## Action Plan

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| **Group** | PRIME Centre Wales (including Wales School for Social Prescribing Research WSSPR pages 14-20) |
| **Date** | 4th September 2020 |

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| **Version** | **Changes** | **Author** | **Date of Change** |
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| **Mission statement** – Using the information you provided in sections B1, C1, D1 and D2 of your application briefly describe your organisation, along with its aims, goals, proposed area/s of research activity and key relationships (including public involvement and engagement). |
| PRIME Centre wales will benefit the NHS and people of Wales by providing a **strong academic and evidence base** to underpin primary and emergency care.  Our **collaborative work** between leading **academics, individuals, communities**, and organisations is essential in **co-producing** large-scale **high-quality research with impact**.  This will underpin **improvements to primary and emergency services**, bringing innovative services **closer to communities**, **empowering patients and familie**s in their care, making services more **integrated and person-centred**, and ensuring that the population of Wales receives the greatest benefit from the health and social care resources available by adopting an **equitable and value-based healthcare** approach.  PRIME’s **unique multi-disciplinary collaboration is a single research community across Wales** researching primary and emergency care in Wales to achieve important benefits to our group, the NHS, Welsh Government and the people of Wales, through:   * Creating a **centre of excellence** in primary and emergency care, crucial for attracting prestige research funding into Wales and providing a strong academic base for primary and emergency care * Delivering **high quality research** that addresses increasingly complex challenges encountered in primary and emergency care * Adopting an **integrated whole-systems approach** to improve services, working at the critical interface between primary, emergency, and social care * Ensuring clear **“pathways to impact”** plans are developed and implemented to maximise public and patient benefit from our research, including a high level of engagement, research co-production and knowledge exchange with all our stakeholders * **Building capacity** for primary and emergency care research in Wales, including development of research methods, skills, patients  and members of the public and the workforce. This will include the development of new principal investigators and support for clinicians in becoming research leaders. This will ensure that we can continue to have a strong academic base for primary and emergency care services in Wales in the future   PRIME Centre Wales’ research activities are organised into eight multidisciplinary and inter-linked Work Packages (WPs) across three **policy relevant Research Themes**:   * ***Theme 1: Value-based primary and emergency care*** * WP1: Infections and antimicrobial resistance * WP2: Emergency, unscheduled and prehospital care * WP3: Patient safety * ***Theme 2: Seamless health and social care closer to home***   + WP4: Care closer to communities   + WP5: Person-centred care   + WP6: Supportive and palliative care * ***Theme 3: Reducing health inequalities***   + WP7: Screening, prevention and early diagnosis   + WP8: Oral health and primary dental health care   Across all WPs, our activities will focus on:   * Capturing **prestige funding** to enable us to produce world-leading research in primary and emergency care * Maintaining and developing local, national, and international **collaborations with stakeholders** * Producing high quality **research evidence** about services and interventions (health technologies), focusing on outcomes that really **matter to patients and the public** * Identifying and supporting the **best new models of primary, prehospital and social care and working** with commissioners, managers and practitioners to scale these up to the whole of Wales * Making the most of **digital and technological advances** that help staff work more effectively, produce efficient research, and support selfcare by patients and carers |

In sections B3, B4 and E1 of the application you provided information on your activities, outputs and outcomes:

* B3: Please describe the various activities (work packages) that make up your work programme, indicating the rationale and expected outputs for each work package.
* B4: Please describe the benefits you believe will accrue both to your group and health and care research in Wales.
* E1: Please describe the immediate outputs and the anticipated short, medium and longer term outcomes of your work programme.

We would like you to collate this information into an action plan. Please complete the table below briefly outlining your main objectives, activities and outputs per year of the award.

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| **Work Package** | **Objectives** | **Activity** | **Output** |
| *Name and brief description of each work package.* | *Describe the objectives of the work package.* | *Describe the activities you will undertake to achieve the work package objectives.* | *Describe the outputs or results you would expect to see from the activities.* |
| **WP1: Infections and antimicrobial resistance**  (Harry Ahmed & Kathy Hughes)  <http://www.primecentre.wales/wp1.php> | The aim of this WP is to improve the diagnosis and treatment of acute infections and optimise antibiotic use to address the issue of increasing antimicrobial resistance.  Specific objectives are to:  Describe the incidence, treatment patterns, and long-term sequalae of common infections.  Develop and test data-driven tools and interventions designed to improve diagnosis and treatment of infections and optimise antibiotic use.  Generate new insights into the relationships between the characteristics of infecting organisms and clinical presentations and outcomes.  Generate new insights into the clinical impact of acute infection in people with specific co-morbidities and multimorbidity. | ***Activities to achieve objectives:***  Programme of work that uses large-scale electronic health data to describe the epidemiology of infections and to evaluate interventions in Primary Care that improve diagnosis and treatment of common infections. This includes studies concerning Covid-19, serious infections in children, CRP Point-of-care testing, community pharmacy led services [NIHR HS&DR stage 1 application successful], and patient decision aids in collaboration with WP5 (Patient-centred care) [NIHR Fellowship – submitted].  Use molecular methods, including bacterial genomics, analysed in combination with clinical data to characterise common infections and improve diagnosis.  Programme of work that uses causal inference methods to understand relationships between infection, antibiotic use, and co-morbidities. This includes oral anticoagulant users [NIHR advanced Fellowship – funded], cardiovascular disease [BHF project grant – submitted], and neurological conditions [in prep] | ***Outputs/results expected from activities:***   * Win a WP1, PRIME-led grant >£250,000 per year from key funders like the NIHR and MRC. * Build upon networks to increase national & international collaboration including established collaborations with SW SAPC Universities and the GRIN network. * Develop and strengthen links with key guideline and policy organisations like NICE and PHE. * High-quality, peer-reviewed publications to disseminate research. * Build capacity by securing PhD funding and external grant capture and increasing partnership working, particularly with CTR, WP3, and WP5. |
| **WP2: Emergency, unscheduled and prehospital care**  (Alison Porter & Helen Snooks)  <http://www.primecentre.wales/wp2.php> | ***Objectives:***  We will build on our programme of work to support improvements to urgent and emergency care, identifying appropriate responses to patient needs, and delivering care closer to home. | ***Activities to achieve objectives:***   * A programme of work on how best to respond to 999 callers with sustained high needs * Using qualitative methods to understand patients’ views about interventions delivered by ambulance services * Evaluating the impact of paramedics working in primary and community care settings * Understanding how best ambulance services can respond to the challenges presented by the COVID-19 pandemic * Understanding the needs of asylum seekers and refugees in relation to accessing healthcare, and the best ways to meet those needs. | ***Outputs/results expected from activities:***   * Secure funding for at least five major new research studies (>£250,000) over the next five years. * Develop and strengthen research collaborations with other leading academics in the field UK and internationally, including facilitating conferences and networking events. * Develop and strengthen collaborations with NHS providers of emergency, unscheduled and prehospital care in order to support the development of research capacity and skills, and to ensure that research addresses current priorities in health care delivery. * Develop and strengthen links with key guideline and policy organisations, including the Welsh Government, NHS England and NICE. * High-quality, peer-reviewed publications alongside a programme of dissemination of research findings to a wider audience. * Build capacity by securing PhD funding and external grant capture and increasing partnership working. |
| **WP3: Patient safety**  (Andrew Carson-Stevens)  <http://www.primecentre.wales/wp3.php> | ***Objectives:***  Develop and implement approaches to generate learning from health care-associated harm that can be used to inform the design of safer systems of care delivery. | ***Activities to achieve objectives:***   * Establish the epidemiology of unsafe care in terms of the frequency, burden and avoidability of harm. * Develop methods to learn about unsafe care from routine health care data (e.g. safety incident reports) and * generate normative guidance to support organisations to implement these approaches to improve patient care outcomes. * Develop approaches for reviewing medical records to identify actionable learning from avoidable healthcare-associated harm in primary care contexts. * Contribute expertise to national and international bodies via expert advisory groups. | ***Outputs/results expected from activities:***   * Peer-reviewed publications and inform / develop clinical guidelines (e.g. via Royal College of General Practitioners). * Leadership and / or contributions to international expert groups (World Health Organization Patient Safety secretariat, Organisation for Economic Cooperation and Development). * Support and integrate patient safety into the development of PRIME bids across multiple WPs. * Build capacity by securing PhD / post-doctoral funding, external grant capture and increasing partnership working, particularly with WP2 and WPs 4–7. |
| **WP4: Care closer to communities**  (Joyce Kenkre & Carolyn Wallace)  <http://www.primecentre.wales/wp4.php> | ***Objectives:***  This WP will investigate how communities, organisations (statutory, nonstatutory,  3rd sector), and practitioners can work together with people to coproduce  seamless care that can be accessed in the right place, at the right time, and in the right way. | ***Activities to achieve objectives:***   * Investigate ways to improve equity of access to health and social care, and health education e.g. in rural settings, location of services, removing barriers, vulnerable groups such as people with learning disabilities, and tackling health inequalities * Tackle workforce development so that efficient, effective, timely care can be available that is good value for money. This may involve examining the redistribution of tasks to the most appropriate providers, with associated factors such as up-skilling/training, supervision, remuneration, workload, safety, and a work culture of feeling valued. * Continue to implement and develop the Community Nursing and Social Care Research Strategies for Primary Care in Wales | ***Outputs/results expected from activities:***   * Secure external grant income from NIHR, Research Councils and charities * Research funding showing an upward trajectory * Build upon networks to increase national & international collaboration. * Co-produce research applications with multi-professional and multi-agency teams. * Provide national resources to generate evidence for policies and clinical guidelines. * Involve people and patients from idea inception to delivery and translation to impact. * Develop communication, dissemination and involving people strategies for WP4. * Selected impact case study for REF. * High-quality, peer-reviewed publications to disseminate research. * Develop one new Principal/co-Principal investigator. * Develop ECRs and support ECR-led funding applications. * Secure PhD/post-doctoral fellowship grants. |
| **WP5: Person-centred care** (Fiona Wood & Natalie Joseph-Williams)  <http://www.primecentre.wales/wp5.php> | ***Objectives:***  Co-production principles are at the heart of public services in Wales. Coproducing  health draws on the philosophy of patient empowerment, and  engaging patients and the public in health improvement. | ***Our activities will include:***   * Understand and evaluate the role of patient reported experience measures (PREM) and patient reported outcome measures (PROMS) in informing and measuring shared decision making in clinical practice. * Involving patients and members of the public in developing, evaluating and implementing novel person-centred interventions to improve collaborative decision-making between patients and healthcare professionals * Developing and evaluating new models and training resources for implementation of personal centred healthcare approaches in routine care across NHS Wales (working with key stakeholders eg WG, HEIW PHW, local health boards). * Reducing inequalities in opportunities for co-production by empowering and activating people from deprived areas, women, young people, and people with learning disabilities in co-creating research, health and healthcare services * Contributing to the advancement of healthcare policy/ guidelines in the field of person-centred care (eg. NICE guideline development. * Working with WP1 and WP3, contribute to the scientific evidence about members of the public’s attitudes, knowledge and awareness of COVID-19 and their experiences of healthcare services during the pandemic. | ***Outputs/results expected from activities:***   * Obtain a £200k + grant per year for WP5 * Secure PhD/post-doctoral fellowships grants. For example, with WP1, NIHR PhD Fellowship submitted on SDM and prophylactic antibiotics for recurrent UTIs. * Increase capacity in WP5 (ie. Increase number of ECR staff, costed via external grants). * Bespoke shared decision-making training package developed for Welsh Government’s Value Based Healthcare Programme, delivered to 60+ trainers across Wales, and cascaded to clinical teams in NHS Wales. * Working with WP8, bespoke shared-decision making training package developed and evaluated for primary care dental staff (PRIDA study) * Range of SDM training resources adapted for different settings (eg adult healthcare, paediatric services, care homes) made available open access and usage monitored/ evaluated. * Funding bid submitted for the evaluation of SDM training programme across all physiotherapy services at Cardiff and Vale University Health Board. * Contribution of PRIME Centre Wales work in healthcare policy and guidelines which will contribute to an impact case study. |
| **WP6: Supportive and palliative care**  (Annmarie Nelson & Marlise Poolman)  <http://www.primecentre.wales/wp6.php> | ***Objectives:***  This new WP aims to contribute to the development of research in the high priority area for the NHS of supportive and palliative care.    Specific objectives are to:    Investigate supportive and palliative care in the community setting    Facilitate implementation of the Welsh Government ‘Palliative and End-of-Life Care Delivery Plan    Build research capacity and develop research leadership | ***Research activities will focus on:***   * Management of common symptoms in the last months/weeks/days of life, and service models to support this, e.g. the role of nurse prescribers, medicines management, including de-prescribing * Lay caregiver support: Anticipatory education on preparing for a home death, role-extension (e.g. carer-administration of as-needed injectable medication), and evidence-based bereavement support * Improving awareness, societal expectations, knowledge and acceptance of death and dying | ***Outputs/results expected from activities:***  ***Activities***   * Secure external grant income from NIHR, Research Councils and leading cancer charities * Develop and strengthen research collaborations with other WPs, between PRIME and the Marie Curie Centre for Palliative Care Research (Cardiff), with other leading academics in the field in the UK and internationally, and with PPI partners. * Develop and strengthen collaboration with the Welsh Government End of Life Care Board and its affiliated NHS and third sector organisations (hospices) * Translate research evidence into policy and practice in collaboration with health and social care partners * Publish high-quality, peer-reviewed publications to disseminate research, and disseminate research findings at leading national/international conferences * Build capacity by supporting ECRs and ECR-led funding applications |
| **WP7: Screening, prevention and early diagnosis**  (Kate Brain & Clare Wilkinson)  http://www.primecentre.wales/wp7.php | ***Objectives:***  Cancer was the leading cause of years of life lost in Wales in 2016. Around four in ten cancers are potentially preventable, and there is a strong social gradient in the determinants of health in Wales. Socio-economic disadvantage, age, and gender are major influences on cancer outcomes in Wales.  The COVID-19 pandemic has had a major impact on cancer services, highlighting the urgent need to innovate strategies for cancer prevention and early detection.  Our objective is to contribute to research that illuminates inequity and systemic barriers to better cancer diagnosis in Wales, and addresses cost effectiveness of new service models. | ***We will:***   * Involve patients, health professionals, and members of the public in developing, evaluating and implementing person-centred and general practice based interventions that address health inequality in cancer screening, prevention and early diagnosis * Develop and test new measures, tools and models to improve cancer screening, prevention, and early diagnosis behaviour across a range of cancer types and in response to COVID-19 * Underpin our research with state-of-the-art behavioural science and sociological theory and methods; working with our existing international network. | ***Outputs/results expected from activities:***  · Secure external grant income from NIHR, Research Councils and leading cancer charities  · Translate research evidence into policy and practice by sharing knowledge with key NHS, government, industry, public and third sector organisations for impact  · Publish high impact papers in leading journals e.g. Lancet Oncology, British Journal of Cancer  · Build a national and international profile for WP7 by disseminating research findings at leading national/international conferences and through invited speaker engagements  · Build a national and international network of WP7 collaborators  · Work closely with PPI partners at all stages from developing grant proposals through to disseminating research findings  · Build capacity by supporting ECRs through PI and co-PI grant applications, lead authored publications, Fellowship and PhD studentship applications |
| **WP8: Oral health and primary dental health care**  (Ivor Chestnutt)  http://www.primecentre.wales/wp8.php | ***Objectives:***  Poor oral health is closely linked with social and economic disadvantage. In the UK, 49% of children have developed dental caries by age five, and dental  extractions under general anaesthetic are a leading cause of hospital admission in children aged 5-9 years. A programme of major reform in how dental services are commissioned in Wales is underway. | ***We will therefore carry out research on:***   * Developing, evaluating, and implementing value-based models of preventing dental decay including the use of operational research * Co-production in the delivery of dental services – sharded decision making in relation to the appropriate use of dental services * School based clinical trial to determine the potential of SMS messaging to improve oral hygiene and prevent dental caries * An epidemiological studies to ascertain the impact of oral health improvement programmes and the oral health of young adults in Wales. | ***Outputs/results expected from activities:***   * Model to inform the commissioning of preventive dental care and inform dental contract reform * Shared decision-making tool for use in primary dental care * Evidence on the value of SMS messaging in promoting oral health * Data on the impact of national oral health promotion initiatives. |

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| **Outcomes and impact** – Using the information detailed in sections E1 and E2 of your application, please provide a brief overview of the types of outcomes and impact you hope to achieve across the whole programme of work. *Please note, you do not need to provide outcomes and impact for each work package/activity listed in the section above.* |
| PRIME has 4 Output Areas, aligned to our Objectives   1. Output Area 1 (2020-2025). Attract prestige research funding into Wales and deliver high-quality research aligned to policy, NHS, patient and public priorities: 2. Output Area 2 (2020-2025). Knowledge transfer and demonstrable research impact: 3. Output Area 3 (2020-2025). Undertake research and dissemination activities that are important to patients, the public and our stakeholders: 4. Output Area 4 (2020-2025). Build capacity for research in primary and emergency care across all disciplines, sectors, professional groups and levels of seniority.   PRIME’s alignment to policy (C3) and successful research on many of society’s big health and well-being challenges ensures we will continue to achieve significant impact where need is greatest.  Our WPs will:   1. Provide a national resource to generate evidence for policies and clinical guidelines (including NICE) 2. Lead to better health and wellbeing outcomes for people across the lifespan 3. Improve clinician and stakeholder knowledge and skills 4. Improve NHS service delivery, capacity, and deliver greater value 5. Contribute to international (e.g. World Health Organisation) strategic implementation and delivery plans to improve health and wellbeing |

**Variations to your work programme**

Based on your experience with managing the Group during the Covid-19 crisis there may be elements of your work programme you wish to amend and change. Please summarise any changes you wish to implement in the table below.

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| **Description of suggested change** | **If there is a cost implication to the change please provide a narrative explaining these changes and how this will contribute to your variation activities.** |
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**Risk management**

Identify the potential risks that could impact on the delivery of your work programme over the course of the funding period: How likely is the risk? What impact would it have? What actions can be taken to mitigate the risk? Consider organisation and project specific risk factors.

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| **Risk Factor** | **Likelihood (low, medium, high)** | **Impact (low, medium, high)** | **Mitigating action** |
| Covid-19 and Government social distancing measures on the ability to host events | High | Medium | Explore potential for non-face-to-face methods of engagement |
| Restrictions in NHS & REC ethical processes meaning that access to NHS staff and patients is not possible due to Covid-19. | High | High | If necessary, take a staged approach, proceed with research plans without engaging NHS staff/patients, conduct triangulation research post-restrictions to explore findings and gain consensus where appropriate. |
| Staff illness | Medium | Medium | Continue with regular steering group whole centre meetings (plus partner university weekly team meetings) to ensure that the whole team is up to date. Ensure Chairing is covered by Directors and Associate Directors. |
| Limitations on ability to conduct data collection and research activity due to Covid-19 restrictions | Medium | Medium | Use alternative online methods, e.g. using University provided applications to facilitate web based meetings and interviews e.g. Zoom, Teams. Other applications can also help with group priority setting such as Group Concept Mapping. |
| Upcoming funding opportunities focused on Covid-19, which may reduce opportunities | Low | Medium | Pivot research development focus on current and likely forthcoming funding opportunities related to Covid-19 and primary/community/unscheduled care to make full potential of new funding opportunities (to be prioritised, and previous research submission plans to be postponed if needed). |
| Non-compliance with GDPR due to remote working | Low | High | Ensure all personal data is stored as required by university regulations and GDPR policy. |

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| **Group** | **Wales School for Social Prescribing Research (WSSPR)** |
| **Date** | June 2020 |

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| **Version** | **Changes** | **Author** | **Date of Change** |
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| **Mission statement** – Using the information you provided in sections B1, C1, D1 and D2 of your application briefly describe your organisation, along with its aims, goals, proposed area/s of research activity and key relationships (including public involvement and engagement). |
| **The Wales School for Social Prescribing Research is a virtual all-Wales school, which aims to build a world-leading critical evidence base for social prescribing in Wales, using a translational research model to ensure findings have high-impact in academia, practice, policy and education.**  Health and Care Research Wales have funded the Wales School for Social Prescribing Research (WSSPR) programme of work to develop a social prescribing evaluation methodology. Alongside this work, other funded programmes include social value, evaluation, education and well-being.  **Goals for HCRW funding**   * Develop a social prescribing evaluation methodology to include; methodological framework/guidance, reporting standards for publication, agreed glossary of terms and training resources for researchers. * Use mixed methods to develop the evaluation methodology, including consensus methods such as Group Concept mapping and Nominal Group Technique. * Submit a minimum of two grant applications per year (one large and one small). * Engage with WSPRN members to provide advice and consultancy to 2-3 social prescribing evaluations, in order to capture real evaluation problems to feed into research outputs.   **Proposed areas of research activity**  The rapidly growing enthusiasm for social prescribing and its potential to influence delivery of services in primary care have exceeded expectation but the development of its evidence base and robust quality standards for evaluation have trailed (Lovell et al, 2017; Bickerdike et al, 2017). WSSPR is conducting a multi-phase programme of research to address this, known as the ACCORD study and development of a glossary of terms. This begins by collating and summarising existing literature on the principles of good practice in social prescribing review and evaluation, using a realist synthesis approach. Group Concept Mapping will then be used to generate consensus on evaluation methods & design to create the framework. Training materials for the evaluation methodology will be developed. Simultaneously, consensus methods will be used to develop the reporting standards for publication. The framework and reporting standards will then be tested in simulation (alpha testing) and subsequently in practice (beta testing) with members of the WSPRN and communities of practice.  **Key relationships**  WSSPR is nested within PRIME Centre Wales, under Theme 2: 'Seamless Care Closer to Home' and within Work Package 4 'Care Closer to Communities'. Work conducted by WSSPR will feed into PRIME Centre Wales through regular operational group meetings.  Within WSSPR is WSPRN, the Wales Social Prescribing Research Network. This is a network of researchers and practitioners in Wales who are interested in social prescribing research. The network currently has a diverse membership of over 300 members from academia, NHS, public sector, voluntary sector and independent organisations. Through the network, WSPRN, three Communities of Practice operate in North Wales, South East Wales and West Wales. These feed out to members of the public and the social prescribing community across Wales.  WSSPR has a public presence on social media through its Twitter feed @WSSPRCymru and public website [www.wsspr.wales](http://www.wsspr.wales). The website provides resources including research reports, products and easy read publications. WSSPR will disseminate its research through publications and engagement at local and national conferences.  WSSPR has a PPI lead on the steering group, who will work closely with the WSSPR steering group PPI members. WSSPR will also engage with the HCRW Public Involvement team to seek patient and public involvement in the development of funding applications. |

In sections B3, B4 and E1 of the application you provided information on your activities, outputs and outcomes:

* B3: Please describe the various activities (work packages) that make up your work programme, indicating the rationale and expected outputs for each work package.
* B4: Please describe the benefits you believe will accrue both to your group and health and care research in Wales.
* E1: Please describe the immediate outputs and the anticipated short, medium and longer term outcomes of your work programme.

We would like you to collate this information into an action plan. Please complete the table below briefly outlining your main objectives, activities and outputs per year of the award.

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| **Work Package** | **Objectives** | **Activity** | **Output** |
| *Name and brief description of each work package.* | *Describe the objectives of the work package.* | *Describe the activities you will undertake to achieve the work package objectives.* | *Describe the outputs or results you would expect to see from the activities.* |
| ACCORD: A social prescribing evaluation framework & reporting standard study | 1. Develop programme of research & research protocol | * Develop draft programme of research for consultation with steering group. * Write protocol for publication * Form an international advisory board to guide and advise on WSSPR programme of research. | * Publication - Protocol |
| 1. Identify principles of good practice in social prescribing research, evaluation & monitoring. | * Conduct a realist review * Request evaluation documents from the WSPRN & Primary Care One * Form an international advisory board with experts in SP & realist methods * Hold forums for local SP interventions & projects to discuss hard-to-solve problems & evaluation challenges. | * Realist synthesis protocol registered on PROSPERO * Report for consultation with network, steering group & advisory board * Publication - Findings * Dissemination activity for results (e.g. presentation at local conference) |
| 1. Generate consensus from stakeholders around evaluation methodology for social prescribing. | * Recruit participants from WSPRN & Communities of Practice. * Conduct Group Concept Mapping consensus study. | * Publication – Findings * Dissemination activity * Easy read summary of findings |
| 1. Build a social prescribing evaluation methodology framework and training materials. | * Engaging steering group & advisory group, build framework * Apply for grant funding to produce online training materials. * Develop training materials in partnership with stakeholders | * Social prescribing evaluation methodology * Evaluation guidance documents * Grant income * Training materials |
| 1. Test the evaluation methodology framework in simulation (alpha testing) and in practice (beta testing). | * Ethics applications for testing * Alpha testing of evaluation methodology & training in Hydra Simulation Suite at USW * Beta testing of evaluation methodology in WSPRN/CoPs | * Ethical approval * Report on alpha testing * Report on beta testing * Publication – Findings * Dissemination activity |
| 1. Use consensus methods to develop reporting standards for social prescribing evaluation | * Conduct consensus study with methods and topic experts to develop reporting standards. | * Reporting standards for publication * Publication – findings |
| 1. Develop an agreed glossary of terms for social prescribing with stakeholders. | * Apply for grant funding to produce glossary of terms with computer science colleagues. * Engage national databases, I.e. Dewis and infoengine, and harvesting technology, e.g. Datris Solutions. * Development of thesaurus through searching for concepts and terminology in national databases and the web. * Host a consensus workshop to agree glossary of terms. | * Grant income * Glossary of terms * Publication – Findings * Dissemination activity |
| 1. Disseminate the evaluation methodology framework, reporting standards, training materials and glossary of terms. | * Develop a dissemination strategy with the steering group and network. * Host an all-Wales event to showcase work produced, demonstrate the process and share resources for practitioners. * Publicise resources on social media and WSSPR website. | * Dissemination strategy * All-Wales event * Resource download metrics |

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| **Outcomes and impact** – Using the information detailed in sections E1 and E2 of your application, please provide a brief overview of the types of outcomes and impact you hope to achieve across the whole programme of work. *Please note, you do not need to provide outcomes and impact for each work package/activity listed in the section above.* |
| WSSPR will deliver outputs on three established objectives. In addition to outcomes and impact in academia, employing the translational research model will enable WSSPR to have impact in policy, practice, health and well-being.   1. Cultivate a high-quality multi-phase programme of research to develop an evaluation methodology for social prescribing   Using a mixed-methods approach, researchers will develop a programme of research to build an evaluation methodology, and corresponding training materials, reporting standards and a glossary of terms for social prescribing. This will be achieved through successful grant applications, publications in peer reviewed journals and dissemination through local, national and international conferences.   1. Increase research awareness and capacity for social prescribing across sectors   WSSPR will engage with WSPRN members through signposting and connecting, provision of advice and support through regular social prescribing evaluation forums and collaborative working on projects in the community. Engagement across sectors via the WSSPR website and social media channels. Provision of training to social prescribers and voluntary sector employees to develop research and evaluation skills and capacity. Develop early career researchers, PhD students and MRES students within WSSPR through opportunities to collaborate and learn from the research team.   1. Translate research findings into practice, policy and education   Disseminate outputs (I.e. framework, training materials, reporting standards and glossary of terms) through academic, NHS, social care, voluntary sector and policy networks. Maintain ongoing communication between stakeholders and researchers to ensure accurate and valid interpretation of findings and utility of products. Produce easy-read reports and public facing documents about WSSPR outputs and progress to inform stakeholders. |

**Variations to your work programme**

Based on your experience with managing the Group during the Covid-19 crisis there may be elements of your work programme you wish to amend and change. Please summarise any changes you wish to implement in the table below.

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| **Description of suggested change** | **If there is a cost implication to the change please provide a narrative explaining these changes and how this will contribute to your variation activities.** |
| Due to Covid-19 restrictions on travel and events we are proposing that funds for year 1 for community research events and travel for researchers could be repurposed to support online research methods (e.g. Group Concept Mapping) and dissemination activities. As it was not possible to host a full launch of WSSPR in April 2020 and subsequent events to raise awareness, additional dissemination activities would offer an opportunity to raise the profile of WSSPR. As face-to-face research activity is limited, we would like to increase our research capability in online consensus methods. | Repurpose funds for travel and community research events for year 1 to:   * Alter face-to-face engagement with online activity, supported by specialist software (e.g. purchase online GroupWisdom licence). * Raise the profile of WSSPR nationally and internationally through alternative dissemination activities. |

**Risk management**

Identify the potential risks that could impact on the delivery of your work programme over the course of the funding period: How likely is the risk? What impact would it have? What actions can be taken to mitigate the risk? Consider organisation and project specific risk factors.

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| **Risk Factor** | **Likelihood (low, medium, high)** | **Impact (low, medium, high)** | **Mitigating action** |
| Covid-19 and Government social distancing measures on the ability to host events | High | Medium | Explore potential for non-face-to-face methods of engagement with network and communities of practice. |
| Limited awareness and knowledge of WSSPR programme of research due to lack of an official launch (Covid-19 specific impact) | High | High | Raise profile of WSSPR through social media, website, online events, alternative dissemination activities. Extend dissemination activities in years 2 and 3. |
| Restrictions in NHS & REC ethical processes meaning that access to NHS staff and patients is not possible due to Covid-19. | High | High | If necessary, take a staged approach, proceed with research plans without engaging NHS staff/patients, conduct triangulation research post-restrictions to explore findings and gain consensus where appropriate. |
| Staff illness | Medium | Medium | Continue with regular steering group meetings to ensure that the whole team is up to date. Nominate a deputy to chair steering group meetings. Explore alternative research support from the Welsh Institute for Health and Social Care to cover for sickness for WSSPR funded staff, if required. |
| Limitations on ability to conduct data collection and research activity due to Covid-19 restrictions | Medium | Medium | Use alternative online methods, e.g. Group Concept Mapping, Q-methodology, online interviews, focus groups, etc. |
| Limitations to spending allocated funds on events | Medium | Medium | Host events virtually and use associated underspend for dissemination of WSSPR work and online research methods. |
| Upcoming funding opportunities focused on Covid-19, which may reduce opportunities which align with the aims of WSSPR | Low | Medium | Explore broader opportunities for funding and monitor opportunities actively. |
| Non-compliance with GDPR due to remote working | Low | High | Ensure all personal data is stored as required by the University of South Wales GDPR policy. |