RAte control Therapy Evaluation in Atrial Fibrillation

Focus groups TOPIC GUIDE

Version 4.2 (14 FEB 2018)

Introduction

Atrial fibrillation (AF) is a common heart condition that causes an irregular and often rapid heart rate. The control of heart rate can be achieved with different medications; but we lack evidence to choose the right medication for individual patients.

The key outcome of the RATE-AF trial is to assess and improve quality of life in AF patients. The importance to patients of different aspects of quality of life is unclear. We are also unsure how to record quality of life in AF – a number of questionnaires are available, but which of these can accurately document a patients wellbeing, or demonstrate a change after treatment, is unknown.

The RATE-AF focus groups will map patient ideas about what is important to them, and then explore the use of the quality of life questionnaires and whether they address these key concerns. Our aim is to provide a patient perspective on the capture of quality of life information in patients with AF.

Management

The focus groups will be facilitated by the Patient Involvement Team (Jacqueline Jones and Mary Stanbury) and the RATE-AF Chief Investigator (Dipak Kotecha). The process has been supported by the Patient Outcomes and Qualitative Research teams at the University of Birmingham (Melanie Calvert and Jonathan Mathers).

Structure

Two focus groups are planned, with each including ten participants of the RATE-AF trial from the same treatment arm (beta-blockers and digoxin). Participants will be selected from volunteers in the first phase of recruitment of the trial that have already consented to join the focus group. Two meetings are planned for each focus group, with each meeting expected to last between 2-3 hours.
All meetings will be located at the Queen Elizabeth Hospital Birmingham, and all participants will receive (per meeting) £50 for their time, plus up to £20 transport costs (as per published INVOLVE rates).
There will be audio recording of the meetings, with transcription of recordings to enable a written report and submission of anonymised findings for a research publication.

Focus Group #1: Patient priorities in AF

Introduction: Jacqueline, Mary to introduce the study team, and discuss the reasons for the focus group. To highlight that the group's comments should be confidential to the group, to allow a relaxed and open discussion.

Procedure: Dipak to discuss the structure of the meetings, reimbursement procedures, who to approach if comments or questions between meetings, and how the meetings will be recorded (audio and notes).

Participants: Introduction of everyone in the group – first name; ice-breaker question; expectations of the focus group.

Question 1: *How does AF affect your life?*

Probe questions: *What is most important to you about your AF?*

Question 2: *What do you want or expect from your treatment for AF?*

Probe questions: *Reflect on how these address answers from Question 1*

Question 3: *How has the RATE-AF trial treatment impacted on you?*

Probe questions: *Impact on shortness of breath*
Impact on physical function (activities of daily living)
Impact on overall quality of life

Question 4: *Is quality of life an important outcome in patients with AF?*

Probe questions: *Before your participation in the trial, did your medical team discuss your quality of life?*
Importance in comparison to death and hospital admissions?
What determines which outcome is more important?

Closure: Jacqueline, Mary and Dipak to sum up the session.

Distribute copies of the questionnaires for discussion at the next meeting.

Any other questions?

Thanks and date of next meeting.

Focus Group #2: Assessing quality of life in AF

Introduction: Welcome back.

Participants: Re-introduction of everyone in the group.

Recap: Summary of previous meeting.

Question 1: *Did the quality of life questionnaires capture the issues discussed in Focus Group #1?*

Question 2: *Focus on each of the three questionnaires separately: SF-36 and EQ-5D-5L (general health) and AFEQT (AF-specific questionnaire)*

Probe questions: *Was it easy to complete?*
Were there questions that were difficult to answer or left blank?
Were the questions relevant to your health and wellbeing?

Question 3: *Did the quality of life questionnaires reflect any changes in symptoms and wellbeing experienced after treatment or in response to other changes?*

Probe questions: *Which questionnaire was better for this purpose?*
Which would patients respond better to in NHS outpatient clinics?

Question 4: *Reflect on experience in the RATE-AF trial*

Probe questions: *Did you feel in any way better after heart rate control?*
Do you think the questionnaires would pick up this difference?

Closure: Jacqueline, Mary and Dipak to sum up the session.

Any other questions? Thanks and goodbye.

The RATE-AF trial is sponsored by the University of Birmingham and funded through a National Institute for Health Research Career Development Fellowship to Dr Dipak Kotecha. The Patient and Public Involvement in the design and management of the trial was supported by a grant from the West Midlands Clinical Research Network.

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