Identification of Medication Adherence Barriers Questionnaire intervention

Freedom of Information:

Disclosure of the information in these minutes may be prejudicial to the University's compliance with the Data Protection Act, conduct of public affairs or commercial interests. Not to be disclosed without consultation with the Head of School.

PROGRAMME MANAGEMENT GROUP

Identification of Medication Adherence barriers Questionnaire intervention (IMAB-Qi)

Meeting 1, 13.09.2024

MINUTES

Attendees:

Sion Scott (SS) Chair	Lindsay Tashlin (LT)
Allan Clark (AC)	Lucy Clark (LC)
David Turner (DT)	Nipa Patel (NP)
David Wright (DW)	Richard McManus (RMc)
Debi Bhattacharya (DB)	Shelby Carr (SC)
Jackie Martin-Kerry (JMK)	Tom Furniss (TF)
Jo Taylor (JT)	

Apologies:

Tony Avery (TA),
Katherine Murphy (KM)

Action Points:	**For:**
Send collaboration agreement to attendees.	DB
Follow up on ethical application outcome.	DB
Propose a statistician for the Programme Steering Committee	AC
Propose a health economist for the Programme Steering Committee.	DT
Set up SharePoint access for PMG folder	LC
Send PMG terms of reference to attendees	LC

Identification of Medication Adherence Barriers Questionnaire intervention

1.	**Project Overview (DB):**
	The IMAB-Qi project aims to improve medication adherence through an intervention involving a questionnaire with 10 questions. Each question is linked to evidence-based strategies to address identified barriers to adherence. The project is divided into five work packages. 1. **Intervention:** ○ The intervention consists of a 10-question questionnaire for patients to indicate their barriers to medication adherence. ○ Each question is linked to specific evidence-based strategies to overcome barriers to medication adherence which are delivered by primary care healthcare professionals. 2. **Work packages:** ○ **Work package 1:** User testing across four medical practices to gather feedback on the intervention's implementability. ○ **Work package 2:** Co-design workshops with the same participants from the user testing, plus additional stakeholders, to refine the intervention. ○ **Work package 3:** A feasibility study will be conducted with three intervention practices and one control practice. • An economic model will be developed alongside the feasibility study and the definitive trial. ○ **Work package 4:** Definitive trial across 46 GP practices. Primary outcome measure mean difference in systolic BP of 5 mmHg at 12 months ○ **Work package 5:** Economic Evaluations
2.	**Technical Integration of IMAB-Qi with GP IT systems (DB)**
	Aim is to embed IMAB-Qi into GP systems, such as EMIS and SystmOne, to streamline the process for both patients and practitioners. Nipa Patel will assist in creating templates and integrating the questionnaire into these systems.
3.	**Programme Steering Committee (DB):**
	The project requires independent members for the Programme Steering Committee, including a statistician, a health economist, and a chair with relevant expertise.
4.	**Progress updates (SS):**
	• **Website:** Expected to go live next week www.imabqi.org • **Collaboration agreement:** To be sent out imminently. • **Ethical application:** Submitted for work packages 1 and 2, awaiting outcome. • **Recruitment of research sites:** Practices for user testing and later studies are being identified and recruited.
5.	**PMG meeting frequency (DB):**
	Agreed Schedule: Meetings to be held every five to six months, with increased frequency once the trial starts.

6.	**PMG Terms of Reference (DB):**
	To be sent out next week for all to review and sign.
7.	**Access to study files:**
	IMAB-Qi SharePoint hosted by Norwich Clinical Trials Unit, PMG folder to be created for document access.