

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

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Programme Management Group Meeting

Wednesday 26th April 2023

14:00 – 15:30

MINUTES

1. Attendees:

David Alldred (DA)	Caroline Mulvaney (CM)
Debi Bhattacharya (DB)	Victoria Keevil (VK)
Allan Clark (AC1)	Jackie Martin Kerry (JMK)
Antony Colles (AC2)	Megan Pritchard (MRP)
Kelly Grant (KG)	Sion Scott (SS)
David Alldred (DA)	Michael Sheridan (MS)
Erica Berardi (EB)	Erika Sims (ES)
Janet Gray (JG1)	Jo Taylor (JT)
Amber Hammond (AH)	David Turner (DT1)
Ian Kellar (IK)	Sujata Walkerley (SW)
Victoria Keevil (VK)	Miles Witham (MW)
Jackie Martin Kerry (JMK)	David Wright (DW)
Vanessa Millar (VM)	

2. Apologies:

Bethany Atkins (BA)	Katherine Murphy (KM)
Martyn Patel (MP)	

Action Points:	Who?	Completed?
Letter to NIHR re extension and the variation form (when available) to be circulated to group.	DB	Yes
Gantt chart to be updated and circulated once design of definitive trial has been agreed and the trial planned out.	MP	Yes
Meeting to agree definitive trial design to be arranged asap	SS	Yes

3.	<p>Minutes of previous meeting –</p> <p>Review of actions –</p> <p>All actions have been completed.</p> <p>In relation to the extension ES added that Leicester will need to confirm how much money is being dispersed to UEA. Sion queried whether money was dispersed via Leicester as to date he has not approved any invoices from UEA. ES will check with UEA finance as to why invoices have not been sent. Sion will also introduce our finance contact to ES so she can tell them directly what UEA need regarding the extension.</p> <p>Minor changes were agreed to the minutes before they were approved for publication on the website</p>
4.	<p>NIHR Checkpoint Report update (SS)</p> <p>The checkpoint report has been approved by the NIHR so the funding for phase 2 will be released. Sion thanked all those who helped and especially JMK, CM, BA and everyone else for reviewing it.</p> <p>There were no comments or concerns from the NIHR just a request for more information about the stepped wedge trial design which we provided quickly to them.</p>

	<p>DB added that the clarification that the NIHR requested re the design was helpful as it provided an opportunity to be sure that the decisions we have made are underpinned by the right numbers and evidence</p>
<p>5.</p>	<p>WP progress update (DB)</p> <p>DB referred to the newsletter that was circulated with the agenda and asked if there were any comments or queries on the information in it.</p> <p>No comments or queries were raised.</p>
<p>6.</p>	<p>Manuscripts (DB)</p> <p><u>Opinion piece</u></p> <p>The opinion piece written by JMK was rejected by two journals. The rejections seem to be mainly due to a lack of understanding of what a core outcome set is. We are therefore planning to re-write from a different angle, that of equity and older patients being able to contribute their voice. It will be written from the view that currently we are not supporting all people to participate in studies like the COS study yet the results are heavily influenced by who participates.</p> <p>IK added his experience of reporting methodologies and how others have presented them as a case study and a methodological workflow to get around this kind of issue. The case study can highlight things to watch out for and avoid, as well as providing a workflow to follow and is likely to be much more widely cited.</p> <p><u>WP3 Feasibility Protocol</u></p> <p>This has been drafted and at the time of the meeting was a couple of days away from being sent out for comment. It is planned for BMJ open.</p> <p><u>WP3 Results</u></p> <p>There are 3 manuscripts in preparation from the feasibility study results; 1) a standard feasibility quant results paper, 2) process evaluation results and 3) a qualitative paper based on interviews with pharmacists and geriatricians.</p> <p>For the first paper, reporting will focus on recruitment aspects and trial processes and some intervention work. JMK will prepare a skeleton draft and Sion will lead the writing with others adding sections based on how they've have been involved in the study and</p>

	<p>their expertise. It will be submitted to Research in social and administrative pharmacy and will include some discussion on how we decided how to measure certain outcomes during the trial</p> <p>MP raised that during a meeting with DARS (NHS Digital) they had asked for target dates for outputs relating to the feasibility study. This will guide their prioritisation of data release. MP will report back to DARS that we have agreed with the NIHR to submit the feasibility results paper in July/August.</p> <p><u>WP4</u></p> <p>4 papers minimum: Protocol paper, protocol process evaluation paper, main trial paper and final process evaluation paper.</p> <p>IK asked about frameworks that will be utilised for the process evaluation and offered to review the plans. SS confirmed that we will be using 3 in total according to the stakeholder type; NPT, MOA and TDF.</p> <p>IK added that Tom Mills has worked on a typology of logic models (Advancing complexity and healthcare) about which there is an ongoing discussion that CHARMER could be a part of.</p> <p><u>WP5</u></p> <p>There is a manuscript on the development of the dissemination framework that is near to completion.</p> <p><u>Journal calls</u></p> <p>SS raised that there are a few journals with deprescribing calls at the moment i.e. BMC geriatrics & the International journal of Family Practice so it is a good time to submit.</p>
<p>7.</p>	<p>Planned Dissemination and Media Engagement</p> <p>The Twitter account has been quite active recently, there has been a boost in engagement and follower numbers have increased to 512.</p> <p>The HRSPP conference was attended recently and CHARMER had 4 items (3 presentations and a poster) so the project was very visible. Attendees were mainly pharmacist researchers who up until now hadn't heard of CHARMER. As researchers have influence on policy and practise it is perhaps time we start targeting this audience instead of just practitioners and patients.</p>

	<p>SS and VK will also be attending the BGS conference in May to spread the word to geriatricians.</p>
<p>8.</p>	<p>Gantt Chart (MRP)</p> <p>MRP shared the Gantt chart, focusing on WP4 and the status of the protocol and supporting documents. The WP4 documents are in the final stages of preparation and once a sponsor review has been carried out submission to ethics should be imminent. The protocol will also be submitted to the Confidentiality advisory group as we plan to use identifiable data without consent.</p> <p>Work on contacting sites that have expressed an interest has also begun in tandem as once the applications are in there will be an intensive period of work needed to get sites ready to start the baseline period in September.</p> <p>Looking ahead sites will be involved in the study for 21 months with the final patients entering the study in February 2025. There will be 3 months of follow-up and additional months at the end for data collection from NHS digital with the report then expected in February 2026 which takes us over the planned end by 6 months.</p> <p>VK raised the issue of the ongoing NHS strikes and whether their impact had been considered especially on getting everything set up for September. MRP answered that this is something they will raise with sites as they are contacted to begin planning, as yet none have raised any concerns when told about the timelines. ES added that we should go ahead with our plans and if hurdles are met due to the strikes, we will need to inform the NIHR. The NIHR should be supportive of any delays caused by the strikes as the matter is outside of our control.</p>
<p>6.</p>	<p>Project Steering Committee Meeting Actions (DB)</p> <p>The PSC met on 22nd March 23 and 5 actions were captured. Action 1 and 2 is a request for more information regarding the % change we are now hoping for between intervention and control for the primary outcome measure. We will provide our comments to the committee asap.</p> <p>Action 3 and 4 related to the extension that we will probably now need. The committee want us to establish a timeline for the extension application with the NIHR and inform them at the next meeting. Action 5 is to investigate ways of engaging GPs in the study as we were not able to get any involved in the feasibility study. DW has already reviewed</p>

	<p>the GP invitation letter and has suggested a separate letter rather than adding the request onto a letter about the patient. JMK has also suggested targeting GPs who have a few patients involved in CHARMER. Also, the Primary Care Advisory Group has suggested organisations we could promote CHARMER through as well.</p> <p>ES prompted a discussion about how GPs would be contacted as we need to make it easy for sites to identify the relevant GPs. We could support sites in some way using service support costs. Or could capture GP practice name on screening log for consenting patients.</p> <p>DA asked about broadening the reach to community-based pharmacists and JMK confirmed that the plan was to include anyone with prescribing responsibilities but perhaps this could be made more explicit in the documentation.</p> <p>In summary, the meeting went well and the PSC were happy about our plans going forward and complimentary about what we had achieved so far in light of the pandemic and other challenges.</p>
<p>7.</p>	<p>Risk Register / Horizon Scanning</p> <p>The NHS strikes will be added to the risk register. No other potential risks or challenges were raised.</p>
<p>8.</p>	<p>Budget (SS)</p> <p>Leicester are confident that there is an underspend but finance were not able to provide the most up-to-date budget figures. We are working with finance to rectify the discrepancies and will have an up-to-date summary for the next meeting.</p> <p>ES also confirmed that UEA have an underspend for the CTU as they haven't actioned the step-up in TA or DA time due to the delay in WP4 starting</p>
<p>9.</p>	<p>AOB</p> <p>There was no other business raised.</p>
<p>10.</p>	<p>Date of Next Meeting</p> <p>7th July 2023</p>