CompreHensive geriAtRician-led MEdication Review (CHARMER)
A programme grant to develop and test a practitioner behaviour change intervention for deprescribing in the hospital setting

Freedom of Information:

Disclosure of the information in these minutes may be prejudicial to the University's compliance with the Data Protection Act, conduct of public affairs or commercial interests. Not to be disclosed without consultation with the Head of School.

Wednesday 6th July 2022
14:00 – 15:30

MINUTES

1. Attendees:

David Alldred (DA)
Debi Bhattacharya (DB)
Allan Clark (AC)
Jaheeda Gangannagaripalli (JG)
Ian Kellar (IK)
Victoria Keevil (VK)
Jackie Martin Kerry (JMK)
Katherine Murphy (KM)
Martyn Patel (MP)
Sion Scott (SS)
Erika Sims (ES)
Dave Taylor (DT)
David Turner (DT1)
Sujata Walkerley (SW)
Miles Witham (MW)
David Wright (DW)

2. Apologies:

Jennie Griffiths (JG2)
Bethany Atkins (BA)
Janet Gray (JG1)
Martin Pond (MP1)
Megan Pritchard (MP2)
Jo Taylor (JT)

Action Points from 20th April 2022 PMG:	**Who?**	**Completed?**
Previous Minutes, once approved, upload to website	JH	✓
Questionnaire script to be developed for researchers administering the questionnaire over the telephone	DB	✓
Ethics amendment to permit virtual consent for patients and consultees	SS/MP	✓
Follow up to find out how often NHS BSA receive the data from community Pharmacies. Answer: this is provided monthly	JG	✓
Further discussion on data agreement with Leicester as sponsor	ES	✓
Draft NIHR report review	DB	✓

3.	**Minutes of previous meeting – 20th April 2022 (DB)** **Monitoring of adverse events**. Discussion regarding recording and monitoring of adverse events for the feasibility study. Confirmed that this is the research site PI's responsibility and they will pass on any events to CTU. Agreed that for the feasibility study, ES will bring any events to the PMG for review. **Discussion regarding posting minutes on CHARMER website** ES proposed that we have two sets of minutes; public facing and confidential set. DB proposed that in this case we should indicate where info has been redacted. Agreed that instead, we phrase confidential items with a generic statement e.g.: "Research budget items were discussed" – KM happy as this makes us transparent. Agreed that we will maintain full minutes for the team and an abridged version for publication. **Embargoing of April 20th 2022 /previous PMG minutes for website** PMG agreed to embargo the following confidential items from previous minutes: • Budget items • Negotiations with NNUH re: Phase 1 budget • NIHR extension discussion **Risk Register** Risk register item (Item 13) from April 20th 2022 PMG minutes – Proposed phrasing is: "The NIHR portfolio was discussed"- DB agrees. Action: JH Make changes and then circulate for review and, once ok, post to website Action: Once previous minutes are agreed and comments removed, JH upload to the website

	Patient Satisfaction with Deprescribing Questionnaire VK asked how we are measuring patient satisfaction with deprescribing. DB shared the Patient Satisfaction with Deprescribing questionnaire. Discussion regarding the questionnaire, VK suggested that it may be too long, SW queried why the scale is 1-10 and AC queried whether a high or low score is good or bad? ES queried whether a script will be used as the questionnaire will be carried out by a charmer team member on telephone. DB confirmed that a script requires developing. Action: DB Questionnaire script to be developed for researchers administering the questionnaire over the telephone Discussion regarding the questionnaire items, in terms of clarity of language and whether all important factors are represented in the questionnaire. DB explained that it was developed using cognitive interviews with patients and that the items are underpinned by a deprescribing framework. MW favours brevity, keep it tightly focussed. DB agreed and commented that administration by telephone means that we can clarify and capture anything else they want to tell us. PMG confirmed happy with current approach for measuring deprescribing.
4.	**WP progress update – see newsletter** **WP1** DB noted that manuscript resubmission request received - JMK will address comments, circulate for review and resubmit. **WP3** DB invited comments, feedback or questions on the feasibility study. MP reported that COVID rates are increasing and there is a material risk that visitors (i.e. potential consultees) will not be able to visit hospitals. Currently, no facility for consultee's to consent remotely. SS shared protocol document. Details that you will be contacted, although caveat is this has to be **written** consent. ES added that research nurses have reported that patients with COVID are not being approached for consent in line with organisational policies. As a low risk

trial from the patient perspective, ES proposed telephone assent/consent for both patients and consultees. Still dependant on clinical staff advising research staff on capacity for the former. Also noted that hospital SOPs do allow for telephone consent.

ES suggested asking for a rapid review, still taking consent, just being more proactive about it because of increase in COVID cases. We could justify this on a clarification basis. It would lie with the Sponsor as to decision of Minor or substantial amendment

ES suggested that there may be a knock-on effect. Include a diagnosis of COVID as a reason why potential participants have not been approached to give consent – but may/may not have capacity.

DB queried is there a remote means of seeking consenting.

ES suggested one solution is consent via hardcopy paper. Downsides to this are printing costs and time, it is time-consuming to complete paper questionnaires and then enter data. There are also implications of infection control and paper handling, when isolating

DB Suggested consent via telephone means. ES then highlighted the need to consider; do patients have use of their own mobile phone and what are infection control implications if a ward phone is utilised.

ES explained how the paper process would work, with a research nurse asking questions, which would be the same as over phone. There would need to be some printing of visual questionnaire sections, responses could then be manually entered. So a combination of phone and paper. DT's only concern is any timing difference between questionnaires being completed. ES stated that there is unlikely to be a difference or change in health over such a short timescale, suggesting including dates for completing on any such questionnaires.

Action SS/MP to put in an ethics amendment to permit virtual consent for patients and consultees

Application to NHS Digital

DA request for medicines dispensing data (i.e. how CHARMER is monitoring what happens to medicines deprescribed in hospital in primary care) is relatively new. This is being led by GJ.

DA has recently met with a trial manager on another project who have done this before. DA has looked at medicines data fields and agreed these with DB and DW. Process with NHS Digital is: assigned a case officer → discuss with them requirements → prepare application with case officer support → submit for review.

DB requested an indication of timescales to this. DA reported a recent application took 3 months (with all going to plan) and data quality as expected. Need to consider adding this to risk register, in case of any delays or substantially higher costs for the definitive trial.

Action JH add potential NHS Digital delays/cost increase for definitive to risk register.

ES emphasised the need to keep to timelines, especially the end of follow-up period, with a need to properly define the last date of discharge that we are prepared to accept.

DB we are not reliant on NHS Digital data for the feasibility study to progress to the definitive trial because we are capturing equivalent data from hospitals directly to make sure we have this on time. There could be issues with each trust providing the re-admission data. Data won't be perfect and not concerned about the lead-in time

Action: GJ to follow up to find out how often NHS BSA receive community pharmacy prescribing data

GJ informed all that the NHS Digital DARS application has been created and access granted to DT, GJ and MP1. The application is progressing. The intention to meet with DARS team and update in next WP3 meeting. ES was the main contact, this is now been changed GJ.

DA queried details of the data controller. ES informed that a previous DARS application has had joint data controllers.

ES stated that relevant feasibility study data is transferred from the research site to NNUH who then pass it onto NHS digital. NNUH are a 'safe house' to allow for compilation and submission of all CHARMER research site data to NHS Digital in one go.

Action: ES further discussion on data agreement with Leicester as sponsor

5.	**CRN Ageing Event (DB)** DB reported that the Media Team have met-up to consider how to raise awareness of CHARMER and how the CRN might support us – main aim being garner interest from potential Principal Investigators at hospitals for the definitive trial. MW suggests a slot at British Geriatrics Society (BGS) Autumn Conference - Hybrid– Nov 16-18th – timing is right. Getting BGS sign-up will raise profile. He also suggested a satellite meeting, to get BGS on board to raise profile – other ideas including: • PI CRN database • BGS Medicines optimisation event. MW emphasised that we need to ensure we make 3 things clear to potential Principal Investigators: 1. What is ask re: tasks, time & expertise 2. What is the ask re: data collection. There is a need to verify if the organisation has sufficient research staff to undertake processes at from the outset 3. Consideration of other staff at site, especially regarding the training of Geriatricians and Pharmacists. Need to also emphasise the financial gain to site MW suggested keeping this concise, no more than 1 side A4 and keeping it simple. MW reiterated that CHARMER is not a big ask, but it is alien so people need to be assured of this. Once we have above clear, we can go forward and this would place us in a better position to start publicising and inviting at events ES and Team met recently and considered the **whole** CHARMER process. This will now enable production of clearer diagrams and specifics as to what the site commitments are. At the moment it is quite muddy and it looks more complicated than it is. Hopefully this will come together and be structured over the next couple of weeks.
6.	**Planned Manuscripts - See Related Documents (DB)** DJW reported that the feasibility paper protocol is on its way DB clarified that there were no updates to planned manuscripts document. Encouraging all to please continue to update and encouraged all to add ideas, to

	ensure this document is current. We are constantly approving new ideas. If you don't have access to this file then please email JH details.
7.	**Planned dissemination & Media Engagement DB** DB shared that all work packages 1,2 & 3 (2 x oral presentations + poster) will be presented at International Conference on Deprescribing (ICOD) Denmark in September – a CHARMER presence will definitely be felt. DB clarified that we have a process in place to capture dissemination activities that we are required to submit via Research Fish. An email is sent to all CHARMER researchers periodically requesting the team to reply with any activity, which will be recorded by JH in the central spreadsheet ready for the annual submission.
8.	**Patient involvement KM** Nothing to report.
9.	**Gantt** SS shared details of Gantt with group. Discussion regarding progress of CHARMER relative to Gantt.
10.	**Risk register** Action JH: Add NHS DIGITAL timeline and costs Action: Availability of PI's, this was underestimated at outset – add to site recruitment – SS actioned real-time.
11.	**AOB** **CHARMER Away day** Leave planning to later date. DB is conscious that study has been going 2.5 years and have yet all to meet in person.
12.	**Date of next meeting to be agreed**

Independent Group Advising on the Release of Data (IGARD) is an advisory body to the NHS Digital Board.

The Data Access Request Service (DARS) NHS Digital.