Identification of Medication Adherence Barriers Questionnaire intervention

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PROGRAMME MANAGEMENT GROUP

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

Meeting 2, 10.03.2025

MINUTES

1. Attendees:

Sion Scott (SS) Chair	David Wright (DW)
Debi Bhattacharya (DB)	David Turner (DT)
Lucy Clark (LC)	Nipa Patel (NP)
Lindsay Tashlin (LT)	Richard McManus (RM)
Jackie Martin-Kerry (JMK)	Tony Avery (TA)
Gelareh Ahadi Dolatsara (GAD)	Allan Clark (AC)
Shelby Carr (SC)	Sarah Chapman (SC)
Claire Loddington (CL)	

2. Apologies:

Jo Taylor (JT)	

Action Points:	**For:**	**By:**
To share RA job opportunity with colleagues	All	ASAP
To update collaborating organisations once contracting agreement is complete.	JMK	ASAP
To share PPI opportunities with their networks	All	ASAP
To identify a person to approach who is a behavioural scientist or health psychologist for PSC.	DB, SS	Next meeting
To consider who could be on the DMEC committee and update LC. DB to consider approaching Lilly Ovo.	All, DB	Next meeting
To liaise with their colleagues about SNOMED contacts and timescales and to share outcome with group.	TA, LC	ASAP
To create a flow chart with consent options and circulate for comment to make a final decision regarding Protocol for WP 3	DB, LC	ASAP
Risk register to be circulated via a link with the minutes. Team members to add any potential risks.	JMK	Post-meeting

3.	**Previous meeting minutes**
	Review of previous minutes: SS advised the ToR have been circulated. DT suggested that the term 'economic modelling' be changed to 'economic evaluations' as a more accurate term in work package 5. SS agreed this could be amended. Minutes agreed to be complete and accurate.
4.	**Team updates**
	SS welcomed GAD to the team who will be supporting the administration and dissemination for the study. SS updated the group that the studies Research Associate (RA), has now left the project. An RA post is being advertised (Grade 6 or 7, hybrid/remote, flexible 0.6 to full-time). SS asked everyone to share this opportunity within their networks. DB advised there is also a Unitemps post out, to recruit someone ASAP in the interim to a RA starting. SS confirmed that 4 people have been shortlisted for this post. **Action: All to share RA job opportunity with colleagues.**
5.	**Contracting and Collaboration Agreements**
	JMK advised that the contracting process is ongoing with the University of Leicester. Some additional information has been requested and is being processed. JMK will send an email out once completed to collaborating organisations. Team agreed that this should be imminent. **Action: JMK to update collaborating organisations once contracting is complete**.
6.	**Public and Patient Involvement (PPI Update)**
	JMK reported that a PPI Lead (6 hours per week) has been advertised, with applications closing on Sunday (16/03/25). JMK asked the group to share the advert with anyone who may be interested. JMK advised that the next step would be to recruit four PPI members to contribute their lived experience to the project. SS asked everyone to share the PPI opportunities within their networks. LT advised that she attended a Citizens Academy Event at UEA and shared the study leaflets with the events coordinator who will circulate these more widely for the group. **Action: All to share PPI opportunities with their networks**

7.	**Program Steering Committee (PSC) Update**
	LT reported that the PSC has four confirmed members: • Patrick Moore (University of Bristol) – Health Economist • David Webb (NHS Chief Pharmaceutical Officer) • Ruth Knight (University of Liverpool) – Medical Statistician • Jeremy Dearling – PPI Representative LT advised that the Chair role is still vacant but they hope to recruit to this soon, with the first meeting planned for early summer. JMK has approached one person for the Chair role and is awaiting a reply. SS also recommended the group consider a behavioural scientist or a health psychologist due to their expertise. DT made the comment that Jeremy Dearling is also a co-applicant on the E-Study. DT asking if this is a conflict of interest with this group. Discussion in the group concluded that it they should make UEA aware. **Action: Team to identify a person to approach who is a behavioural scientist or health psychologist for PSC.**
8.	**Data Monitoring and Ethics Committee (DMEC)**
	LC feedback that the feasibility study (Work Package 3) does not require a DMEC, but one will be established for the main trial. The group agreed that a subject specialist (Clinician) and medical statistician should sit on the committee, but a third member would be needed. DB suggested Rob Horne as Chair and Lilly Ovo as the clinical specialist. **Action: All to consider who could be on the committee and update LC. DB to consider approaching Lilly Ovo.**
9.	**Project Timeline Update**
	DB advised that at 6 months, the plan was to have completed work package 1 but due to staffing challenges this has been delayed. DB advised that the study has ethical approval, four recruitment sites have been confirmed, an organisation who can provide professional actors has been sourced and draft templates of scenarios have been created. DB reported the next step will be for sites to recruit healthcare professionals and patients. Recruited patients will then help complete the drafted scenarios for the user testing.

	DB feels confident that everything is in place to complete the user testing within the next few months.
10.	**Work Packages 1 & 2 Update**
	SS reported that four sites have been recruited: Shipley (Yorkshire), Reepham (Norfolk), Swanage (Dorset) and London. They fulfil the representative criteria of deprivation, ethnic diversity, rurality from a Pharmacy and urban. DB explained that for the user testing, the team wanted to create something that was a close as possible to the envisaged finished product. To achieve this IMAB-Qi will be embedded into the sites I.T. systems, but this will be a challenge. DB reports she is working with a company who have national coverage and are preparing a template for her to review which can be embedded into Systemone and EMIS. DB advised a challenge with the integration onto I.T. systems is that SNOMED codes need to be developed for the IMAB-Qi to allow it to work effectively and this takes time. The user testing will help establish which codes will be relevant. Discussion around achieving better dialogue with SNOMED code department. TA reported that he could liaise with his colleague who has recently created a SNOMED code to see if there is a person to contact and the time it took to get a code. LC also suggested a contact she could ask **Action: TA + LC to liaise with their colleagues about SNOMED contacts and timescales and to share outcome with group.**
11.	**Work Package 3 & 4 Planning**
	LC and LT have been working on the protocol for Work package 3. Discussion around the consent process. LC suggesting that those patients that do not consent to the trial, do not complete the IMAB-Qi, but that their medical record data could be looked at anonymously. Only patients that consent to the trial would then complete the IMAB-Qi. This is because they are not following up patients who do not consent. DB highlighted this is a substantial change to the programme application, however if we can characterise those who do not consent, we may be able to highlight particular populations that the study is not reaching. Long discussion about the suggested change to protocol. AC asking if there is a potential for selection bias. LC clarified that patients can consent to the data collection but they will not know if they will be getting the intervention. DW asked if this change would impact on sample size. LC confirmed that the sample size would remain the same. General consensus was that the current protocol could still stand as the intervention is unlikely to impact greatly on patient care.

	Action: DB and LC to create a flow chart with consent options and circulate for comment to make a final decision.
12.	**Work Package 5: Economic Evaluation**
	DT feedback on work package 5. He advised upcoming tasks were: • Inputting into Work Package 3 protocol. • Identify resource requirements for general practice implementation. • Developing a structured resource extraction method for cost assessment. • Consideration of community pharmacy costs and intervention impact. • Working towards a descriptive analysis for work package 3
13.	**Risk Register**
	SS advised that there is a programme wide risk register and an individual trials risk register. JMK advised that current risks for the study have been around staffing. DB and SS asked for everyone to highlight any potential risks so that they can be added to the register. **Action: Risk register to be circulated via a link with the minutes. Team members to add any potential risks.**
14.	**Engagement Activities**
	SS reported that the team are wanting to promote IMAB-Qi at conferences and events. If anyone knows of any events, to please share this with the team. If anyone is presenting at another event and would be happy to promote IMAB-Qi at the end of their presentation, a slide can be shared for this to happen.
15.	**Any Other Business**
	DT asked if everyone could think about how best to tie in the process of evaluation, about identifying what the practical implications of the intervention is and whether we can seek advice on what sort of costs people are likely to bear which are not recorded in medical notes. Agreed could be discussed at the next meeting.
16	**Next meeting**
	JMK will send round a doodle poll to establish best date and time for next meeting.