

2022 - 2023 Annual report



Canolfan PRIME **Cymru**
PRIME Centre **Wales**

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Foreword

Centre Director, Professor Adrian Edwards

Primary and emergency care is front page news – problems with staffing, availability and response times, quality, safety and patient experience. PRIME Centre Wales researches topics that support the sector – for patients, public, staff members and the NHS as a whole. Over 90% of all healthcare encounters take place in primary and emergency care, and the worldwide evidence is that the strength of a country's health service is dependent on the strength of its first-port-of-call services.

Our work demonstrates impact in supporting the sector, across disciplines. Several examples are described in this Report. In this report year we have also been externally recognised for the work and impact achieved through the outcomes of the UK universities' Research Excellence Framework. The emergency care group's work on PRISMATIC – risk identification of older persons for proactive intervention was submitted via Swansea University.

The work on Shared Decision-Making, now integral in a NICE Guideline, was submitted via Cardiff University. The FRAIT tool for family resilience assessment and intervention by Health Visitors was submitted by University of South Wales. The Bangor University group's work on CARIAD for supporting home-based end-of-life care has received widespread lay media profile and national policy recognition.

So primary and emergency care is a sector under particular strain. PRIME Centre's work directly tackles the issues that are important us all through high quality, multi-disciplinary, holistic research that recognises the complexity of health and social care in a population with increasing needs. The evidence base to support the sector's work is vital. I'm delighted to share our achievements with you through this 8th PRIME Annual Report.



Professor Adrian Edwards, Professor of General Practice, Division of Population Medicine, Cardiff University; Director, PRIME Centre Wales, and Health and Care Research Wales Evidence Centre

PRIME Centre Wales benefits the NHS and the 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 underpins **improvements to primary and emergency services**, bringing innovative services **closer to communities**, **empowering patients and families** 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:

1. 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
2. Delivering **high-quality research** that addresses increasingly complex challenges encountered in primary and emergency care
3. Adopting an **integrated whole-systems approach** to improve services, working at the critical interface between primary, emergency, and social care
4. 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
5. **Building capacity** for primary and emergency care research in Wales, including the 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.

Aim:

To improve the health and well-being of people in Wales by producing world-leading, locally relevant high-impact research in primary and emergency care.

Themes & Workpackages:



Theme 1:

Value-based primary & emergency care

WP1. Infections & antimicrobial resistance
WP2. Emergency, unscheduled & prehospital care
WP3. Patient safety



Theme 2:

Seamless health & social care closer to home

WP4. Care closer to communities
WP5. Person-centred care
WP6. Supportive & palliative care



Theme 3:

Reducing health inequalities

WP7. Screening, prevention & early diagnosis
WP8. Oral health & primary dental care

Infrastructure wide activities:

Engagement, collaboration and co-production
Public and patient involvement & engagement
Knowledge translation, stakeholder engagement and impact
Communications, publicity, impact & knowledge transfer
Research portfolio development
Methodological development
Workforce development & capacity building

Who's who: meet the team

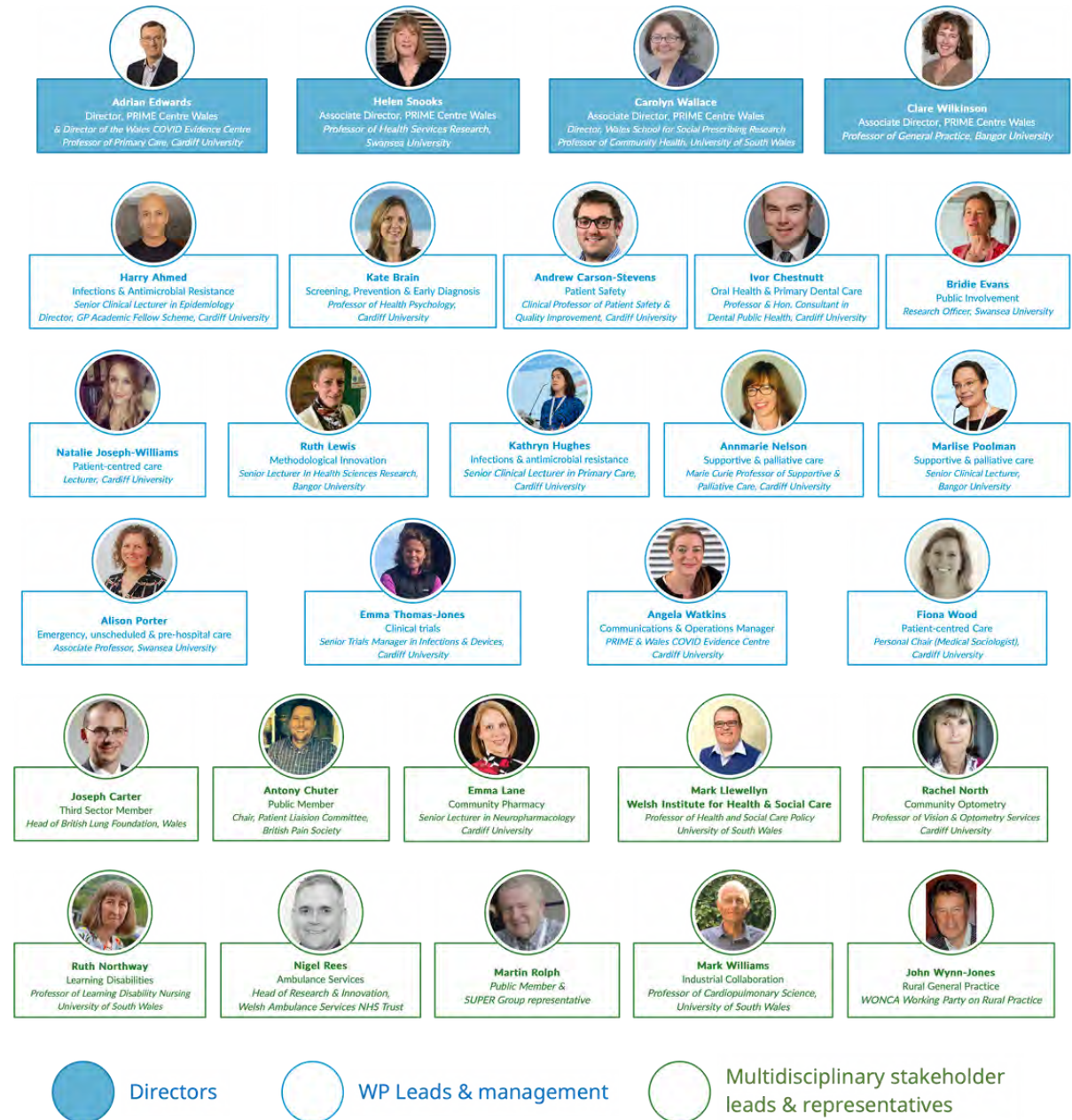
Governance structure

PRIME operates an inclusive and horizontal leadership model, with multidisciplinary contribution to the leadership group (Directors) and Operational Working Group and support for Early Career Researchers (ECR) in leadership roles (e.g. co-leading Work packages).

Our all-Wales emphasis is evident in our rotating Annual Meetings at Cardiff University, Swansea University (hosted in-person in 2022), Bangor University and the University of South Wales. The Leadership group (directors) derives substantial support and strategic direction from the All-Wales Steering Committee (policymakers, domain and discipline stakeholders), the International Advisory Board (overseas academics and PPI contributors), and the "SUPER" group (patients and public).










































All-Wales Steering Committee

The PRIME Centre Wales All-Wales Steering Committee meets once yearly and is comprised of all co-applicants, work package and cross-cutting theme/ strategy leaders, representatives from third sector and lay members. The Committee provides advice and direction for the overall Centre strategy, together with a supportive scrutiny role, and steer for fit with government, public and professional / service priorities.



Operational Group

The Operational Working Group meets monthly and is comprised of Centre Directors, Work Package Leads and core-funded research and professional services staff. The group ensures effective cross-university collaboration of the team towards achieving the goals of PRIME.

 Adrian Edwards Director, PRIME Centre Wales & Director of the Wales COVID Evidence Centre Professor of Primary Care, Cardiff University	 Helen Snooks Associate Director, PRIME Centre Wales Professor of Health Services Research, Swansea University	 Carolyn Wallace Associate Director & WPA Care closer to communities, PRIME Centre Wales Director, Wales School for Social Prescribing Research Professor of Community Health, University of South Wales	 Clare Wilkinson Associate Director, PRIME Centre Wales Professor of General Practice, Bangor University	
 Harry Ahmed WP1: Infections & Antimicrobial Resistance Senior Clinical Lecturer in Epidemiology Director, GP Academic Policy Scheme, Cardiff University	 Kathryn Hughes WP1: Infections & Antimicrobial Resistance Senior Clinical Lecturer in Primary Care, Cardiff University	 Alison Porter WP2: Emergency, Unscheduled & Pre-hospital Care Associate Professor, Swansea University	 Andrew Carson-Stevens WP3: Patient Safety Clinical Professor of Patient Safety & Quality Improvement, Cardiff University	 Natalie Joseph-Williams WP3: Patient-Centred Care Senior Lecturer in Improving Patient Care, Cardiff University
 Fiona Wood WP5: Patient-Centred Care Personal Chair (Medical Sociology), Cardiff University	 Annmarie Nelson WP6: Supportive & Palliative care Marie Curie Professor of Supportive & Palliative Care, Cardiff University	 Marlise Poolman WP6: Supportive & Palliative care Senior Clinical Lecturer in Palliative Medicine, Bangor University	 Kate Brain WP7: Screening, Prevention & Early Diagnosis Professor of Health Psychology, Cardiff University	 Ivor Chestnutt WP8: Oral Health & Primary Dental Care Professor & Hon. Consultant in Dental Public Health, Cardiff University
 Rabeeh Aslam Study Manager, Swansea University	 Fadi Baghdadi Research Associate Swansea University	 Alison Cooper Clinical Research Fellow, Cardiff University	 Freya Davies Clinical Research Fellow, Cardiff University	
 Anwen Cope Senior Clinical Lecturer & Honorary Consultant in Dental Public Health, Cardiff University	 Bridie Evans Research Officer Swansea University	 Julia Hiscock Research Fellow, Bangor University	 Ashra Khanom Research Fellow, Swansea University	
 Mark Kingston Senior Research Fellow, Swansea University	 Kate Lifford Research Associate, Cardiff University	 Ruth Lewis Senior Lecturer, Bangor University	 Mark Lewellyn Professor of Health & Care Policy, Director of WHSC, University of South Wales	
 No Photo	 Delyth Price Research Assistant Cardiff University	 Simon Newstead Research Assistant, University of South Wales	 Ruth Northway Professor of Learning Disability Nursing, University of South Wales	
 Harriet Quinn-Scoggins Research Associate, Cardiff University	 Stacey Rees Research Associate University of South Wales	 Leigh Sanyaolu Clinical Research Fellow, Cardiff University	 Anna Torrens-Burton Research Associate, Cardiff University	
 Denitza Williams Research Associate Cardiff University	 Richard Evans Administrator Bangor University	 Jane Greenwell Deputy Manager Cardiff University	 Neil Jenkinson Research Administrator Swansea University	
Directors	 Marina MacDonald Research & Support Officer WHSC, University of South Wales	 Anne Surman Finance & Communications Swansea University	 Angela Watkins Communications & Operations Manager Cardiff University	
Work Package Leads				
Research Team				
Professional Services & Support				

International Advisory Board

Our International Advisory Board represents **leaders in the field of patient involvement and primary, emergency, and unscheduled care** research from around the world.

The Board meets yearly and is comprised of senior or experienced researchers and other stakeholders based outside of Wales.

The Board provides independent advice on the quality of our work, critical comment on progress towards its milestones and outputs, and steer in the context of international developments, policy, and research priorities.



John Browne
Director of National Health Research,
Ireland, Health Services Researcher, University
College Cork, Ireland



Debra Jackson
Professor of Nursing
University of Technology Sydney, Australia



Carolyn Canfield
Independent Citizen-Patient
Vancouver, British Columbia, Canada



Peter O'Meara
Professor of Paramedicine
Monash University, Australia



Niamh Cummins
Associate Professor in Public Health
Public Health Programme, University of Limerick,
Ireland



Martin Quinn
Regional PPI Lead, Public Health Agency
Londonderry, Northern Ireland



Martin Dawes
Professor of Family Practice Medicine
University of British Columbia, Canada



Niro Siriwardena
Professor of Primary & Pre-Hospital Care
University of Lincoln



France Légaré
Professor of Family Practice Medicine
University of Quebec, Canada



Josep Vidal-Alaball
Professor of Primary Care Medicine
University of Catalonia



Magnus Hagiwara
Professor of Prehospital Emergency Care
University of Borås, Sweden



Emma Wallace
GP & Lecturer in General Practice
University of Medicine & Health Sciences, Ireland



Nefyn Williams
Professor in Primary Care
University of Liverpool, England

Core Metrics

Reporting period: **2022/2023**

**Health and Care
Research Wales
infrastructure award
to the group**



Direct funding awarded
£0.9m

Jobs created through direct funding



Grants won during reporting period

Grants won	Led by group	Group collaborating
Number	16	7
Value	£3.0m	£5.7m
Funding to Wales	£3.0m	£4.8m
Funding to group	£2.4m	£0.4m
Additional jobs created for Wales	13	13
Additional jobs created for group	12	5



Number of publications



Number of public engagement events



Number of public involvement opportunities

Reporting period:
12 months, 1st April 2022 to 31st March 2023

Public involvement opportunities include projects which have recruited public member partners and events open to members of the public.

In addition to the public engagement events listed, there have been 17 separate presentations by researchers to the SUPER Group between April 2022 and March 2023. There were 7 full SUPER group meetings as well as sub-group and other meetings.

April 2020 - March 2023

Summary of activities

Increasing the quantity of large scale, high-quality research

174 research grant applications submitted, 83 awarded, and 20 pending (48% success rate)



Income generation

£26.9 million total generated in PRIME led & supported research funding, including £16.7 million into Wales



Increasing the evidence base

271 publications in primary and emergency care research, increasing the evidence base for policy & practice



Increasing capacity

100 full-time equivalent posts created in Wales through funded research projects



Involving public and patients

645 public involvement opportunities created



News highlights and impact

PRIME researchers help develop an online decision aid and app that could improve quality of life for terminally ill cancer patients

PRIME Centre Wales researchers are part of a European team awarded funding to create an online decision aid and app that will help terminally ill cancer patients to make informed decisions about their medication.

Many patients with cancer receive medication to reduce the ability of the blood to clot, reducing the risk of thrombosis. These medications, known as antithrombotics, is often continued until the end of a patient's life, despite side effects such as bleeding, and the associated reduced quality of life. A European consortium, co-led by the Leiden University Medical Centre (LUMC) and Cardiff University, has been awarded a Horizon Europe grant of 6 million euros to create an online app that enables shared decision making between doctors and patients regarding continuing or stopping their antithrombotic medication.

The online decision aid and app is being developed through the SERENITY project, led by Simon Noble, Marie Curie Professor in Supportive and Palliative Medicine at Cardiff University

and Health and Care Research Wales grant holder, and Erik Klok, Professor of Medicine at the LUMC in the Netherlands. Health and Care Research Wales funded organisations - Wales Cancer Research Centre, PRIME Centre Wales and the Secure Anonymised Information Linkage (SAIL) Databank - are all involved in the project.

The dedicated online decision aid and app (online DA) will use questions to start the conversation between a doctor and patient and assess the patient's individual risk of bleeding and thrombosis.

Professor Simon Noble said:

"Only rarely are these medications discontinued during the last phase of life. This is due to the lack of scientific evidence, but also because death and dying are often not discussed sufficiently by the treating physician.

"We want to tailor the app as much as possible to the individual patient. It will take into account factors such as gender, tumour type and past thrombosis / bleeding history. The questions in the app will be adjusted accordingly. The online DA will not indicate whether the patient should stop taking medication.

"The online DA does not give advice but makes discontinuing medication negotiable. The final decision lies with the patient, giving them more control over their own disease process."



TOWARDS CANCER PATIENT EMPOWERMENT FOR OPTIMAL USE OF ANTITHROMBOTIC THERAPY AT THE END OF LIFE

Most importantly, it helps them to consider the evidence within the context of their own personal preferences and values."

Cardiff University and LUMC are collaborating with 14 institutions across Europe to develop the online DA. The first two years of the SERENITY project will be dedicated to epidemiological and qualitative research and app development. The opinions of doctors and patients will be central to this.

Professor Annmarie Nelson, Programme Lead Optimised Patient Experience, Wales Cancer Research Centre and Marie Curie Professor of Palliative and Supportive Care, said:

"I am delighted to be a part of this international team working with Professor Noble on the qualitative work package, which gathers the views of patients, families and healthcare professionals across four countries. Discontinuing treatment is a sensitive topic at end of life for all concerned.

Our work with patients and families will indicate how we can minimise potential distress when considering options."

Professor Adrian Edwards, Director of PRIME Centre Wales, said:

"We are delighted that this research will use the expertise in PRIME for patient-centred care, shared decision-making and palliative and supportive care. It will make a big difference for patients and families at extremely difficult stages of life and illness by enabling them to make treatment decisions based on what is most important to them personally."

The SERENITY project is funded by HORIZON-RIA grant agreement number 101057292

For further information about the SERENITY study, please visit: <https://serenity-research.eu/>

GPs in EDs study receives public involvement award

PRIME researchers and public contributor colleagues from the 'GPs in EDs' study were delighted to be awarded the 'Public Involvement Award' at the Health and Care Research Wales annual conference held on the 13th October 2022.

The Health and Care Research Wales Awards acknowledge the incredible achievements of the Welsh research community over the past year. This year, four distinguished researchers were honoured under three award categories: the Impact Award, the Rising Research Star Award, and the Public Involvement Award.

The award recognises the very best use of public involvement in a health or social care research study, using the UK Standards for Public Involvement.

Julie Hepburn, public involvement member of the study, accepted the award on behalf of the study, which was delivered by PRIME Centre Wales. The study aims to evaluate how GPs work in Emergency Departments in September 2022.

Through all research stages, from study inception to completion, public contributors have been equal team members.



Watch Bridie Evans speak about public and patient involvement in the GPs in EDs study by clicking the link above

The judges believe this to be a leading example of the influence that public involvement can have on health and social care research. It was fantastic to see the team embracing the UK Standards for Public Involvement and focusing on capturing and measuring the impact that public involvement was having throughout the life of the study.

Read more about the GPs in EDs study on the [PRIME Centre Wales website](#).



Bridie Angela Evans (now retired), Public Involvement Lead at [PRIME Centre Wales](#) said:

I feel very proud and delighted that our work has been recognised in this way. I hope we have shown others how they can genuinely involve people in their research teams, welcome the roles public members can undertake in a collaboration and value the contributions these skilled and motivated individuals bring to carrying out good quality research."



Dr Ashra Khanom awarded 'Rising star in research' prize

Dr Ashra Khanom, Health and Care Research Wales Research Fellow within PRIME Centre Wales, Swansea University has won the Early Career Innovation Rising Star award at the Swansea University Research and Innovation Awards 2022.

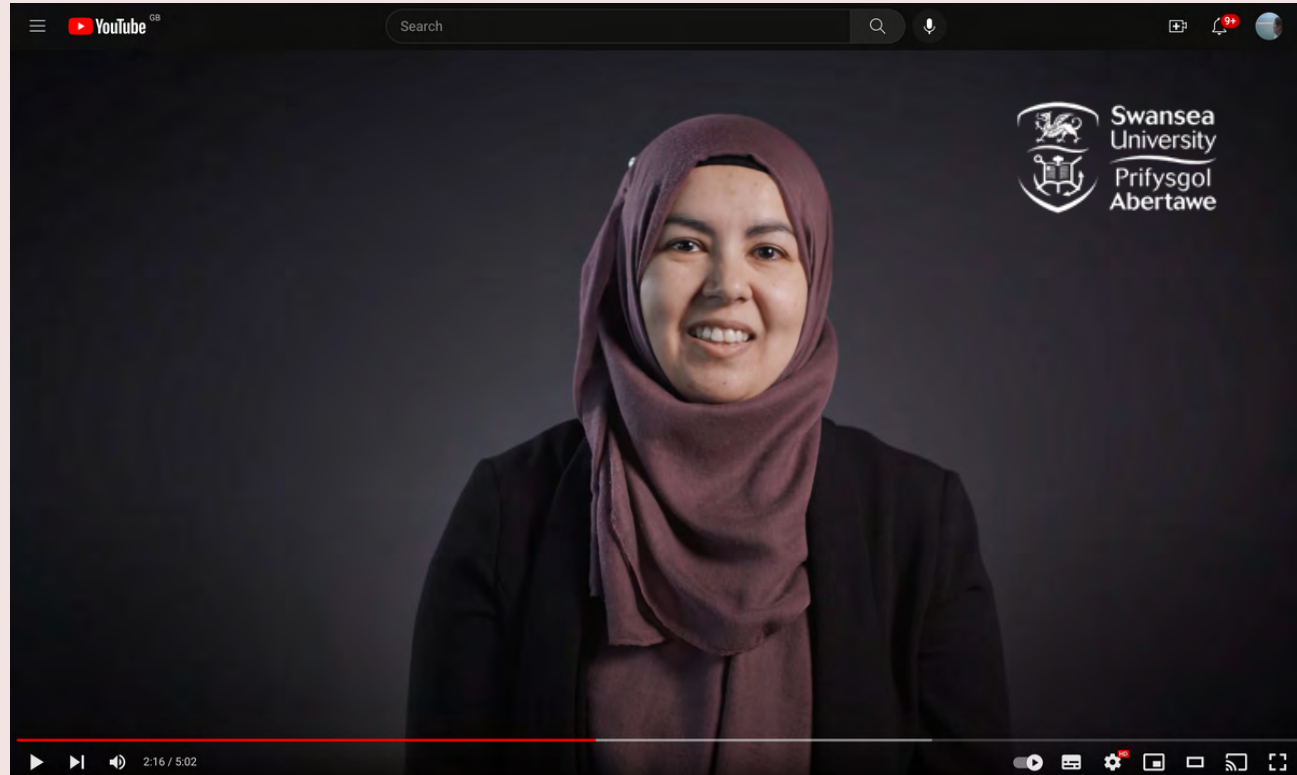
Researchers from across the University were invited to submit entries, with over 100 received, across the 14 award categories. Each application exemplified the quality, relevance and positive global impact of Swansea University's research and its potential to inspire.

Helen Snooks, Professor of Health Services Research at Swansea University, and Associate Director of PRIME, comments:



I was delighted to attend the Swansea University research and innovation awards this year and to support Ashra Khanom as she won an award for Early Career Researcher - Rising Star.

Ashra deserves this award for her commitment, drive, and exceptional performance - in particular winning a substantial grant



A video featuring an interview with Dr Ashra Khanom and other award winners is available to view by clicking the link above

for the innovative 'BE SURE' study investigating discrepancies in care, experience, and health outcomes between white British people and people from ethnic minorities when they seek emergency care for injuries; her work with Asylum Seekers and Refugees ([HEAR1](#), [HEAR2](#)); and with patients who make frequent use of the 999 ambulance service ([INFORM](#), [STRETCHED](#))."



Shielding did not reduce COVID-19 infections in Wales: new study questions benefits of policy for vulnerable people

PRIME researchers at Swansea University have led a study that aimed to find out more about the shielded cohort and compare routine health outcomes between this high-risk population and the rest of the unshielded general population in Wales, a year after the introduction of the shielding intervention.

Shielding was introduced to protect those thought to be at highest risk of serious harm should they catch COVID-19, for example, because of preconditions such as cancer or medications that they were taking. Key to protecting vulnerable people was to reduce their risk of contracting COVID-19.

The team used demographic and clinical data to compare health records of people who were screening, to those of the general population between March 2020 and March 2021, and concluded that a “lack of clear impact on infection rates raises questions about the success of shielding”.

The full results, published in the journal Public Health also show that:

- The three largest clinical categories in the shielded cohort were people with a severe respiratory condition (35.5%), people on immunosuppressive therapy (25.9%), and people with cancer (18.6%).
- The full results, published in the journal Public Health also show that:

The project is known as EVITE Immunity, funded through the National Core Studies Immunity Programme - commissioned by Birmingham University on behalf of UKRI; and involves collaborations with Cardiff University, Warwick University, Welsh Government and NHS Wales.

Publication citation and link:

Did the UK's public health shielding policy protect the clinically extremely vulnerable during the COVID-19 pandemic in Wales? Results of EVITE Immunity, a linked data retrospective study. Public Health, 2023, ISSN 0033-3506, <https://doi.org/10.1016/j.puhe.2023.02.008>].

Press coverage:

- [BBC News article](#)
- [Swansea University Press release](#)



Professor Helen Snooks who led the study with Professor Alan Watkins, comments:

"Our study found no evidence of reduced COVID19 infections one year after shielding was introduced. This raises questions about the benefits of shielding for vulnerable people as a policy.

Work is ongoing to compare these outcomes, as well as self-reported quality of life, with a matched group of people who were clinically vulnerable, but not selected for Shielding.

Having as much evidence as possible about the effect of policies is essential if we are to learn lessons for the future”.

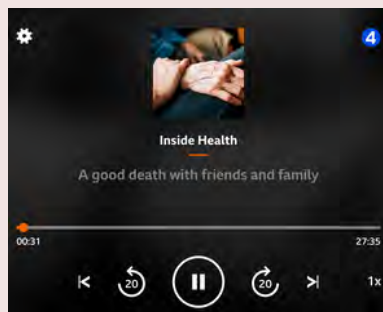


CARiAD study featured on BBC Radio 4 Inside Health

The implementation of CARiAD in North Wales was featured for the full episode of the BBC Radio 4 Inside Health programme, aired on 9th August. Dr Marlise Poolman, Clinical Senior Lecturer in Palliative Medicine at Bangor University, and co-lead for Palliative and Supportive Care Research at PRIME, was interviewed for the episode, alongside CARiAD study specialist palliative care nurse, Vicky at Betsi Cadwaladr University Health Board, and study participant, Mark, who was trained by Vicky and cared for his mum at home.

The CARiAD study focusses on timely administration of as-needed medication for dying patients being cared for at home, in particular whether lay carer role-extension is feasible and acceptable in the UK.

The episode is available to listen to on the [BBC Radio 4 website](#).



Professor Carolyn Wallace presents evidence to Senedd

Professor Carolyn Wallace, Associate Director of PRIME Centre Wales, and Director of the Wales School for Social Prescribing Research presented evidence on social prescribing and mental health inequalities to the Senedd on 19th May.

Professor Wallace spoke about how community solutions and social prescribing can address mental health inequalities.

Following the Senedd committee, Professor Wallace said: "It was a great privilege to be asked to present evidence to the Senedd on social prescribing in Wales. Members were very interested in how WSSPR had contributed to the evidence not just in Wales but internationally."

Find out more about WSSPR by visiting our website: www.wsspr.wales

Professor Kate Brain presents evidence to Senedd

Kate Brain, Professor of Health Psychology and PRIME co-lead for screening, prevention, and early diagnosis research presented evidence to the Senedd on 8th December 2022 in response to the Cross Party Group on Cancer (CPGC) Inquiry into inequalities and cancer in Wales. The CPGC is undertaking an inquiry into cancer and inequalities, with a focus on the impact of deprivation on cancer prevalence, experience of cancer services, and outcomes.

Kate Brain (pictured below) comments: "The Senedd Evidence Session was an important opportunity to share current knowledge about inequalities in patient access to cancer diagnosis, highlighting major challenges and potential solutions in the form of evidence-based behavioural interventions derived from our PRIME research."



PRIME study nominated for Cancer Moondance Awards

The COVID Health and Help-Seeking Behaviour Study (CABS) was shortlisted in this year's Moondance Cancer Awards in the public awareness and engagement category.

The CABS study was led by Cardiff University (PI: Kate Brain), in collaboration with Cancer Research UK, King's College London, the University of Surrey and Public Health Wales, who gathered and analysed UK-wide evidence about the impact of the coronavirus pandemic on people's health and help-seeking behaviour.

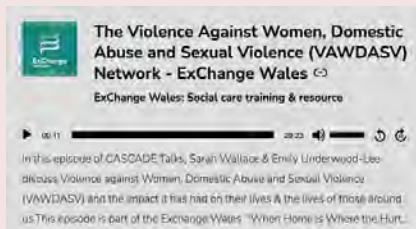
Their findings have underpinned award-winning campaigns in Wales to raise public awareness of cancer signs and symptoms. Part of the study dissemination activities included the production of a video animation and public-facing website.

This work was supported by Economic and Social Research Council as part of UK Research and Innovation's Rapid Response to COVID-19.



CASCADE Talks: The Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Network

Dr Sarah Wallace, senior research fellow, and Professor Emily Underwood-Lee at the University of South Wales, recently recorded a podcast with CASCADE at Cardiff University as part of Exchange Wales about the Violence Against Women, Domestic Abuse and Sexual Violence Research Network Wales (VAWDASV) research network which they co-founded.



Recent key reports include:

- Wallace, S. & Underwood-Lee, E. (2022). Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV): Setting the research priorities for Wales. Final Report.
- Underwood-Lee, E. & Wallace, S. (2022). Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) survivor engagement Wales. Final Report.

The VAWDASV research network is supported by PRIME Centre Wales.

Further information about the network can be found on their recently launched website: www.vasdasv.wales

PRIME paper wins number one most read paper in 2022 in the British Journal of General Practice

A PRIME Centre Wales publication has won the accolade of most read research paper of the year by the British Journal of General Practice for 2022. The paper was authored by medical student, Amy Clark who was supervised by PRIME GP researcher Dr. Kathryn Hughes, along with colleagues from Cardiff University, Oxford University, and Bristol University. and Bristol Universities, demonstrating PRIME's commitment to developing the next generation of primary care clinical academics.

The paper shared findings from the study by PRIME, Cardiff University, which assessed the accuracy of the NICE traffic light system in children presenting to UK general practice. The team found that the tool which is used by GPs to help identify seriously unwell children may not accurately detect or exclude serious illness.



The study analysed data from more than 6,700 cases and concluded the widely used National Institute for Health and Care Excellence (NICE) Traffic Light system “cannot be relied upon” and is “unsuitable” for use as a clinical decision tool.

Publication citation:

Amy Clark, Rebecca Cannings-John, Megan Blyth, Alastair D Hay, Christopher C Butler and Kathryn Hughes. Accuracy of the NICE traffic light system in children presenting to general practice: a retrospective cohort study. British Journal of General Practice 2022; 72 (719): e398-e404.

DOI:

<https://doi.org/10.3399/BJGP.2021.0633>

The judges discussed the top ten papers in a special BJGP podcast and commented:

"The NICE traffic lights paper probably significantly changed practice. This paper is the absolute exemplar that you should not make assumptions that things [clinical tools] 'are good'. This is also a brilliant example, and unusual, of a medical student project winning, so congratulations to Amy and the study team."



Public and patient involvement

PRIME's SUPER Group embeds public and patient involvement in the research infrastructure of PRIME. SUPER is a diverse group of people living and working in many parts of urban and rural Wales, with lived experience of a range of health conditions and expertise in PPI contribution from individual research projects to membership of funding Boards.

The Group meets at least quarterly and Researchers from all the constituent universities of PRIME have brought their proposals to the SUPER group. At each meeting 3 or 4 researchers present their research ideas and proposals at various stages of development from early ideas, through design to more specific draft applications. SUPER group members comment on the proposals, make suggestions, share good practice and their lived experience. The feedback from researchers (in template form) has been positive, with changes and improvements made to proposals.

Between April 2022 and March 2023 the SUPER group have held there have been 17 separate presentations by researchers to the SUPER Group. There were 7 full SUPER group meetings as well as sub-group and other meetings. The Group also works closely with the Health and Care Research Wales Support Centre who provide resources for PPI in research.

The Group aims to keep its operations up to date and holds an annual review of its own workings. These have been updated

since the pandemic and incorporated feedback received. The Group also has an open recruiting arrangement being incorporated in its webpage on the PRIME website.

The SUPER group were invited to present a poster at the NHS R&D Forum annual meeting RDF23, held in Newcastle in May. Their poster is titled Working better together: how to develop resources to support public involvement in research (see opposite).

**Working better together:
Developing resources to support public involvement
in PRIME research**

Members of the SUPER group and Dr Bridie Evans

Why we did this

Collaborating with public contributors to undertake health services research requires all partners to use skills and knowledge effectively. Resources and guidance, such as the UK Public Involvement Standards, are available to research teams.

PRIME Centre Wales is committed to effective public involvement in all its research. The SUPER (Service Users for Primary and Emergency care Research) group, identified need for training materials to support PRIME researchers.

This poster describes how we explored existing and potential resources to support PRIME to achieve effective public involvement in research.

What we did

SUPER is a group of patients and public members supporting PRIME to involve people in research. We established a SUPER subgroup to carry out this project.

We undertook a scoping review of existing training and resources identified through internet searching and network contacts. We used findings to develop an action plan for creating and disseminating materials to support PRIME research and encourage collaboration within research teams.

What we learnt

The scoping review identified a range of available resources (one-off sessions, modules, programmes; 1 hr to 16 hrs) and learning activities (online, face-to-face, seminars, workshops, conferences). Some involved assessment and some were linked to the UK Public Involvement Standards. There was no consensus on differences between training, teaching and awareness-raising.

We agreed need for a coordinated suite of resources (bespoke and existing) for PRIME researchers. Our action plan included six steps to support researchers and build collaboration between research team members:

1. Develop 'What is SUPER' leaflet
2. Develop 'What is public involvement in research' leaflet
3. Develop 'Guidance for researchers presenting at SUPER' leaflet
4. Develop communication plan including signposting to existing information and training resources
5. Review impact - what difference has it made and how can it improve
6. Make normal!

Our reflections

SUPER is responding to an identified need for resources so that PRIME researchers can be supported to undertake high quality, collaborative public involvement in research in line with best practice.

More information:
l.a.m@primecentre.wales
<http://www.primecentre.wales>




SUPER Group members on the panel for session 5: 'Sharing our truths - lived experiences of SUPER members' at the PRIME Annual Meeting 2022.

Social prescribing for people with ongoing health problems in Cwm Taf Morgannwg



Background of the project

This project was a collaboration between a team from PRIME Centre Wales, Cardiff University, and staff and service users from the Cwm Taf Morgannwg Wellness Improvement Service (WISE).

The team led by [Dr Freya Davies](#), a GP clinical fellow, with [Professor Fiona Wood](#), a medical sociologist, and [Dr Kate Lifford](#), Research Associate, all based at PRIME, aimed to understand what people thought a service like WISE could do for them, how they thought it could be improved, and how they experienced being involved.

As part of the WISE, people were offered the opportunity to attend a variety of creative arts workshops and we attended two of these workshops to see and hear how they worked.

Training

We wanted to learn more about how we could work together meaningfully with a range of different people who have an interest in WISE. We asked the organisation [Co-production Wales](#) to come and deliver training to members of the university staff and staff from the WISE team. Sixteen staff attended and gave great feedback about the session and its relevance to their work (pictured opposite).

Co-production engagement event

Co-production Wales then helped us to plan a session for staff and service users to find out more about what wellness meant to them and how WISE could contribute to this. Here is the summary of what we found.

WISE
Wellness Improvement Service

Workshops and 1:1 interviews
10 WISE users
Over 4 weeks
At the start of their WISE journey

WHAT WE DID

Support Good health
Social engagement
Relaxation

WELLBEING
WHAT IS BENEFICIAL AND DETRIMENTAL?

Stigma
Poor health
Isolation
Financial constraints

EXPECTATIONS
OF THE SERVICE AND ITS COACHES

Health Education
Local & Accessible
Social Connections
Referral Pathways
A need to understand what is a wellness coach
Meet like minded people

SERVICE DESIGN
WHAT IS NEEDED FOR SUCCESS??

1. Sociable peer-peer support
2. Personalized program
3. Resources to access at home
4. Condition specific education
5. Onward 'streamlined' referrals
6. Understanding users background
7. Drop in sessions allowing flexibility
8. Schedule avoiding commitments
9. Clear objectives & goals
10. Initial 1:1 coaching

BARRIERS TO PARTICIPATION

Lack of information regarding program and WISE service
Lack of access
Stigma of illness
Anxiety & self doubt
Unclear onward pathway & referrals
Non-personalized program
Fear of the unknown
Infection transmission
Clashing commitments
Unclear description of wellness coaches
Uncertain timescale of meetings & groups

SUCCESS
HOW DO WE KNOW WE'RE HELPING??

New skills
Condition management
Support network
Improved diet, sleep & mobility
Self awareness & confidence
Achievement of personalized goals
Reduced stress & anxiety

PERSONALIZED GOALS
Knowledgeable Gatekeepers
Infection Control
Peer-to-Peer Support Groups
Clear programme objectives

WISE
Wellness Improvement Service

This work is part of an innovation for All project funded by Cardiff University, led by Dr Freya Davies (DaviesF@cardiff.ac.uk) and Prof Fiona Wood (Wood@cardiff.ac.uk). For more details about the WISE service, contact ETh@wise.wales.nhs.uk

WISE
Wellness Improvement Service

UNDERSTANDING EXPERIENCES OF ARTS ACTIVITIES

1 Talko Drumming workshop.
1 Creative Crafts workshop.
11 Participants.
4 Researchers.
2 Artist facilitators.
1 Wellbeing Coach.
October 2022 - In the middle of their WISE programme

WHAT PEOPLE SAID

Talko Drumming

- Enjoyable
- Stress relief
- Energised
- Exhilarated
- Something completely different

Creative crafts

- Relaxing
- Social
- Fun
- Time for myself
- Something to show for it at the end

Common themes

- A reason to get out of the house
- Escapism from other stresses
- Enjoyed being in with others
- No judgement/ need to do it 'right'

OUR REFLECTIONS

People enjoyed having new experiences they would not have considered without WISE.
Social aspect of sessions highly valued.
Experience 'in the moment' as important as any 'end product'.
Provide a sense of pride and achievement - doing things they didn't expect

WISE SUCCESS STORIES SO FAR

Improvements in wellbeing, sleep weight and activity levels.
Greater understanding of their physical health conditions.
Now engaged with local community groups.
One participant off all pain relief medications
Friendships with those who have similar experiences.
A sense of not being forgotten whilst on waiting lists.

SUGGESTED IMPROVEMENTS

Increase flexibility of WISE sessions/ drop-in option.
Signpost towards other groups, self-help and community resources.
Buddy scheme for new users and exiting users.
Ongoing follow up.

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PRIME Annual Meeting 2022

We were delighted to reconvene for our first in-person annual meeting since 2019. At this year's venue, Taliesen Arts Centre, Swansea University, we welcomed approximately 80 attendees from across the PRIME Centre Wales network including researchers, public and patients, representatives from Welsh Government, as well as international research collaborator guests from Morocco and Tunisia.

The theme for this year's conference 'Inclusion in primary and emergency care research', Session 1 was entitled: 'The Wales approach to inclusion of minority ethnic and underserved groups in health and social care' chaired by Professor Helen Snooks and featuring a keynote presentation from Dr Heather Payne, Senior Professional Adviser to Welsh Government.

Delegates were offered a choice of parallel workshops including:

1. Knowledge mobilisation, led by Dr Micaela Gal and Alison Cooper (pictured below)
2. Senedd, led by Paul Worthington
3. Digital Health and Care Wales, led by Rachael Powell



Session 2 featured the top four peer reviewed oral abstracts:

- Andrew Carson-Stevens, Cardiff University: 'Taking primary care research to the people of Wales: Maximising inclusion in the COVID-19 platform trial of novel antivirals (PANORAMIC)'
- Alison Porter, Swansea University: 'Every day was a learning curve': implementing COVID-19 triage protocols in UK ambulance services – a qualitative study'
- Juping Yu, University of South Wales: 'Enhancing inclusion in research: lessons learnt from cancer screening research in Wales'
- Victoria Shepherd, Cardiff University: 'Improving the inclusion of adults with impaired capacity to consent in emergency and primary care research: the development of interventions to support inclusivity'

Afternoon sessions included:

- International Child Health and Safeguarding Research
- Sharing our truths: lived experiences of SUPER members
- Inclusion in Social Prescribing Research

The 'Best Oral Presentation' prize was awarded to Victoria Shepherd and the 'Best Poster' prize was awarded to Adam Williams, Cardiff University for his poster entitled: 'A qualitative exploration of HIV stigma among general practitioners' (pictured opposite).

A recording of the day, and all posters are available on the [PRIME website](#).

AUTHORS:
Adam Williams MSc, Nina Nedder, MSc, Dr Kathryn Hughes, Prof Kerenza Hood [Cardiff University], Dr Jane Nicholls [NHS]

A QUALITATIVE EXPLORATION OF HIV STIGMA AMONG GENERAL PRACTITIONERS

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PROBLEM

HIV is now a manageable chronic health condition, as people are living and aging with HIV they begin to experience a range of co-morbidities that occur with age. Resulting in people living with HIV (PLWH) needing to access more primary care services, particularly general practice. HIV-related stigma continues to be a problem across various healthcare settings, impacting quality of life. There is little qualitative research examining HCPs attitudes and experiences of HIV stigma. As more PLWH are living longer and need more access to primary care it is important to identify and address potential stigma.

STUDY AIM

Explore attitudes towards HIV among general practitioners, identifying how stigma may manifest and how it could be overcome.

APPROACH

Semi-structured interviews were conducted virtually. Four GPs from across South Wales were interviewed. Underpinned by Health Stigma and Discrimination Framework.

ANALYSIS

Reflexive thematic analysis was the approach adopted: "There is a reluctance [...] to take up on or accept involvement in projects that encourage testing and offer widespread testing." GP1

"I can't honestly tell you the last time I said, "Do you think you should have, you know, you are at risk of HIV, do you think you should have an HIV test?". [...] So it's been awhile." GP3

"I still have some reservations about [discussing HIV], it's still not the easiest topic to discuss." GP4

"There is still a belief that suggesting to somebody that they might have HIV could be construed as offensive. And so I think that there is still a reluctance to offer timely testing". GP1

"... but I can't remember from my medical training whether that [saliva] is a method of transmission." GP3

CODING

THEMES

FINDINGS

Three main themes were identified, (see Figure 1):

Prevalence of Stigma

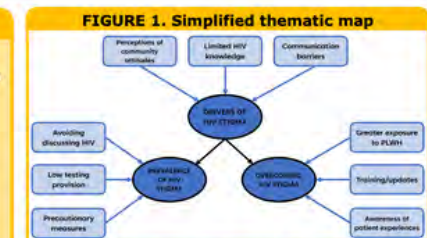
- All GPs recognised HIV stigmas continued existence within healthcare.
- Acknowledged that HIV testing is not offered as widely across primary care due to concerns of causing offence.
- A lack of awareness of HIV was described to potentially lead to overtly cautionary behaviours (such as double gloving) and cause lapses in confidentiality.

Drivers of Stigma

- Reported limited knowledge of HIV with uncertainty around medication interactions impacting GPs confidence in providing care.
- There was reservations around raising HIV as a topic, being concerned it would cause offence. With perceptions that the public held stigmatising views of HIV.

Overcoming Stigma

- Consulting PLWH was considered a valuable approach to improving understanding. Acknowledging the expertise of individuals living with HIV about HIV.
- GPs voiced a desire for more training around HIV, with increased awareness of the correct and stigma-free terminology.
- As HIV is normalised among the population, GPs feel a greater confidence for discussing HIV with patients.



TAKEAWAYS

GPs are calling for more training and updates around HIV, focusing on transmission, medication interactions and language.

The barriers to HIV communication within primary care need to be addressed and this is best done through exposure.

Improving openness around discussing HIV will increase testing and assist in meeting the aims of Wales' HIV Action Plan.

Work is required to better align GP perspectives of public attitudes of HIV and the reality.

CONCLUSION

As PLWH engage more with primary healthcare for routine health care needs it is important that HIV stigma in this setting is addressed to improve the experience of accessing health care and quality of life.

Workpackages - key publications

WP1. Infections & antimicrobial resistance

Leads: Dr Kathy Hughes & Dr Harry Ahmed



Accuracy of the NICE traffic light system in children presenting to general practice: a retrospective cohort study

Clark A, Cannings-John R, Blyth M, Hay AD, Butler CC, Hughes K.
British Journal of General Practice 2022; 72 (719): e398-e404. DOI: <https://doi.org/10.3399/BJGP.2021.0633>

In an effort to help primary care clinicians confidently assess unwell children, the National Institute for Health and Care Excellence (NICE) created the 'traffic light' system. This tool categorises children into 'green', 'amber', or 'red' depending on their consulting clinical features; corresponding to a low, intermediate, or high risk of serious illness, respectively.

No previous studies have evaluated the NICE traffic light system in UK general practice. The aim of this study was to evaluate the accuracy of the NICE traffic light system for predicting serious illness in acutely unwell children aged <5 years presenting to UK general practice.

We found that the NICE traffic light system did not accurately detect children admitted with a serious illness, nor those not seriously ill who could have been managed at home.

Myocardial infarction and stroke subsequent to urinary tract infection (MISSOURI): protocol for a self-controlled case series using linked electronic health records

Reeve NF, Best V, Gillespie D, Hughes K, Lugg-Widger FV, Cannings-John R, Torabi F, Wootton M, Akbari A, Ahmed H.
BMJ Open 2022;12:e064586. doi: [10.1136/bmjopen-2022-064586](https://doi.org/10.1136/bmjopen-2022-064586)

There is increasing interest in the relationship between acute infections and acute cardiovascular events. Most previous research has focused on understanding whether the risk of acute cardiovascular events increases following a respiratory tract infection. The relationship between urinary tract infections (UTIs) and acute cardiovascular events is less well studied. Therefore, the aim of this study is to determine whether there is a causal relationship between UTI and acute myocardial infarction (MI) or stroke.

We will undertake a self-controlled case series study using linked anonymised general practice, hospital admission and microbiology data held within the Secure Anonymised Information Linkage (SAIL) Databank.

WP2. Emergency, unscheduled & pre-hospital care

Leads: Professor Helen Snooks & Dr Alison Porter



STrategies to manage Emergency ambulance Telephone Callers with sustained High needs: an Evaluation using linked Data (STRETCHED) – a study protocol

Aslam RW, Snooks H, Porter A, Khanom A, Cole R, Edwards A, Edwards B, Evans BA, Foster T, Fothergill R, Gripper P, John A, Petterson R, Rosser A, Tee A, Sewell B, Hughes H, Phillips C, Rees N, Scott J, Watkins A.
BMJ Open 2022;12:e053123. doi: [10.1136/bmjopen-2021-053123](https://doi.org/10.1136/bmjopen-2021-053123)

UK ambulance services have identified a concern with high users of the 999 service and have set up 'frequent callers' services, ranging from within-service management to cross-sectoral multidisciplinary case management approaches. There is little evidence about how to address the needs of this patient group.

In this study, we aim to evaluate effectiveness, safety and efficiency of case management approaches to the care of people who frequently call the emergency ambulance service, and gain an understanding of barriers and facilitators to implementation.

Did the UK's public health shielding policy protect the clinically extremely vulnerable during the COVID-19 pandemic in Wales? Results of EVITE Immunity, a linked data retrospective study

Snooks H, Watkins A, Lyons J, Akbari A, Bailey R, Bethell L, Carson-Stevens A, Edwards A, Emery H, Evans BA, Jolles S, John A, Kingston M, Porter A, Sewell B, Williams V, Lyons RA.

We aimed to find out more about the shielded cohort and compare routine health outcomes between this high-risk population and the rest of the unshielded general population in Wales, a year after the introduction of the shielding intervention.

Shielding was introduced to protect those thought to be at highest risk of serious harm should they catch COVID-19, for example, because of preconditions such as cancer. Key to protecting vulnerable people was to reduce their risk of contracting COVID-19.

The team used demographic and clinical data to compare health records of people who were screening, to those of the general population between March 2020 and March 2021, and concluded that a "lack of clear impact on infection rates raises questions about the success of shielding".

WP3. Patient safety

Lead: Professor Andrew Carson-Stevens



The effectiveness of primary care streaming in emergency departments on decision-making and patient flow and safety – A realist evaluation.

Edwards M, Cooper A, Hughes T, Davies F, Price D, Anderson P, Evans B, Carson-Stevens A, Dale J, Hibbert P, Harrington B, Hepburn J, Siriwardena AN, Snooks H, Edwards A. International Emergency Nursing, Vol 62, 2022, 101155, ISSN 1755-599X. DOI: [10.1016/j.ienj.2022.101155](https://doi.org/10.1016/j.ienj.2022.101155)

Primary care streaming was implemented in UK Emergency Departments (EDs) to manage an increasing demand for urgent care. We aimed to explore its effectiveness in EDs with different primary care models and identify contexts and mechanisms that influenced outcomes: streaming patients to the most appropriate clinician or service, ED flow and patient safety.

We found that mechanisms contributing to the effectiveness of primary care streaming were: quality of decision-making, patient flow, redeploying staff, managing patients across streams, the implementation of governance protocols, guidance, training, service evaluation and quality improvement efforts. Experienced nurses and good teamworking and strategic and operational management were key contextual factors.

A mixed-methods characterisation of patient safety incidents by primary eye care practitioners.

MacFarlane E, Carson-Stevens A, North R, Ryan B, Acton J. Ophthalmic Physiol Opt. 202 2; 42:1304 – 1315. doi.org/10.1111/opo.13030

Patient safety in eye health care is an underdeveloped field of research. A patient safety incident occurs when an unintended incident happens that could have (or did) lead to harm. To enable learning from patient safety incidents in optometry, a characterisation of commonly experienced safety incidents is needed to identify options to improve the quality of care. This study aimed to characterise eye health-related patient safety incidents from the perspective of eye care practitioners.

We concluded that diagnostic- and administrative-related incidents pose clear challenges for improvement in quality and safety of care. The breadth of themes reflecting the nature and outcomes from unsafe eye care highlights the complexity underpinning incidents and the burden to patients. This work has informed the content of an all-Wales incident report form for primary eye care practitioners.

WP4. Care closer to communities

Lead: Professor Carolyn Wallace



Using an integrated competence model to evaluate a health visitor cascade training programme for the Family Resilience Assessment Instrument and Tool (FRAIT).

Thomas M, Wallace C, Jones G, O'Kane J, Wilson L, Dale F, Pointin D. Nurse Education in Practice, 2022, 103336, ISSN 1471-5953 doi.org/10.1016/j.nepr.2022.103336

This paper reports on our evaluation of health visitor trainers' experience of a cascade training programme delivered in Wales, UK.

Health visitors used Driscoll's model (What, So What, Now What) to organise their feedback and an integrated competence model developed by Weeks et al. was used to analyse the feedback via category analysis of free text.

As well as feedback on the logistics of running the training, the evaluation allowed for cognitive and functional competence to be identified along with personal and meta competence.

There was limited scope for identifying ethical competence in the Health Visitor cascade trainer feedback. Suggestions are made for how this may be addressed.

Conceptualising social wellbeing using an international Group Concept Mapping study.

Elliott M, Smith SR, Pontin D, Wallace C. International Journal of Wellbeing, 12(3), 1-15. <https://doi.org/10.5502/ijw.v12i3.1669>

Physical, mental and social components of wellbeing are known to be important to health. However, in health research and practice much of the focus has been on physical and mental wellbeing with less attention paid to social components, which we assert detrimentally affects the development of health policies and practices.

A systematic measure of wellbeing, which captures both mental (internal) and social (external) wellbeing is needed to offer a richer, nuanced, and more complex multi-dimensional account of wellbeing. We report on using Group Concept Mapping (GCM) to define a social conception of wellbeing. The aim was to capture the complex multi-dimensional aspects of the 'social resources' that people access, and the 'social worlds' they inhabit.

We highlight why it is necessary to separate and promote different components of wellbeing simultaneously, and why a multi-dimensional definition of social wellbeing is needed. We discuss the importance of promoting social wellbeing in health and social care settings, with reference to social prescribing.

WP5. Person-centred healthcare

Leads: Professor Fiona Wood & Dr Natalie Joseph-Williams



Unpacking the 'black box of horrendousness': a qualitative exploration of the barriers and facilitators to conducting trials involving adults lacking capacity to consent.

Shepherd V, Hood K, Wood F. *Trials* 2022; 23, 471. doi.org/10.1186/s13063-022-06422-6

Trials involving adults who lack capacity to consent encounter a range of ethical and methodological challenges, resulting in these populations frequently being excluded from research. Currently, there is little evidence regarding the nature and extent of these challenges, nor strategies to improve the design and conduct of such trials. This qualitative study explored researchers' and healthcare professionals' experiences of the barriers and facilitators to conducting trials involving adults lacking capacity to consent.

Researchers encountered a number of barriers, including both generic and context or population-specific challenges, which may be reinforced by wider factors such as resource limitations and knowledge deficits. Greater access to expertise and training, and the development of supportive interventions and tailored guidance, is urgently needed in order to build research capacity in this area and facilitate the successful delivery of trials involving this under-served population.

Patients' and Healthcare Professionals' Experiences and Views of Recurrent Urinary Tract Infections in Women: Qualitative Evidence Synthesis and Meta-Ethnography.

Sanyaolu LN, Hayes CV, Lecky DM, Ahmed H, Cannings-John R, Weightman A, Edwards A, Wood F. *Antibiotics (Basel)*. 2023 Feb 22;12(3):434. doi: [10.3390/antibiotics12030434](https://doi.org/10.3390/antibiotics12030434).

Urinary tract infections (UTIs) are a common and significant problem for patients, clinicians, and healthcare services. Recurrent UTIs (rUTIs) are common, with a 3% prevalence in the UK. Although acute UTIs have a significant negative impact on the lives of patients, evidence of the impact of rUTIs is limited. To enhance shared decision-making around rUTI management, it is important to understand both the patients' and healthcare professionals' (HCPs) perspectives. The objective of this qualitative evidence synthesis is to understand patients' and HCPs' experiences and views in the management of rUTIs.

This review has significant clinical implications. Patients require information on antibiotic alternative acute and preventative treatments for rUTIs, and this is not currently being addressed. There are communication gaps around the impact of rUTIs on patients, their perceived expectation for antibiotics, and the reasons for treatment failure. Further development of current clinical guidance and a patient decision aid would help address these issues.

WP6. Supportive & palliative care

Leads: Professor Annmarie Nelson & Dr Marliese Poolman



The juxtaposition of the natural and the medical perspectives in noisy breathing at the end of life.

Hendry A, Hiscock J, Evans E, Turner B, Pottle J, Wilkinson C, Poolman M. *Int J Palliat Nurs*. 2022 Feb 2;28(2):72-79. doi: [10.12968/ijpn.2022.28.2.72](https://doi.org/10.12968/ijpn.2022.28.2.72).

Noisy breathing is common at the end of life. Management of noisy breathing aims to reduce the noise via repositioning the person, suctioning the person's airways and using antimuscarinic drugs. Dying people are generally thought not to be distressed by noisy breathing at the end of life, but the noise may distress others. There is doubt on whether antimuscarinic drugs are any more effective than a placebo for noisy breathing. However, antimuscarinics are still commonly administered to people at the end of life. This study aimed to illuminate reasons behind decision making and noisy breathing at the end of life.

We found that noisy breathing at the end of life is viewed as both a natural and a medical phenomenon. However, while most participants in the interviews thought that antimuscarinics were ineffective, the prescription and administration of antimuscarinics were embedded within professional culture.

Research should aim to determine best practice and reduce a person's distress at the end of life.

Parental perspectives on the grief and support needs of children and young people bereaved during the COVID-19 pandemic: qualitative findings from a national survey.

Harrop E, Goss S, Longo M, Seddon K, Torrens-Burton A, Sutton E, Farnell D, Penny A, Nelson A, Byrne A, Selman LE. *BMC Palliative Care* 21, 177. [10.1186/s12904-022-01066-4](https://doi.org/10.1186/s12904-022-01066-4)

During the COVID-19 pandemic, many children and young people have experienced the death of close family members, whilst also facing unprecedented disruption to their lives. This study aimed to investigate the experiences and support needs of bereaved children and young people from the perspective of their parents and guardians.

We analysed cross-sectional qualitative free-text data from a survey of adults bereaved in the UK during the pandemic. Participants were recruited via media, social media, national associations and community/charitable organisations.

We found that children and young people have faced additional strains and challenges associated with pandemic bereavement. We recommend resources and initiatives that facilitate supportive communication within family and school settings, adequate resourcing of school and community-based specialist bereavement/mental health services, and increased information and signposting to the support that is available.

WP7. Screening, prevention & early diagnosis

Leads: Professor Kate Brain & Professor Clare Wilkinson



Multi-cancer early detection tests for cancer screening: a behavioural science perspective.

Marlow LA, Schmeising-Barne, N, Brain K, Duncomb, S, Robb KA, Round T, Sanderson SC, Waller J. The Lancet Oncology, 2022; 23:7, 837-839. [doi.org/10.1016/S1470-2045\(22\)00161-9](https://doi.org/10.1016/S1470-2045(22)00161-9)

Identifying circulating cell-free tumour DNA in blood offers the potential for multi-cancer early detection (MCED) tests. Several trials assessing the effect of MCED tests on early asymptomatic cancer detection are underway. MCED tests differ substantially from existing cancer screening tests.

We found that MCED tests offer promise for accelerating early cancer diagnosis and improving patient outcomes, but behavioural science research designed around relevant theory will be necessary to address crucial questions related to acceptability and uptake, communication of results, and psychological and behavioural impacts.

Marginalised and clinically vulnerable groups who are often under-represented in research need to be considered. MCED tests might revolutionise the way cancer is detected, but successful implementation requires a shift in communication and public understanding, which needs to be strongly informed by behavioural science.

Earlier cancer diagnosis in primary care: a feasibility economic analysis of ThinkCancer!

Anthony BF, Disbeschl S, Goulden N, Hendry A, Hiscock J, Hoare Z, Roberts J, Rose J, Surgey A, Williams NH, Walker D, Neal R, Wilkinson C, Edwards R. BJGP Open 2023; 7 (1): BJGPO.2022.0130. DOI: doi.org/10.3399/BJGPO.2022.0130

UK cancer survival rates are much lower compared with other high-income countries. In primary care, there are opportunities for GPs and other healthcare professionals to act more quickly in response to presented symptoms that might represent cancer. ThinkCancer! is a complex behaviour change intervention aimed at primary care practice teams to improve the timely diagnosis of cancer.

This study aimed to explore the costs of delivering the ThinkCancer! intervention to expedite cancer diagnosis in primary care.

We found that data collection methods were successful in gathering sufficient health economics data to cost the ThinkCancer! intervention. Results of this feasibility study will be used to inform a future definitive economic evaluation alongside a pragmatic randomised controlled trial (RCT).

WP8. Oral health & primary dental care

Lead: Professor Ivor Chestnutt



A qualitative exploration of decisions about dental recall intervals - Part 1: attitudes of NHS general dental practitioners to NICE guideline CG19 on the interval between oral health reviews

Scott H, Cope A, Wood F, Joseph-Williams N, Karki A, Roberts E, Lovell-Smith C, Chestnutt I. Br Dent J, 2022; 232, 327-331. doi.org/10.1038/s41415-022-3998-z

The National Institute for Health and Care Excellence (NICE) Guideline CG19 recommends that the intervals between oral health reviews should be tailored to patients' disease risk. However, evidence suggests that most patients still attend at six-monthly intervals.

We aimed to explore facilitators and barriers to the implementation of CG19 in general dental practice.

We found that Dentists described integrating information on clinical risk, patients' social and dental history, and professional judgement when making decisions about recall interval. Although most GPs reported routinely using risk-based recall intervals, a number of barriers exist to recall intervals at the extremes of the NICE recommendations. Many practitioners were unwilling to extend recall intervals to 24 months, even for the lowest-risk patients. Conversely, dentists described how it could be challenging to secure the agreement of high-risk patients to three-month recalls. In addition, time and workload pressures, the need to meet contractual obligations, pressure from contracting organisations and the fear of litigation also influenced the implementation of risk-based recalls.

The development and application of a chairside oral health risk and need stratification tool in general dental services

Cope AL, Bannister C, Karki A, Harper P, Allen M, Jones R, Peddle S, Brenda W, Chestnutt IG. Journal of Dentistry, 123, 2022, 104206, ISSN 0300-5712 doi.org/10.1016/j.jdent.2022.104206

In this study, we aimed to describe the development and application of the Assessment of Clinical Oral Risks and Needs (ACORN) stratification tool based on a traffic light system in National Health Service (NHS) general dental services (GDS) Wales, UK.

A total of 236,490 subjects contributed 339,933 courses of treatment during the study period. 'Amber' and 'red' ACORN outcomes were associated with more courses of treatment per annum than 'green' outcomes. Outcomes indicating an increased risk of decay or other dental problems were associated with a greater likelihood of several operative treatment items. Patients at greater risk of poor periodontal health were more likely to receive extractions and dentures than low-risk patients. Patients were most likely to either remain in the same ACORN outcome categories or move to a healthier state between assessments.

We concluded that more research is required to understand the utility of the ACORN tool in risk communication and behaviour change.

Reflections and forward look

I hope you have enjoyed reading of our activities, our successes and impacts in PRIME Centre Wales. Our work tackles many important aspects that affect primary and emergency care including the **ongoing major challenges** concerning long term conditions, infections, dental, patient safety, palliative care, care in the community, unscheduled care and the interface with social care and third sectors. **Inclusivity** and efforts to **reduce inequalities** in health and care drive our research, as do motivations to **develop early career researchers** and build capacity for this work in the future.

I want to acknowledge and **thank all those involved with PRIME** Centre Wales, especially those members of the Swansea, Bangor, South Wales and Cardiff university teams. Congratulations to all the team in research and our research partners.

I especially want to thank and **acknowledge the administration and professional support service staff** members – Angela, Richard, Ffion, Marina, Anne, Neil and Dan. The professional support and academic staff come together creatively and enthusiastically to

make PRIME successful. Without you all the whole enterprise would be impossible, and we all express our appreciation.

Fundamental to our successes in achieving these goals is our values framework – based on **collaborative research, exemplar working with patients, public** and other stakeholders, and being **respectful of multi-disciplinary input** across our partner universities. We also thank our public, patient, NHS and social care and other academic contributors for this wonderful collaboration tackling the highest priority research challenges that are fundamental to an effective and high value health service for the people of Wales.

The benefits of the infrastructure funding to be able to do this quickly and effectively are clear. The capacity of the **infrastructure to support rapid bids and set-up** has also been demonstrated time and again such as in several COVID projects and beyond in the SERENITY palliative care study with European partners and others.

Once again, **we thank our funders** and our public, national and

international advisors for their support and direction.

We look forward to next year and further. We aim to develop and build wider collaborations with others across UK and internationally, to strengthen our teams, enhance the research and widen its impact. We were delighted to be able to network again 'live' at conferences and research meetings. The meeting in Swansea in October was a huge success, and we look forward to meeting again in person for **PRIME's 9th Annual conference on 1st November 2023 in Wrexham**. Join us there!



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PRIME Centre Wales Annual Report 2021-22:

<http://www.primecentre.wales/annual-report-2021-22.php>



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Notes

Notes

