

If, Why and How Comprehensive Geriatric Assessment (CGA) works to sustain independence for those with heart failure with preserved ejection fraction and frailty: a process evaluation in the CHART randomised controlled trial

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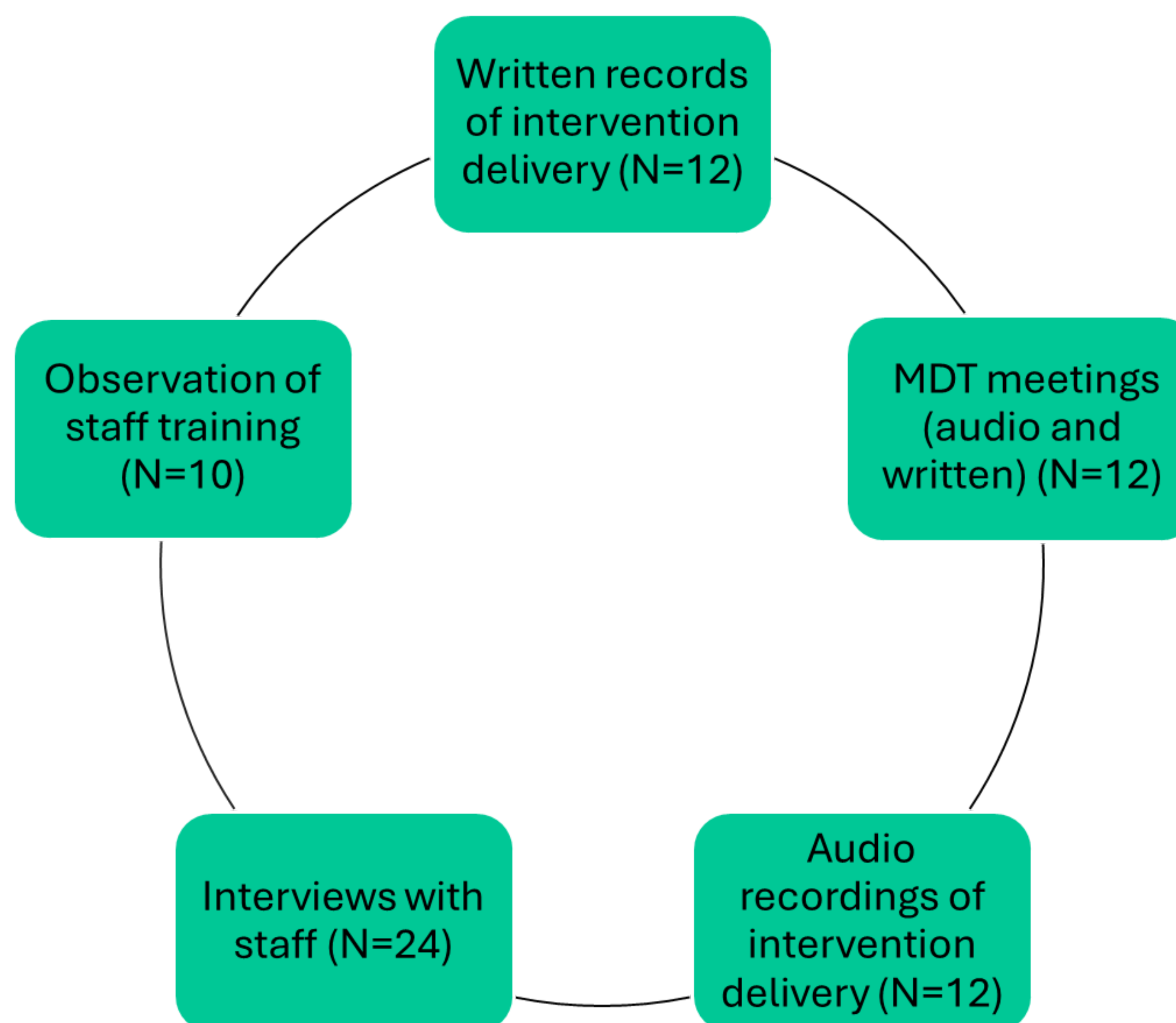
BACKGROUND

- Heart failure with preserved ejection fraction (HFpEF) accounts for 50% of all heart failure cases.
- Approximately 50% of people with HFpEF have coexisting frailty.
- These conditions in combination lead to an increased risk of poor health outcomes.
- NHS services are variable and are not always set up to meet the needs of this population.
- The CHART intervention is a multicomponent CGA intervention with a 12-week progressive rehabilitation programme.
- CGA considers a person's medical, physical, social, environmental and emotional needs, creating a shared care plan and regular follow up.

WHAT?

- 433 people with HFpEF and frailty.
- 17 sites across England.
- Randomised to receive usual care or the intervention.
- Includes an embedded process evaluation (PE)
- The PE aims to understand how the intervention is actually being delivered during the trial and in practice.

DATA COLLECTION AND SAMPLING



Data collected so far:
10 Training transcripts ✓

35 Written records ✓

7 audio recordings ✓

Includes a mixture of purposive and theoretical sampling.

AIM

To understand factors impacting upon delivery of the CHART intervention during the internal pilot (9 sites), including:

- What is working well.
- Challenges participants are experiencing.
- Whether the intervention is delivered as intended.
- Factors impacting upon successful delivery in real-world settings.

ANALYSIS

Completed

- Initial familiarisation with training data.
- Development and piloting of a fidelity assessment tool.

Planned

- Analyse data using Normalisation Process Theory (NPT) as an interpretive framework.
- Use NPT to understand how the intervention works in practice.

IMPACT

Support refinements during the trial

Ensure the approach is acceptable to staff and patients

Aid interpretation of main trial results

Inform roll out into the NHS if successful

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Scan for references



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