

Adverse Events form

CARE HOME ID

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Resident Name

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Adverse Event Report

PLEASE RECORD ANY ADVERSE EVENT

**(any untoward medical occurrence in a resident which results in
death or hospitalisation)**

**PLEASE EMAIL/FAX ONLY PAGES 3&4 TO RESEARCH TEAM WITHIN
72 HOURS OF EVENT**

REACHSAE@QUB.AC.UK

FAX NO. _____

CARE HOME ID		



ADVERSE EVENT REPORT

PLEASE RECORD ANY ADVERSE EVENT
(any untoward medical occurrence in a resident which results in death or hospitalisation)

PLEASE EMAIL/FAX ONLY PAGES 3 & 4 TO RESEARCH TEAM WITHIN 72 HOURS OF EVENT
REACHSAE@QUB.AC.UK

1.1 Please provide details of the Adverse Event (i.e. any untoward medical occurrence in a resident which results in death or hospitalisation)			
What is the Adverse Event? (e.g. fall, infection, other)			
Describe the Adverse Event.			
Date of Onset of Adverse Event (DD/MM/YY)			
1.2 Did this event lead to hospitalisation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, date of admittance to hospital (DD/MM/YY)			
If yes, date of discharge from hospital (DD/MM/YY)			Not yet known <input type="checkbox"/>
1.3 Did this event lead to death?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, date of death (DD/MM/YY)			
If yes, cause of death (if known)			
1.4 Form completed by			
Name		Signature	
Job title			
Date (DD/MM/YY)			
For Office Use Only			
Name (Received By)			
Date Received (DD/MM/YY)			

For Office Use Only							
1. Tracking Adverse Event (AE)							
1.1 AE info passed to CI	D	D		M	M		Y
1.2 Further follow-up information requested by CI	Yes <input type="checkbox"/>				No <input type="checkbox"/>		
1.3 If yes, date further follow-up information requested from care home	D	D		M	M		Y
1.4 If yes, date further follow-up information received from care home	D	D		M	M		Y
2. Assessment of AE							
2.1 What is the AE term? (E.g. fall, infection, other)							
2.2 Causality (Is the AE related to the intervention?)	Definitely <input type="checkbox"/>	Probably <input type="checkbox"/>	Possibly <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Not related <input type="checkbox"/>		
	If selected, then please select expected/unexpected in Qn 2.3				If selected, then please select N/A in Qn 2.3		
2.3 Expectedness (Unexpected is the type of event not listed in	Expected <input type="checkbox"/>		Unexpected <input type="checkbox"/>		Not applicable <input type="checkbox"/>		
2.4 Is the event reportable to the REC?	Yes <input type="checkbox"/>				No <input type="checkbox"/>		
2.5 If yes, date reported to REC (Event needs to be reported within 15 days of	D	D		M	M		Y

Home baseline data form



Home Baseline Data Collection

School of Pharmacy
Queen's University Belfast
97 Lisburn Road
Belfast BT9 7BL

Section 1.— Contact Details

1.1. Date this record completed

D	D	M	M	Y	Y

1.2 Home Name

Nursing

Residential

1.3 Type of Home

☐☐

1.4 Address

1.5 Contact Name

Home
Manager

Deputy
Manager

Care
Manager

Head
Nurse

1.6 Position

☐☐☐☐

1.7 Contact number

1.8 Email

Section 2.— General

2.1 Does the care home have a policy on antimicrobial resistance? Yes ☐ No ☐

If yes, Where can this be found?

	Permanent		Respite	
2.2 Total number of beds in home				
	Male (M)	Female (F)	Male (M)	Female (F)
2.3 Current occupancy of beds				

2.4 Is the home registered to provide care for residents with dementia? Yes ☐ No ☐

Note: In order to complete the table below please use the additional sheets provided—entering the totals from these sheets into the boxes below. If there are items that DO NOT apply to this home please leave them blank.

	All		Permanent		Respite	
	M	F	M	F	M	F
2.5 Number of residents occupying a dementia bed						
2.6 Number of residents who are bedbound						
2.7 Number of residents receiving end of life care						
2.8 Median age of residents (Yrs)						
2.9 Age range (highest-lowest) (Yrs)						

Section 2.— General Cont.

2.10 Is home part of a chain/group?	Yes	No
	<input type="checkbox"/> go to 2.11 below	<input type="checkbox"/> go to 2.14 below
If part of a chain/group:		
2.11 Group name		
2.12 Name of Contact		
2.13 Telephone and/or email		
If not part of a chain/group:		
2.14 Name of Owner		
2.15 Telephone and/or email		

Section 3.— Staffing

3.1 Please indicate how many of each of the following categories of staff work at the home.

	Total	Day	Night	Vacancies
Manager/s				
Deputy manager/care manager				
Lead nurses				
Nurses				
Senior carer				
Care assistant				
Ancillary staff				
Other				

3.2 Please outline the home's shift pattern below (e.g. 6.00 am—2.00pm)

Morning

Afternoon

Night

3.3 Please indicate average number of staff from each category who work on a particular shift

	Mornings	Afternoons	Nights
Manager/s			
Deputy manager/care manager			
Lead nurses			
Nurses			
Senior carer			
Care assistant			
Ancillary staff			
Other			

Section 4.— General Practitioners (GPs)

4.1 How many GP practices provide care for most (i.e. 80%) of your residents?

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4.2 Please provide name and contact details for those GP practices providing care for most of your residents

1.	Name of GP Practice	
	Name of main GP (if known)	
	Address	
Telephone and/or email		

2.	Name of GP Practice	
	Name of main GP (if known)	
	Address	
Telephone and/or email		

3.	Name of GP Practice	
	Name of main GP (if known)	
	Address	
Telephone and/or email		

Continued overleaf...

Section 4.— General Practitioners (GPs) Continued...

4.	Name of GP Practice		
	Name of main GP (if known)		
	Address		
Telephone and/or email			

5.	Name of GP Practice		
	Name of main GP (if known)		
	Address		
Telephone and/or email			

Section 5.— Main Pharmacy

5.1 Please provide name and contact details for the main pharmacy which supplies medication to your Home.

1.	Name of Pharmacy		
	Name of contact (if known)		
	Address		
Telephone and/or email			

REducing Antimicrobials in Care Homes (REACH) Questionnaire

Each question has a 'Yes', 'No' or 'Don't know' response. Please tick one box for each question that best describes your feeling views about the proposed research (there are no right or wrong answers).

If you would like to add any additional comments, please do so in the box below the question.

1. Do you think a study like the one described in the Participant Information Sheet would be welcomed by care home staff in your home?

Yes ☐

No ☐

Don't know ☐

If you have any additional comments, please add them here:

2. Do you think an education and training programme about antimicrobial prescribing would be helpful to care home staff in your home?

Yes ☐

No ☐

Don't know ☐

If you have any additional comments, please add them here:

3. Do you think 2 hours is a reasonable time for staff to be able to attend an education and training programme?

Yes ☐

No ☐

Don't know ☐

If you have any additional comments, please add them here:

4. Do you think it is feasible for all care staff in your home to attend an education and training programme if it was provided at different times of the day?

Yes ☐

No ☐

Don't know ☐

If you have any additional comments, please add them here:

5. Do you think it would be useful for care staff to use a decision making aid to help them decide when to contact the GP if they suspect that a resident has an infection?

Yes ☐

No ☐

Don't know ☐

If you have any additional comments, please add them here:

6. In principle, would your care home be prepared to take part in a study like this?

Yes ☐

No ☐

Don't know ☐

If you have any additional comments, please add them here:

7. Do you have any other comments you wish to add?

Comments:

THANK YOU FOR COMPLETING THE SURVEY

Please return to the study team using the FREEPOST envelope provided (no postage stamp required)

Contacts with Health and Social Care Professionals form

Care Home ID

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REDUCING ANTIMICROBIALS IN CARE HOMES

COMPLETE ONE FORM EACH DAY

DATE (DD/MM/YY) _____

Staff name (block capitals) _____

Contacts with Health and Social Care Professionals

Please complete one form each day to record the contacts your home has with health and social care professionals (HSCP).

Please DO NOT record phone calls with receptionists e.g. to request an appointment, to chase up prescriptions.


Please DO NOT record hospital contacts here (e.g. A&E, outpatient clinic, admissions). Please use the Hospital Service Use Form instead.

Health and Social Care Professional		Contact	Reason: <i>Please tick</i>		Type of contact: <i>Please tick ONE</i>			Out of hours?	Number of residents involved
			Suspected infection? ¹	Other	Phone call with HSCP	Visit at home	Visit at surgery/clinic		
GP		1							
		2							
		3							
		4							
		5							
Nurse² (please specify)		1							
		2							
		3							
		4							
		5							
Other³ (please specify)		1							
		2							
		3							
		4							
		5							

¹If ticked, please ensure a 'Using Decision-Making Tool' form is completed; ²E.g. district nurse, tissue viability nurse; ³E.g. dentist, physio, social worker

REACH- Contacts with Health and Social Care Professionals Form V2 28/04/17

Using the Decision-Making Algorithm form

CARE HOME ID		Please use block capitals Resident's name: _____
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	REDUCING ANTIMICROBIALS IN CARE HOMES	Staff name: _____

This form is for you to record when and if you use the REACH decision aid in making a decision about when to contact the GP when you suspect a resident has an infection. We also would like to know if you do not use the aid and the reasons why.

Section 1. Date and time when infection first suspected

Date (DD/MM/YY) Time (24HR)

Section 2. What infection did you suspect in the resident?

Urinary tract	Respiratory tract	Skin & soft tissue	Don't know	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Please specify _____

Section 3. Did you use the REACH decision-making aid?

Yes ☐ No ☐ Please specify why not

Section 4. What action(s) did you or others take? (Please ☒ all that apply)

I continued to monitor/provide supportive care. Please <input checked="" type="checkbox"/> & date (DD/MM/YY)	I contacted the GP If 'yes', please date (DD/MM/YY) & <input checked="" type="checkbox"/> if this was an 'out of hours' service	I over-ruled the decision-aid	Other action (e.g. contact with district nurse, taking urine sample, or action by family)	<u>No action taken</u>
<input type="checkbox"/> 	<input type="checkbox"/> Yes 	<input type="checkbox"/> <u>Please specify</u>	<input type="checkbox"/> <u>Please specify</u>	<input type="checkbox"/>
<input type="checkbox"/> 	Was this 'out of hours'? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> 	<input type="checkbox"/> No			

Section 5. If contacted, what action(s) did the GP take? (Please ☒ all that apply)

The GP visited the resident at the care home	Yes <input type="checkbox"/>
The GP prescribed antibiotics	Yes <input type="checkbox"/>
The GP advised to continue to monitor and/or provide supportive care	Yes* <input type="checkbox"/>
*If yes, the GP later prescribed antibiotics	Yes <input type="checkbox"/>
Other (please provide details)	<input type="checkbox"/>

Section 6: What happened to this resident in the two weeks after the infection was first suspected?

The resident recovered	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
The resident was prescribed further anti-	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date (DD/MM/YY)
The resident was admitted to hospital	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date admitted (DD/MM/YY)
The resident died	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date of death (DD/MM/YY)
Other (please provide details):	<input type="checkbox"/>		

REACH Study Pharmacy data procedure V1 17/05/2017

Background

REACH is taking place in six care homes: three in Northern Ireland and three in England. As a condition of inclusion into the study, the homes need to receive the majority of prescription drugs for the residents dispensed from a single pharmacy/dispensary. It is understood that there will be times that emergency or unavailable items will be obtained from elsewhere.

One of the main data sources for the outcome of the REACH study will be dispensing records for all antimicrobials dispensed to residents in each of the homes for a period of approximately 18 months. We have planned to collect these data at two time points. The first time point is a period of twelve months leading up to the start date of the implementation phase of the study (baseline). The second time point is a period of approximately six months from the start of implementation. More detail is provided in the procedures below.

Contact with all of the pharmacies/dispensaries linked to the REACH homes was made during the development phase of the project. Independent, chain pharmacies and surgery-based dispensaries will be providing data. This means that there will be a number of approaches to the way that data will be collected. There are different computer systems but all allow the interrogation of the systems by the pharmacy staff and anonymised data downloads suitable for the study are possible.

Below we outline the two general procedures we are employing in this feasibility study. These are:

1. Data being supplied from a central source within the organisation from a large chain of pharmacies (Boots), which will be providing data for three of the six homes associated with the study;
2. Data from independent pharmacies/dispensaries which are supplying data for a single home.

Participating pharmacy procedure

Notifications will be sent to the participating pharmacy/organisation requesting the data (either as a letter or an email, dependent on the pharmacy/organisation requirement). Notifications will be issued in May/June 2017 for baseline data (i.e. 12 months preceding the implementation phase) and Nov/Dec 2017 for follow-up (6 months from the start of implementation). These notifications will include full and clear instructions of the data requirements. This will include the location and name of the home/s, the search dates, the output variables, the acceptable output styles and instructions of how to securely supply the data to the research team. Pharmacies/organisations will also be given instructions on how to invoice the REACH study for the agreed 'search fee'. A letter, outlining these instructions is included as an appendix. The research teams (NI & England) will, if required, liaise with the pharmacies/dispensaries to answer questions as required.

Data

The data required relates to prescription medications dispensed to the study care homes over a period defined in the notification. The first data download will relate to the 12-month period pre-implementation and the second download will relate to the 6-month period from the start of the implementation period. Specifically, we require data on antimicrobials that are dispensed, but if filtering the data to obtain this therapeutic group is problematic or excessively time-consuming, a download of all medications will be acceptable and the research team will undertake to refine the download.

The current ethically approved protocol for the study (version 3, 13.12.2016 – page 17) states:

“Antimicrobials are defined as those medicines which are listed in Chapter 5 (Infections) of the British National Formulary (BNF; Joint Formulary Committee, 2014). The antimicrobials of interest are listed in numbered sections of Chapter 5 and are as follows: antibacterial drugs (section 5.1), antifungal drugs (section 5.2) and selected agents from antiviral drugs (section 5.3). The extracted data will include the name, strength, formulation and quantity of antimicrobial dispensed and cost. This will allow us to calculate a Defined Daily Dose (DDD) exposure which is a commonly used measure of drug usage. The data will be produced in a comma delimited file which can then be directly transferred into Excel in the first instance. No individual resident will be identified in this download as all personal information will be removed by the pharmacist, but each will be assigned a unique identifier. Collection of these data will allow us to conduct a sample size calculation that can inform a future definitive randomised study and should, depending on quality and quantity of the available data, allow us to produce some evidence for any effect our intervention has on prescribing.”

1. Data supplied by Boots

For the Boots central data supplier, which is providing data for three homes, we will require the inclusion of a variable that identifies (ID) each of the care homes (unless this variable is the home name). This will need to be an ID that we can recognise and may require Boots providing a ‘Key’ to this variable so that we can clearly identify the home.

The variables required are:

- Patient/resident number (as assigned by the system)
- Date of prescription
- Drug name
- Drug strength
- Formulation
- Quantity dispensed
- Cost (cost per unit)

No resident names should be supplied.

For the first download (baseline data) to ensure a full 12 month period for all three homes, the start date for the baseline search will be equal to 12 months prior to the date of the first home starting in the study. The end date will equate to the date on which the third home started.

For the second download (follow-up): The start date for the search will equate to the start date of the first home. The end date will equate to the date the third home completes its six-month implementation period.

2. Data supplied by independent pharmacies/dispensaries

For independent pharmacies, we will ask for the electronic data download file supplied to be given a filename that identifies the care home and the date that the data download took place (e.g. ZZ Nursing home_REACH_ZZ.ZZ.17).

The variables are:

- Patient/resident number (as assigned by the system)
- Date of prescription
- Drug name
- Drug strength
- Formulation
- Quantity dispensed
- Cost (cost per unit)

No resident names should be supplied.

For the first download, (baseline data) the start date for the baseline search will equate to 12-months prior to the date the home started in the study. The end date will equate to the date the home started in the study.

For the second download (follow-up): The start date for the search will be equal to the start date of the home. The end date will be equate to the date the home completes its six-month implementation period.

These dates will be calculated and supplied to the pharmacies in the notification letter.

Data output

The data should be supplied in a file format that can be transferred into a Microsoft Excel document; for example, comma delimited files (.csv).

Although this is anonymous data, we have a responsibility to ensure that the data are securely transferred from the pharmacy to the study database in NI. For this purpose, we will supply the pharmacy/dispensary with an encrypted memory stick onto which the data can be downloaded. Following download, this will be collected by the Research Fellows. We will be guided by the data provider (Boots) as to the most secure method of providing this data to us. This may be a secure virtual private network (VPN) that will allow an upload of the data directly to the Northern Ireland Clinical Trials Unit (NICTU).

In England, the data from the memory sticks will be sent to NICTU by encrypted email. Upon confirmed receipt of the file the research will ring the NICTU and provide the passphrase. The transfer will be from Warwick Clinical Trials Unit (WCTU) to NICTU. In NI the memory stick can be hand delivered to NICTU and downloaded or will be emailed as described above.

Data queries

Upon download, the data will be checked for inconsistencies or errors. The research team will be notified by NICTU as soon as possible if there are any queries and the researchers will speak to the pharmacy concerned to see if these queries can be resolved.

Sub-Appendix

Example text for notification

Headers as appropriate

Dear Mr Smith

Re REACH study pharmacy data for (*add home Name*)

Thank you for agreeing to provide dispensing data for the REACH study. We would now like you to run the data download that we have discussed previously. This is the **first** of two downloads and represents approximately a 12-month period prior to the start of the study in each participating care home. (*For follow-up text would be: this is the **second** of the two data downloads and represents a period covering the 6 month period during which the care homes took part in the REACH study*). Below we have provided instructions on what we would like you to do at this stage. Should you have any questions, please contact the research team.

We require a data download from your dispensing database for medications dispensed to (*add home Name*) that you supply (details below). The information that we are interested in are all **antibiotics/antimicrobial medications** that are dispensed over the 12 month period before the start of the study in the home. To provide clarity on our definition of antibiotic/antimicrobials, see below where we present an extract from our protocol.

“Antimicrobials are defined as those medicines which are listed in Chapter 5 (Infections) of the British National Formulary (BNF; Joint Formulary Committee, 2014). The antimicrobials of interest are listed in numbered sections of Chapter 5 and are as follows: antibacterial drugs (section 5.1), antifungal drugs (section 5.2) and selected agents from antiviral drugs (section 5.3). The extracted data will include the name, strength, formulation and quantity of antimicrobial dispensed and cost.”

We hope that you will be able to provide information relating to only these medicines, but if it is not possible to do this on your computer system, please download all medication for that home and the research team will eliminate all medications which are not relevant.

Search parameters

Home address:

Start date of search:

End date of search:

Please present the data in a spreadsheet format in files like those produced in Excel (.xls) or some systems produce outputs in comma delimited files (.csv) which are also acceptable. If you have questions about this please contact the team.

We would like you to supply the following:

- Patient/resident number (as assigned by the system)
- Date of prescription
- Drug name
- Drug strength
- Formulation
- Quantity dispensed
- Cost (cost per unit)

No resident names should be supplied.

The research team will supply you with a password-protected, encrypted, memory stick onto which the data should be downloaded.

The electronic dataset file should identify the home to which the data relates within the filename along with the date that the data download took place (e.g. ZZ Nursing home_REACH_ZZ.ZZ.17).

The REACH Research Fellow will be in touch with you and arrange to collect the data when you have uploaded it onto the memory stick. Please note that our team will run some checks on the data. We suggest that you keep a copy of the data for three weeks in case we need to contact you about any queries we may have.

As agreed, the payment for this first data download will be £XX. We will arrange for payment following collection of the memory stick.

(If baseline) We will be in touch with you again in approximately 6 months regarding the second data download.

We would like to take this opportunity to thank you for your support with this project. If you have any questions or comments, please do not hesitate to contact us

Yours Sincerely

Prof. Carmel Hughes

Chief Investigator of the REACH study

Use of Hospital Services form

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Care Home ID



Please use block capitals
Resident's name:

Staff name:

Cut here

Use of Hospital Services by Residents

Please complete one form **each time** a resident uses a hospital service.

If the use of more than one hospital service is linked with a single event, then use a single form to record this. eg a visit to A&E which led to a hospital admission.

Please try to record the outcome of this event when it is known.

Section 1. Date and reason for use of hospital service(s)				
Date (DD/MM/YY)				
Suspected infection?	<input type="checkbox"/> YES	Specify infection suspected:		
	<input type="checkbox"/> NO	Specify reason if known:		
Section 2. Details of the hospital service(s) used				
Outpatient appointment	<input type="checkbox"/> YES			
Day procedure	<input type="checkbox"/> YES			
A & E	<input type="checkbox"/> YES			
Admission to hospital	<input type="checkbox"/> YES	Was it a planned admission?	<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
	Outcome (Retain form until outcome is known)			
	Returned to care home	<input type="checkbox"/> YES	Date of return DD/MM/YY:	
	Moved elsewhere	<input type="checkbox"/> YES	Date of move DD/MM/YY:	
	Died	<input type="checkbox"/> YES	Date of death DD/MM/YY:	
Other	<input type="checkbox"/> YES	Specify if known:		

Invitation Letter: Care Home Staff: Focus Group and Interview

August 2016

Dear care home staff member

Re. An evaluation of a multi-faceted intervention to reduce antimicrobial prescribing in care home residents [REducing Antimicrobials in Care Homes (REACH)]: a non-randomised feasibility study and process evaluation

We are writing to ask you to consider taking part in the above study (REACH) which is being carried out by the School of Pharmacy, Queen's University Belfast, Warwick Medical School, the University of Warwick, McMaster University in Canada and the Northern Ireland Clinical Trials Unit. The study is being funded by the National Institute for Health Research.

There have been concerns about the high level of prescribing of antimicrobials (antibiotic, antifungal and antiviral medicines) in care homes for older people meaning that these medicines may not work as well as they should. This is due to resistance developing to these medicines. In the REACH study, we want to develop an education and training programme for care home staff and general practitioners (GPs), based on one that was used in a study in Canadian care homes. In the Canadian study, the education and training programme led to fewer antimicrobials being prescribed.

The care home in which you work is taking part in the study, and we would like to invite you to join a focus group to discuss the education and training programme. The focus group will consist of care home staff only. Staff taking part in the focus group will receive £50 (paid by cheque) and their travel expenses will be covered. The focus group will take place in a convenient location and will last up to 90 minutes. At the end of the study, we would also like to ask you to consider taking part in a face-to-face interview, to find out what you thought about the study. There will be another payment of £50 (cheque) if you take part in the interview. It is important that you are fully aware that participation in this study is entirely voluntary. You do not have to take part if you don't want to.

We have enclosed a copy of a Participant Information Sheet which provides further details about what taking part in this study would involve, and which hopefully should answer any questions you have about the study. It is important that you read this information before you decide whether or not to take part. We have also enclosed a consent form.

If you would like to take part in the study then please complete the consent form and return to the care home manager. If you require further information before you decide what to do, please do not hesitate to contact the Queen's University/University of Warwick (*delete as appropriate*) Research Fellow, XXXX, who works in the REACH research team by telephoning XXXX or emailing XXXX.

Yours sincerely

Professor Carmel Hughes

Chief Investigator of the REACH study

Invitation Letter: Family members: Focus Groups

August 2016

Dear

Re. The REDucing Antimicrobials in Care Homes (REACH) Study: a new approach to reducing the amount of prescribing of antimicrobial medicines

I am writing to ask you to consider taking part in the above study (REACH) which is being carried out by a research team from the School of Pharmacy, Queen's University Belfast, Warwick Medical School, McMaster University Canada, the University of Warwick and the Northern Ireland Clinical Trials Unit. The study is being funded by the National Institute for Health Research.

There have been concerns about the prescribing of antimicrobials (antibiotic, antifungal and antiviral medicines) in care homes for older people meaning that these medicines may not work as well as they should. People can develop resistance to antimicrobials if they are used when they are not needed, or if they are used for too long. In the REACH study, we want to develop an education and training course for care home staff and general practitioners (GPs), based on one that was used in a study in Canadian care homes. In the Canadian study, the education and training programme led to fewer antimicrobials being prescribed. The REACH research team are going to use the education and training course that they have developed in care homes and general practices and see if it is acceptable to staff and general practitioners (GPs).

[INSERT NAME of care home] is taking part in the study, and because you have a family member in this home, I would like to invite you to join a focus group (a group discussion) to talk about the education and training course and your views about the prescribing of antimicrobial medicines. The focus group will consist of other people who have family members in this home. People taking part in the focus group will receive £50

(cheque) and their travel expenses will be covered. The focus group will take place in a convenient location and will last up to 90 minutes.

It is important that you are fully aware that participation in this study is entirely voluntary. You do not have to take part if you don't want to.

I have enclosed a copy of a Participant Information Sheet which provides further details about what taking part in this study would involve. I hope that it answers any questions you have about the study. It is important that you read this information before you decide whether or not to take part. I have also enclosed a consent form.

If you would like to take part in the study then please complete the consent form and return it to me. If you require further information before you decide what to do, please do not hesitate to contact the Queen's University/University of Warwick (*delete as appropriate*) Research Fellow XXXX, who works in the REACH Research team by telephoning XXXX or emailing XXXX.

Yours sincerely

[Insert name of manager]

Manager of [Insert name of Care Home]

Invitation letter for Manager/CEO of care home(s)

Headed notepaper (Queen's, Warwick and NICTU)

Date

Dear XXX:

Re. An evaluation of a multi-faceted intervention to reduce antimicrobial prescribing in care home residents [REducing Antimicrobials in Care Homes (REACH)]: a non-randomised feasibility study and process evaluation

We are writing to ask you to consider taking part in the above study (REACH) which is being conducted by the School of Pharmacy, Queen's University Belfast, Warwick Medical School, the University of Warwick, McMaster University in Canada and the Northern Ireland Clinical Trials Unit. The study is being funded by the National Institute for Health Research.

There have been concerns about the level of prescribing of antimicrobials (antibiotic, antifungal and antiviral medicines) in care homes for older people which might lead to resistance. In the REACH study, we plan to develop an education and training intervention for care home staff and general practitioners, based on one that was used in Canadian care homes that successfully led to a decrease in the prescribing of antimicrobials that were not needed.

We want to recruit six care homes to take part-three in Northern Ireland and three in Coventry/Warwickshire. We would like to run focus groups with care home staff and family members of residents to seek their opinion about the training material and programme that we will develop. We would also like to train staff in how best to manage infections, ask staff to put the training into practice over a six-month period and collect some information for the research team, and then carry out further focus groups or interviews with staff about their views of the study as whole. We also plan to interview general practitioners (GPs) about the training material and programme. We will then train care home staff and general practitioners and assess if this approach can be successfully used in care homes.

We would be happy to talk to you further and provide more information about this study. A member of the research team will telephone you in the next week to gauge your interest in the study and to confirm some details about the home you manage.

Yours sincerely,

Carmel Hughes, Queen's University Belfast David Ellard, Warwick University

Invitation Letter: General Practitioners: Interview

January 2017

Dear _____

Re. An evaluation of a multi-faceted intervention to reduce antimicrobial prescribing in care home residents [REducing Antimicrobials in Care Homes (REACH)]: a non-randomised feasibility study and process evaluation.

We are writing to ask you to consider taking part in the above study (REACH) which is being conducted by the School of Pharmacy, Queen's University Belfast, Warwick Medical School, the University of Warwick, McMaster University Canada, and the Northern Ireland Clinical Trials Unit. The study is being funded by the National Institute for Health Research.

There have been concerns about the level of prescribing of antimicrobials (antibiotic, antifungal and antiviral medicines) in care homes for older people which might lead to resistance. In the REACH study, we plan to develop an education and training programme for care home staff, based on one that was used in Canadian care homes that led to a reduction in the prescribing of antimicrobials that were not needed.

We would like to invite you to take part in a face-to-face interview with a member of our research team. The interview will take place at your place of work and will last approximately 30-45 minutes. During this interview, you will be asked about your views and opinions on the education and training programme that we plan to deliver to care home staff. You will be given £50 (cheque) as a token of thanks for taking the time to be interviewed, and will receive a certificate of participation which can be added to your Continuing Professional Development portfolio.

We would also like to interview you towards the end of the study, and again there will be a payment of £50 (cheque) as a token of thanks for taking the time to be interviewed, and you will receive a certificate of participation which can be added to your Continuing Professional Development portfolio.

It is important that you are fully aware that participation in this study is entirely voluntary. You do not have to take part if you don't want to.

We have enclosed a copy of a Participant Information Sheet which provides further details about what taking part in an interview would involve, and which hopefully should

answer any questions you have about the study. It is important that you read this information before you decide whether or not to take part. We have also enclosed a consent form.

If you would like to take part in an interview or if you require further information before you decide what to do, please do not hesitate to contact the Queen's University Research Fellow, Dr Anne Montgomery, who works in the REACH research team by telephoning 028 9097 2348 or by emailing a.montgomery@qub.ac.uk.

Yours sincerely

Professor Carmel Hughes

Chief Investigator of the REACH study

REACH Care Home Survey Invitation Letter

DATE

Dear Manager,

Re: Reducing Antimicrobials in Care Homes (REACH) – a short survey.

I am writing to invite you to take part in a short survey. The purpose of the survey is to ask your views about a study to reduce antimicrobial prescribing (mainly antibiotics) in care homes for older people. I can assure you that all responses will be anonymous and not attributable to you. Consent to participate in this study is voluntary and submitting a completed questionnaire will indicate your consent.

I would be grateful if you could take the time to complete the questionnaire enclosed and return it using the pre-paid envelope enclosed. The questionnaire should take no longer than 10 minutes to complete and the deadline for returning the completed questionnaire is **DATE**. We very much appreciate your help with this.

If you have any questions or concerns about this study, please contact XXX in the (Email: [XXXX](#) Tel: XXXX) or Prof. Carmel Hughes (email: [XXX](#) Tel: XXXX).

Yours Sincerely,

Prof. Carmel Hughes

Enc: Participant information sheet, Survey