CompreHensive geriAtRician-led MEdication 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

Tuesday 3rd October 2023

14:00 – 15:30

MINUTES

1. Attendees:

David Alldred (DA)	David Wright (DW)
Debi Bhattacharya (DB)	Martyn Patel (MP)
Allan Clark (AC1)	Victoria Keevil (VK)
Kelly Grant (KG)	Sion Scott (SS)
Amber Hammond (AH)	Michael Sheridan (MS)
Erika Sims (ES)	David Taylor (DT2)
Jack Webb (JW)	Ian Kellar (IK)
Cara Beswick (CB)	Bethany Atkins (BA)
Helen Jukes (HJ)	Janet Gray (JG1)
Erica Berardi (EB)	

2. Apologies:

Jackie Martin Kerry (JMK)	Antony Colles (AC2)
Sujata Walkerley (SW)	Jo Taylor (JT)
Miles Witham (MW)	David Turner (DT1)

Action Points:	For	By
Refine section of previous minutes (July 2023) and circulate to PMG ahead of uploading minutes to website	DB	10/01/2024
Provide effect size information from Canadian study to PSC	DB	
Contact primary care advisory group for advice on how and when to distribute GP infographic.	DB/JMK	10/01/2024
Check Leeds budget within study budget to ensure it is accurate.	DA	10/01/2024
Thoughts on possible journal for main results paper from feasibility study	ALL	10/01/2024
Contact MP about the paper about exploring proactive deprescribing from geriatricians and pharmacists' perspectives.	JMK	10/01/2024
Review VK's blog for possible use in launch events at trial sites	WP4 team	10/01/2024
Send blog to MP for review	VK	10/01/2024

3. Previous meeting minutes

Review of previous meeting actions:

DB confirmed that we are working with the CTU to get everything up and running for December 2023 trial start date.

The PSC wanted information about the effect size seen in the Canadian study – we haven't done this yet.

Academic Health Science Network involvement – DB caught up with DT2 and we will be recording how much time sites will catch up with Health Innovation East (HIE; previously Academic Health Science Network/AHSN) so we will be able to estimate the health economic costs of implementation, as well as the costs of any interaction with the CHARMER team.

Phase 1 expenditure, DB will share an update later in the meeting.

Review of previous minutes:

Diversity and notes about whether we purposively select sites or randomly select– DB will revise this highlighted text to provide a clearer message that we do have a good range of sites. DB will revise and circulate for feedback before uploading minutes to the website. Also remove AC's text (highlighted) when refining this section.

DB suggested shortening trial manager detail in minutes.

Minutes were approved subject to minor changes above.

4	**WP update** No queries or comments from the team regarding the newsletter. The team looked at the draft infographic which will be sent to primary care GPs once Integrated Care Boards (ICB) have been identified from patients taking part in the trial. The infographic has been designed to raise awareness of CHARMER to GPs and other primary care professionals with prescribing roles so 1) they can take part in the process evaluation and 2) so any deprescribing activity is sustained, if it is appropriate, once their patients leave the study wards. DB/JMK will ask the Primary Care Advisory Group the best way to distribute the infographic and the best time to do it during the trial as ES noted that we do not want this to influence secondary care behaviour whilst the intervention is happening, for example if the GPs contact them/ feedback to secondary care, in response to the flyer. **ACTION: JMK/DB to contact Primary Care Advisory Group for advice on how and when to distribute GP infographic.** MP/DW suggested that the main focus should just be alerting the GPs of the CHARMER study. MP suggested removing 'have your say' as currently there is no mechanism for them to do this, as this will happen later in the study, and may be frustrating for primary care. DW added that some minor changes need to take place before it is sent such as the percentage arrows being removed and making it clearer that CHARMER aims to reduce readmissions. JG added that white text is difficult to read on red background.
5.	**Budget Update** The internal pilot for WP4 is covered in the Phase one budget, but the rest of the trial is covered in the phase two budget. There is currently an underspend which is largely around staffing. DA will double check the figures for Leeds with their financial department to ensure they are accurate. **ACTION: DA to check Leeds budget within study budget to ensure it is accurate.**

6.	**WP4** **Recruitment, randomisation and site set up progress** AH updated on trial start date changing from 1 September to 1 December 2023, due to strikes, illness and leave at sites over summer which meant 1 September start was not feasible. Sites will be randomised after Capability and Capacity (C&C) has been confirmed. AH highlighted processes for site set up and that Site Initiation Visits (SIVs) will be grouped so different sites can attend together and this will streamline the number of SIVs required. An SIV video will be sent before the meetings so staff can watch this at a time that suits them and focus on specific questions in the SIV meetings. Training session will be covered in the second part of the SIV meetings. AH updated on site engagement and which sites are beginning C&C. DB noted that it was important to have ongoing meetings with sites to ensure momentum. AH noted that sites have many financial questions, particularly from R&D. AH reported sites based on CRN region and it was noted that some London regions were not represented, but overall there is a good representation across the country. **Intervention** Key changes that were implemented since WP3 were: ▪ Secured funding for a 0.2 FTE project manager to cover the three-month implementation phase. Previously the Principal Investigator (PI) would cover these activities which was too challenging. In addition, sites now have three months for implementation, so the barriers of resource and time have been addressed. ▪ The team are now working with the Eastern Academic Health Service Network (EAHSN) to help implement the intervention and maintain it. The EAHSN do this regularly in practice, so it can be replicated if CHARMER is rolled out nationally. ▪ BA and the intervention team have created an implementation manual to guide sites during the implementation phase as during WP3 they were confused on how to carry out some activities. CB will read through the manual so the team can be confident sites will understand what is being asked of them.

	The manual will be hosted in REDCap and we will be asking hospitals to provide information on the implementation as this happens so we can track progress. **Publication plans** ▪ Protocol paper for WP4 trial – this will be different from WP3 as the trial design has been changed to a stepped wedge design and the analysis will also be different. ▪ Process evaluation paper for WP4 was confirmed as there was not a separate protocol paper for WP3. ▪ There will be a main results paper for the trial and also the process evaluation results paper. ▪ Health economics paper – the team decided it was appropriate to have a separate health economics paper as the costs for the implementation and intervention are a significant part of the trial. In addition, DW highlighted that for the CHIPPS study he was asked to separate the health economics paper from the protocol paper.
6.	**Planned manuscripts** WP1 has a planned manuscript about challenges with recruiting older people, drawing on the lessons learned in WP1 and WP3. The COS opinion piece is also being re-worked for submission to Age and Ageing. WP2 intervention development paper has been published. WP3 protocol paper has been published in BMJ Open. The main feasibility results paper (quantitative and rapid qualitative data) has not been drafted as we do not have the data from NHS England yet. We have a plan to explain the missing data so far – main concern is with medicines data, but DB noted that there has been learning from use ISCOMAT about medicines data collection. DA noted that the feasibility study from ISCOMAT has been published but NHS England data was not used. These data were used for the definitive trial but this has not been published yet. It was noted that we need to decide on a journal for the main results paper from the feasibility study. DA looked at the ISCOMAT papers to see if there is any detail on the NHS England data that would be useful for CHARMER publications. There is nothing particularly helpful but DA suggested we could cite 'personal communication'.

	There will also be a process evaluation manuscript for the feasibility study and DB will follow up with JMK for an update on this. There will also possibly be a manuscript exploring proactive deprescribing from geriatricians and pharmacists' perspectives. MP is interested in being involved in this paper to provide the geriatrician perspective and asked JMK to contact him about this. **ACTION: JMK to contact MP about the exploring proactive deprescribing from geriatricians and pharmacists' perspectives paper.** WP5 dissemination framework manuscript will be submitted in November/December 2023. BGS conference – MP has submitted an abstract to the Autumn meeting and will hear the outcome soon.
7.	**Planned Dissemination & Media Engagement** KM asked for clarification about what we will ask MP to do at the BGS conference if he is presenting there (22–24 November). Suggestion that he will maintain engagement with sites already involved with CHARMER and raising awareness of CHARMER more widely. There is a meeting with CQC tomorrow, DB and KM want some quotes from them to use to support hospitals to get their action plans developed and launched. This can also be used to help primary care engagement by showing how CHARMER will align with CQC priorities. There is a plan for who we want to engage with over the next 12 months and what our key messages are. It will be important to keep sites engaged and need to identify a way to do this (ISCOMAT did this through accruals but we will need an approach in CHARMER to maintain interest and engagement).
8.	**Gantt chart** DB shared the current gantt chart. ES noted that the main thing is that we are aiming to open sites to start enrolment on 1 December. From a budgeting perspective, the project finishes in August 2025 – we won't have completed data collection by that point. We will need a six months' costed extension but we will not look at that until

	approximately 12 months from the end of the project. Once the 23/24 budget review has been submitted we will understand what we need to complete the study. We need to send them the recruitment data to NIHR, which will be the enrolment data for the next recruitment update.
9.	**Risk register/horizon scanning** We should include opportunities as well as risks for review. The register was reviewed. ES noted that the IGARD has reviewed the DARS application for WP3 and have asked for clarification and confirmations and will then submit to DARS. There was a discussion about whether government changes may impact anything with CHARMER. AHSN are prioritised by the current government and it was noted that we are contracted with the EAHSN for implementation and this was added to the register. It was discussed that CRN priorities have changed and contracts are being negotiated again but no addition to risk register. DB asked about dissemination activities and opportunities. DTY noted that he and JMK have finished a blog about an overview of the project for ISRCTN, with input from BA. It may be useful for including text from this on the study website patient page. MP is speaking at the UEA practitioner study day next week and will include CHARMER. VK is organising an ARC/BRC showcase in ageing and multimorbidity in Cambridge at the end of November, Adam Gordon will be involved. VK has not got CHARMER on the programme as Adam Gordon is the chair of the PSC and it would be odd to present CHARMER to him. VK asked if a poster/flyer to share in the foyer on the day could be sent to her. DB asked if a slide could also be sent and VH will send the meeting's flyer through so DB can decide what would work best. VK also wrote a text version of the talk she gave at the BGS, which may help with retention as the trial progresses. This is with BA at the moment. DB noted that the blog may be useful for supporting sites with their launch events. VK will send the blog to MP for review to check for wording.

	ACTION: WP4 team to review VK's blog for possible use in launch events at trial sites **ACTION: VK to send blog to MP for review.** DA reported new cross collaboration looking at multiple long-term conditions. Miles and Andy Clegg at Leeds are co-leading the models of care and they are looking for people to join those workstreams. DTY attend a NIHR Science Team workshop to form multidisciplinary teams to tackle challenges in long term conditions e.g., prevention and management of conditions, with deprescribing being important in this. The call is for multi-disciplinary teams to formulate research projects to apply for £100,000 to build towards a larger programme grant in approximately 18 months' time.
7.	**AOB** No other business raised.
8.	Next meeting – 10th January 2024