

Welcome to REACH-HFpEF Newsletter 03 (March 2023)



WELCOME TO NEW SITES

REACH-HFpEF is currently open at **18 sites**. A warm welcome to the following new sites:

- ✓ Manchester University NHS Foundation Trust (PI: Dr Fozia Ahmed)
- ✓ The Dudley Group NHS Foundation Trust (PI: Dr Joe Martins)
- ✓ Royal Devon and Exeter NHS Foundation Trust (PI: Dr Andrew Ludman)
- ✓ Aneurin Bevan University Health Board (PI: Dr Philip Campbell)

A **huge thank you** to all sites working so hard to recruit to the study.

FUNDER UPDATE

We met with NIHR HTA in February to discuss the trial position going forward. NIHR are very supportive of the importance of the trial and our efforts. They are allowing the trial to continue until at least November 2023, when they will then re-review recruitment performance against revised projections.  **Please continue with your efforts in screening and recruiting participants with the patient recruitment target of at least 1.5 patients per site per month in mind!** 

AMENDMENT COMING SOON

The amendment to update eligibility criteria (including extending LVEF, heart failure admission and NT-proBNP timeframes to 3 years) has been submitted to the REC. We will be in touch about implementing the amendment as soon as we have a response.

PARTICIPANT CONTACT DETAILS

Please remember to enter contact details for all participants (both patients and caregivers, if they have one) to the 'Patient/Caregiver details' screen when adding them to the study web portal. This information is vital when it comes to informing the participant about which trial arm they are allocated to. This includes email addresses which should be entered **immediately** to avoid any delays in the participant completing online questionnaires.

BLOOD RESULT UNITS

Please remember that the units used in the blood results screen of the eCRF may differ from the units used as standard at your site. Please always **double check** that the values entered to this screen match the units displayed on the web portal. Please contact the trial management team if you have any questions or require advice about conversion.

ACCELEROMETER TIMEFRAME

The central team coordinating the accelerometry data collection have noticed that some patients are not wearing the devices for long enough. During patient initiation, please remind patients that when they receive the accelerometer wristwatch in the post, it should be worn for **9 days** before being returned in the envelope provided.

CONTACT US

REACH-HFpEFproject@glasgowctu.org for any questions for the trial management team.

Your experiences of REACH-HFpEF

NIHR Associate PI Scheme – Nick Bellamy, Royal Devon and Exeter NHS FT

I am an IMT (a medical SHO/CMT for those not keeping up to date with the ever-changing guises of medical training) at the Royal Devon and Exeter. I qualified from Edinburgh in 2018 and completed foundation training in Newcastle. I then had aspirations to join the annual great migration of junior doctors to warmer antipodean climes, but along came COVID, and I only got as far as Devon. I took up a cardiology trust grade post and it was here that my plan to actively pursue a career in the speciality was crystallised. I saw the boundless opportunity and challenges that a career in cardiology offers: be it the 'toys' of the interventionalist, the wizardry and theory of the electrophysiologist or the holism and percipience of the heart failure team balancing guideline directed therapy with the realities of the patient in front of them. However, I noted the common thread that runs through all of cardiology is an appreciation of good quality evidence-based medicine which co-exists with healthy debate and scepticism.



I already enjoyed flicking through journals and joining in with this healthy debate, but as an Englishman who has spent many a year watching the rugby with my Scottish friends, I knew that there is nothing worse than the Armchair Critic. I thought I best get stuck in and experience the challenges of conducting research first hand. Having heard good things from a colleague, I signed up to NIHR Associate PI scheme. This is essentially a 6 month apprenticeship, which sits alongside my ongoing clinical practice as a junior doctor. It lets me work with and learn directly from the PI at Exeter, Dr Andrew Ludman, gradually taking on more responsibility for trial activities. The REACH-HFpEF study appealed to me for several reasons; its quality of life based primary outcome, an intervention devoid of commercial gain, and a patient group with thus far limited management options. The skills I have learnt so far are more varied than just data collection. I have had to further my communication skills with regards to consenting when there is clinical equipoise. I have also developed leadership and management skills when trying to overcome local challenges to delivering a trial protocol. Although challenging at times, being an associate PI is engaging and rewarding, I would recommend it to anyone who wants to get involved in delivering research at a local level. The team at the Royal Devon and Exeter are looking forward to recruiting into the REACH-HFpEF study, with the hope that this will lead to significant improvement to the lives of those living with HFpEF in the UK and beyond.

➤ **Many thanks to Nick for his contribution to REACH-HFpEF! If your site is interested in the NIHR Associate PI Scheme, please contact the trial management team who can provide full details.**

Process evaluation - Clare Pearson, King's College Hospital NHS FT

As part of the intervention team for the REACH-HFpEF project, I was asked if I would be happy to record my consultations with one of the participants. I accepted as I felt this would aid the project team to see how effective the consultations are for the participants to engage in the programme but also to see if the training we originally received to deliver the programme is sufficient to get the best possible outcome. I was initially nervous about having my consultations recorded, however was reassured that this was not to judge my clinical practice but rather to look at how the REACH-HF programme is delivered and how it impacts outcomes. The process was very easy with everything clearly explained. It did not add much extra to my workload and the team are very supportive if any technical problems arise. I found after the first couple of times, it became second nature to do the recordings and feel confident to do them again with more participants.

➤ **Many thanks to Clare for her invaluable input to the process evaluation aspects of the study. If you are a facilitator and interested in taking part, please contact the trial management team.**