years and have made significant contributions to the research conducted. Some of their reflections are below:

“
Involvement of public partners ensures that the research is relevant, it has ethical considerations and community engagement. I think public partners amplify the impacts of research by ensuring that it aligns with real world needs.

Anthony Cope, PPG Member

“
I think the public partners are really able to help shape both the research topics where gaps have been identified and also the questions themselves. So that means that the research conducted is much more likely to meet the needs of the Welsh population and also to reflect their priorities.

Beti-Jane, PPG Member

The work of the PPG

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

2 Involved in two rounds of question prioritisation (choosing the questions which the Evidence Centre will answer)



Current PPG members:
(first row, left to right)
Praveena Pemmasani, Bob Hall, Mel McAulay, Tony Cope

(second row, left to right)
Libby Humphris, Olivia Gallen, Rashmi Kumar, Deni Williams

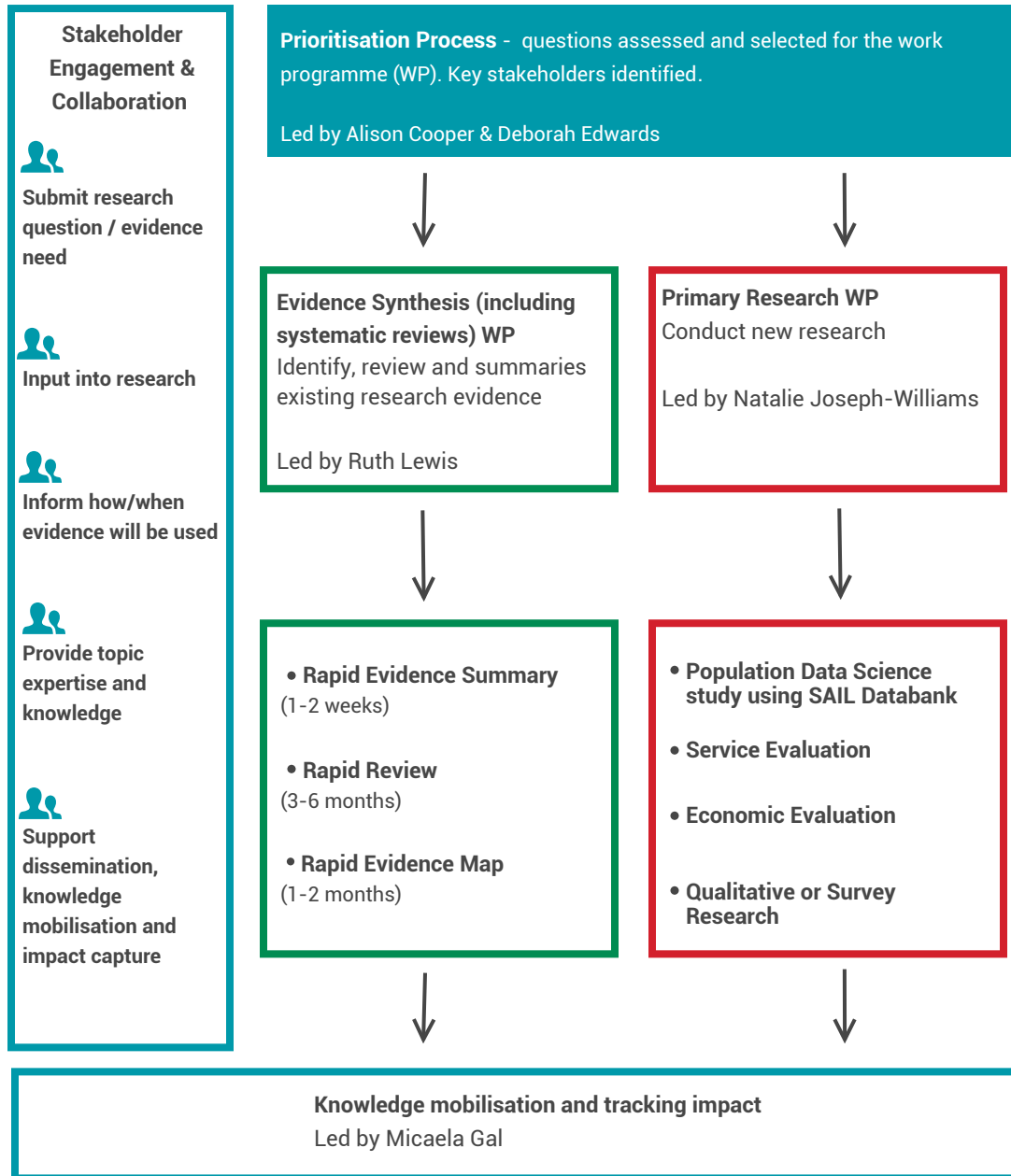
(not part of picture)
Nathan Davies, Alexandra Strong, Beti-Jane Ingram,

Previous PPG members involved in this work:
Deb Smith, Sally Anstey, Claire James, Martin Rolph

“
The PPG member's observations, particularly the need for precise definitions and the consistent use of terms such as prenatal, antenatal, postnatal, postpartum etc., were extremely helpful. Her feedback highlighted the importance of clarity and accuracy in communication, leading us to incorporate a glossary of terms into the report. This addition has improved the overall understanding and accessibility of our findings to all readers.

Dr Bethany Anthony, Centre for Health Economic and Medicines

Our Research



Evidence Synthesis in the spotlight Collaborating Partners

Our Collaborating Partners are the backbone of the Evidence Centre.

We 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 inform 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 (including systematic reviews), health economics and health technology assessment. They also 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 second year across our evidence synthesis work programme. For further information visit the [Collaborating Partner](#) page on our website.

Outputs

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](#).

“The Evidence Centre plays a crucial role in promoting the use of high-quality research by health and social care policy decision makers in Wales. The Centre takes a proactive approach, reaching out to stakeholders, asking them to consider their evidence needs and how we can support them.

For each piece, great care is taken to ensure that the work is shaped in such a way as to maximise its usefulness to our stakeholders and ultimately maximise its impact on the health and care of the people of Wales.

For those within the Collaboration it is a melting pot of ideas, techniques and expertise that maximises the quality of the reports produced. We greatly value being part of the collaboration and look forward to continuing our involvement over the coming years.”

Dr Kirsty Little, Public Health Wales

Cardiff Evidence Synthesis Collaborative



A rapid review of the effectiveness of interventions to enhance equitable or overall access to mental health services by ethnic minority groups.



This question was suggested by the Welsh Government, Mental Health and Vulnerable Groups team (Policy).

One in four people are likely to experience poor mental health outcomes. Ethnic minority groups face greater barriers to accessing care and have poorer outcomes. Interventions to improve access and engagement can help reduce these inequalities.

The aim was to assess how effective different interventions are in improving equitable or overall access to mental health services by ethnic minority groups. The review included interventions that were developed or assessed to improve equity in access, engagement, utilisation, or provision of mental health services.

Fourteen studies, looked at different approaches to improving access to mental health services, with each one focusing on a different type of intervention. Most interventions were multi component in nature, incorporating various elements such as

culturally appropriate information, measures to enhance culturally appropriate information, and the cultural competence of healthcare professionals and services, and the inclusion of language support.

The findings support the use of psychoeducational interventions that utilise culturally appropriate delivery methods such as leaflets, videos, or lectures to encourage help seeking behaviour.

Evidence also supports the integration of specialist mental health services within primary care settings to improve accessibility. The implementation of language support, including the use of professional interpreters, was shown to enhance service access for individuals with limited English proficiency.

The **findings** have helped to build the evidence base and **informed two Welsh Government strategies**:

1. **The Mental Health and Wellbeing Strategy for Wales.**
2. **Suicide Prevention and Self-Harm Strategy for Wales.**

The review evidence has also informed actions supporting the strategy delivery plans and are referenced in the equality impact assessments for these strategies: [Mental Health](#) and [Suicide Prevention](#).

View the full report:

<https://researchwalesevidencecentre.co.uk/mental-health-inequalities-rapid-review>

Public Health Wales Evidence Service



Iechyd Cyhoeddus
Cymru
Public Health
Wales

A rapid review of the effectiveness of smoking cessation interventions for people with anxiety and/or depression living within the community.

The question was requested by representatives from the Risk Behaviours, Health Improvement Health and Social Services Department, Welsh Government.

In the UK, the estimated cost of smoking among people with mental health conditions is £3.5 billion per year. The Welsh Government aims to reduce smoking prevalence to below 5% by 2030, identifying individuals with mental health conditions as a priority group due to higher smoking rates and lower uptake of cessation services. Furthermore, evidence suggests that smoking cessation in this population is associated with reduced symptoms, improved mood, and enhanced quality of life.



The studies looked at a range of interventions which included programmes focussed on either medication, techniques such as mood management and behavioural activation, exercise, or a combination of these.

There is some evidence to suggest that smoking cessation interventions may be effective at improving a range of smoking cessation and mental health outcomes. However, the evidence was mostly of low quality, and no relevant studies from the UK were identified. This warrants cautious interpretation when informing future interventions.

Further high-quality UK-based research is needed to better understand the effectiveness and cost-effectiveness of smoking cessation interventions for people with anxiety and depression.

The **findings** will inform the updated **Tobacco Control Delivery Plan for Wales** and are set to be presented to the **Tobacco Control Strategic Board** later this year

"...the review helped to inform an update of the Tobacco Control Delivery Plan, to include actions to better support those with mental health conditions."

View the full report:

https://researchwalesevidencecentre.co.uk/smoking_Cessation

All research produced by the Evidence Centre, Cardiff Evidence Synthesis Collaborative and Public Health Wales can be found in the [Report Library](#) on the website.



Complications and costs to the NHS due to outward medical tourism for elective surgery: a rapid review.

Outward medical tourism refers to people travelling abroad for private surgery (e.g. dental, bariatric procedures). This practice has been growing due to lower costs and reduced waiting times abroad. However, there are significant concerns about complications that may arise post-surgery. The review focused on understanding the types of complications, the costs involved, and any potential benefits to the NHS. This topic was suggested by the Welsh Government to help inform policy decisions in this area in Wales and across the UK.



Thirty-five case series and case reports were identified from NHS hospitals describing patients treated by the NHS for post-operative complications following cosmetic or eye surgery conducted abroad. Some studies included a cost analysis. Two surveys were also identified from NHS plastic surgeons.

Not all studies reported demographics, but for those that did, 90% of patients were women. The

reported complications were often serious enough to need procedures under local or general anaesthetic, use of antibiotics and lengthy hospital stays. Costs of treatment to the NHS ranged from £1,058 to £19,549 per patient, but it was likely that not all costs associated with outward medical tourism were fully identified in the studies. No studies were found that reported on benefits of outward medical tourism.

There are substantial gaps in the evidence. The review only indicates the number of people treated for complications and the associated costs as reported in the literature. Most data was collected from single specialist units and hospitals, often from patients who presented as emergencies, and there is no data from primary care. The scale of the problem in Wales is almost completely unknown. The review has shown that there is a need for a systematic approach to collecting information on the impact on the UK NHS of treating complications arising from outward medical tourism for elective surgery.

The **findings** from this study will help **inform** the **Welsh Government** understanding of the **scale and impact of medical tourism on patients and the NHS** in Wales, and help to **inform national guidance and policy decisions** on the matter.

View the full report:

https://researchwalesevidencecentre.co.uk/medical_tourism

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



The clinical and cost-effectiveness of interventions for preventing continence issues resulting from birth trauma: a rapid review.

The review question was suggested by representatives of the Women's Health Team of the Welsh Government.

Urinary and faecal incontinence, which are often linked to the stresses and strains of childbirth, particularly perineal trauma, are debilitating conditions that can significantly impact women's quality of life. The economic cost of incontinence on both individuals and the healthcare system is substantial and the implementation of effective interventions to prevent incontinence following birth trauma can prevent avoidable and costly care in future.

The review included evidence from twenty systematic reviews of clinical effectiveness and three economic evaluations.

A large evidence base exists to support the effectiveness of pelvic floor muscle training and exercise interventions to prevent incontinence due to childbirth. Despite the limited number of economic evaluations assessing the cost-effectiveness of interventions for the prevention of incontinence, the significant economic consequences of incontinence on the NHS necessitates investment in preventative options that have been found to be clinically effective.

Further research should explore the

sustainability, and long-term impacts of exercise-based therapy. More research is also needed to explore alternative types of interventions and the prevention of faecal incontinence. Future recommendations for policy and practice must also consider qualitative findings of women's experiences and the acceptability and feasibility of rolling out interventions for the prevention of incontinence which play an important role in the adherence and maintenance of pelvic floor muscle training and other exercise-based interventions for the prevention of incontinence following childbirth.

The **findings** have helped to **inform** Priority Area 5 of the recent **NHS Wales Women's Health Plan 2025 – 2035** relating to pelvic health and incontinence.



View the full report:

www.researchwalesevidencecentre.co.uk/birthtrauma

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

Primary Research

In-house study

The views of endometriosis nurses and pelvic health & wellbeing coordinators on their roles: a service evaluation.



In Wales, endometriosis nurse and pelvic health wellbeing coordinator roles were introduced > 4 years ago in each health board. Endometriosis nurses aim to support those with endometriosis in their care, where women have often had a very long road to diagnosis and healthcare support. The role of the pelvic healthcare wellbeing coordinator arose from concerns about the complications experienced by patients following pelvic mesh surgery and the complexity of navigating pelvic health services. How these roles have been integrated into the existing services, barriers faced by staff and the benefits they have provided patients had not been assessed. By understanding how these roles have been interpreted and carried out in practice as well as the barriers currently faced will guide how

current services could be developed as well as how any new women's health services could be set up in Wales. The aim of this study was to understand the roles, the aims, barriers, role adaptations and recommended improvements for the role from the perspectives of those in the roles. This was explored through qualitative methods, including interviews and a workshop with endometriosis nurses and pelvic health wellbeing coordinators. The work was guided by input from stakeholders in Welsh Government and Fair Treatment for Women in Wales and our Public Partner.

The **outcomes** of this work will be used by the **Welsh Government** to help inform **women's health services in Wales**.



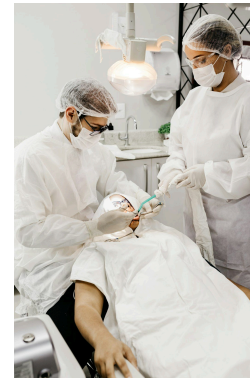
The final results are due in Summer 2025 and the full report will be available at: www.researchwalesevidencecentre.co.uk/report-library.

In-house study

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.

This study explored public understanding of NHS dental services in Wales, including perceptions of the dental team, barriers to access, and how a reformed system could better support their overall oral health. We conducted interviews and focus groups with 44 members of the public across all Welsh health boards to understand their views and priorities for dental services.

A Public Partner worked closely with the research team, the Chief Dental Officer for Wales and the Deputy Chief Dental Officer throughout the project. Their contributions shaped study design, data collection, analysis, and the creation of journal articles and a lay summary.



The research revealed that members of the Welsh public had a limited understanding of the dental team and their specific roles, as well as a lack of clarity around how and when to access emergency dental services. Participants were generally supportive of

a greater skill-mix and multidisciplinary approach to dental and general healthcare, though they emphasised the need for

increased education and awareness. There was a positive response to the idea of teledentistry, provided it is delivered in an inclusive and optional manner. Many also expressed a desire for more education and resources to enable greater engagement in the self-management of their oral health. From these discussions, six key public priorities for dental services in Wales emerged: timely and easy access to care, affordability, inclusive and accessible services, clear communication, effective care from the right professional, and better education and support to promote self-care.



Findings have helped to inform the **Wales Dental System Reform Programme**, incorporating public perspectives into service design. They have also **contributed** to negotiations for a new **NHS primary care dental contract** in Wales.

View the full report:

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

In-house study

De-medicalising gluten-free products through a subsidy card scheme: a qualitative study of service users.

People with coeliac disease follow a strict gluten-free diet to avoid serious health complications. Historically, gluten-free foods (GFF) were made available via NHS prescription to support dietary adherence when these products were less accessible. However, GFFs are now widely available through retail outlets, often at a lower cost than prescriptions. In 2019, Hywel Dda University Health Board introduced a subsidy card scheme as an alternative to prescriptions, aiming to reduce costs while maintaining dietary support.



This research aimed to explore how the card scheme affected users' quality of life, its economic implications, and the barriers experienced by those still using prescriptions. The study involved 29 participants, including 23 individuals with coeliac disease and six managing GFF provision for others. Participants were recruited from all seven health boards in Wales including current card users, prescription users, and those who declined to join the scheme during the pilot phase.

A Public Partner was actively involved

throughout the project, contributing to the study design, recruitment strategy, data collection, thematic analysis, and the development of the lay summary. The Chief Pharmaceutical Officer for Wales and his team, as key stakeholders, were also involved throughout.

Participants who continued using prescriptions valued financial savings, guaranteed access to essentials and the convenience of a structured supply. However, they also reported frustrations such as complex ordering systems, limited product availability, and food waste.

Those using the card largely appreciated its flexibility, greater choice of products, and ease of use. They noted reduced financial pressure and improved social inclusion as key benefits. Nonetheless, challenges included card restrictions, difficulties in checking balances, and limited access to suitable retail outlets in rural areas. Non-users expressed interest in the card scheme's potential benefits, especially in expanding dietary options, but raised concerns about its practical value in the current economic climate, risks of misuse, and geographic accessibility. Overall, around 70% of participants expressed interest in switching to the subsidy card, while a smaller number remained uncertain or reluctant.

The study's **findings** have contributed to a better understanding among stakeholders of the lived experiences of service users. These insights are being used to help **inform** decisions around the potential wider **rollout of the GFF subsidy card scheme** across NHS Wales.

View the full report:

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

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.

Health and Care Pathways in the Last Year of Life from Non-Sudden Causes between 2014 and 2023 in Wales: A Population-Scale Retrospective Cohort Study.

Little is known about health and care service utilisation at the end of life in Wales. In response to the National Programme for End of Life and Palliative Care in Wales, the aim of this work was to examine how individuals interact with health and care services in the last year of life for individuals who died of non-sudden causes, and whether the rate of health and care service utilisation by setting and type differs for those in receipt of palliative care and by demographic characteristics.



This is the first study to explore the patterns of change in health and care settings at a system level using population-scale data, including 267,199 individuals in the last year of life for individuals who died of non-sudden causes.

The study found that demand for urgent care increased rapidly towards the end of life. People

in urban areas and those in receipt of palliative care had an increased rate of health and care utilisation from their own homes. However, those on the palliative care register had a decreased rate of health service utilisation from care homes with and without nursing compared to those not on the palliative care register. Overall, individuals on the palliative care register were discharged from hospital at a faster rate and therefore, had a reduced expected length of stay from emergency or elective admissions. Men, residents from urban areas, those living in the most-deprived communities and those living alone were under-represented on the palliative care register.

Targeted approaches for efficiently identifying individuals needing palliative care services and additional support provided in people's own homes, where appropriate, should be prioritised to optimise health and care systems and the appropriate care for those nearing the end of life.

The **findings** of this study will be used by the **National Programme for End of Life and Palliative Care in Wales**, which is tasked with informing **Welsh Government policy over the next 25 years for palliative and end of life care** in Wales.

This final report will be published in Summer 2025 and will be available at:

www.researchwalesevidencecentre.co.uk/palliative_care_paper_primary_research

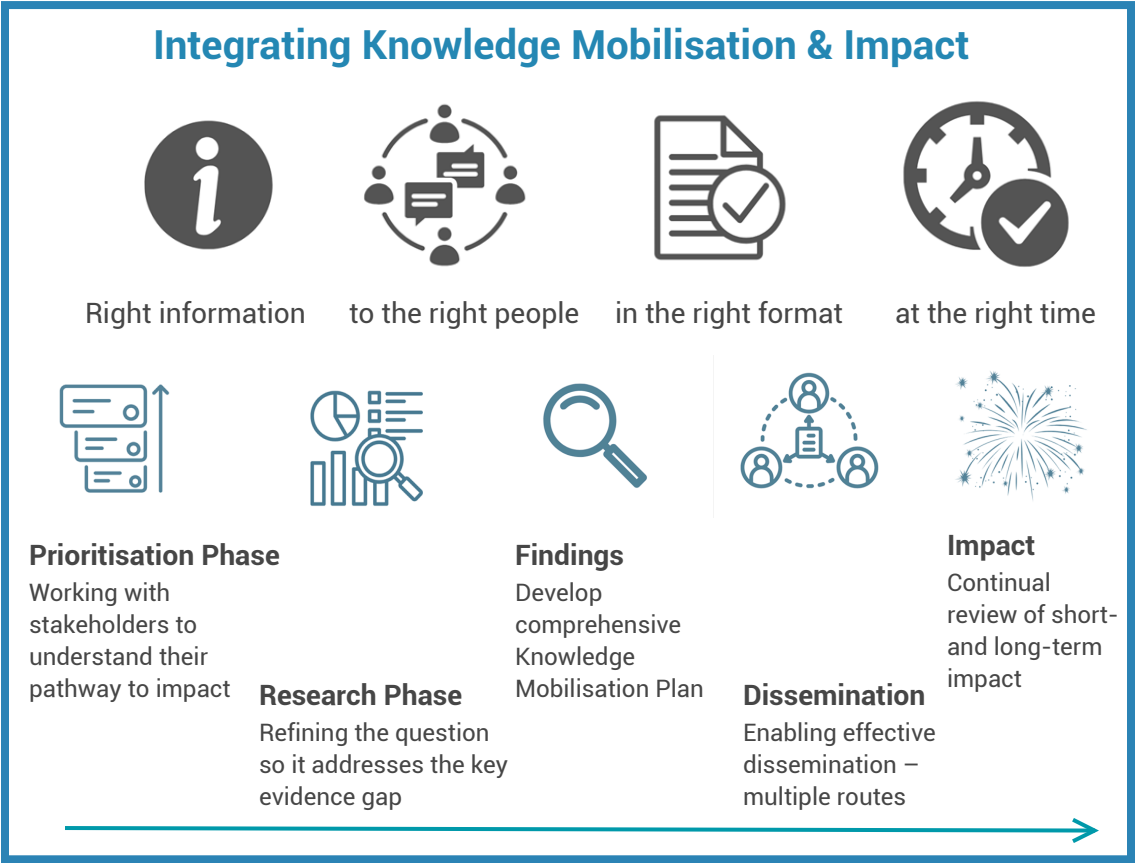
Knowledge Mobilisation & Impact

Knowledge mobilisation (KM) and impact activities underpin all of our research and ensure findings are available in the right format and at the right time **to inform policy and practice decision making in Wales.**

We undertake a range of activities, to support dissemination and track the use of our research findings. 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 KM plan for each piece of research with our stakeholders and public members.
- KM and impact meetings with stakeholders to plan and deliver KM, communications, and track and evidence impact of the research.
- 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 also focus on ensuring our research outputs are written in a way that is widely accessible.
- Developing a communications plan for the entire year ahead; including events, newsletters, blogs and social media.
- Themed presentations and evidence briefing sessions. Planned 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.





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

See our website and report library for all completed reports
and publications

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