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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University of East Anglia

The research team

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The problem

Half of patients are prescribed at least one medicine where the harms outweigh the benefits, however, only 6% of these patients have an inappropriate medicine proactively deprescribed in hospital before harm occurs. The research team have previously established the barriers and enablers (determinants) to geriatricians and hospital pharmacists increasing the number of older patients in hospital for they proactively deprescribe. We have also identified six Behaviour Change Techniques (BCTs) that are suitable for addressing these determinants.

The goal

To refine and test a practitioner-focussed behavioural intervention to increase proactive deprescribing in hospital.

The objectives are to:
Develop a new core outcome set for hospital deprescribing trials
Identify the most appropriate secondary outcomes for safety, efficacy and cost-effectiveness
Characterise the practitioner behaviour change intervention in terms of mode of delivery of BCTs
Determine feasibility of trial and intervention delivery
Estimate effectiveness and cost-effectiveness of the intervention

WP1

Months 1-6

Selecting patient outcomes and exploring trial design features for collecting outcomes

We will use modified Delphi (n=120-150) to develop a core outcome set for hospital deprescribing trials and to identify a suitable primary outcome measure for this trial.

WP2

Months 1-10

Developing the intervention package

We will characterise the six BCTs and operationalise them into an intervention package using two rounds of co-design workshops with stakeholders (n=8-10). We will also develop a questionnaire investigating the mechanism of action of the intervention BCTs.

WP3

Months 11-24

Feasibility testing

We will test intervention and trial procedures over three months in four hospitals and use the arising data to undertake pre-trial modelling of the intervention and refine trial procedures.

WP4

Months 22-49

Internal pilot and definitive cluster randomised control trial

We will phase recruitment of 44 hospitals (each recruiting 110 patients) over 14 months and randomise each to intervention or control. This will provide 90% power at 5% significance for detecting a 20% difference in proactive deprescribing between intervention and control hospitals.

NHS Cambridge University Hospitals NHS Foundation Trust

NHS Norfolk and Norwich University Hospitals NHS Foundation Trust

University of York

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Newcastle University

WP5

Months 1-58

Dissemination

We will undertake dissemination activities and refine the strategy throughout the programme and convene a strategy workshop with key stakeholders (n=8-10), to prepare a detailed plan for the intervention to be more widely implemented and adopted.

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