Identification of Medication Adherence Barriers Questionnaire intervention

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PROGRAMME MANAGEMENT GROUP

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

Meeting 3: 22.07.2025

MINUTES

Attendees:

Sion Scott (SS) Chair	Laurence Woollard (LW)
Allan Clark (AC)	Lucy Clark (LC)
Claire Loddington (CL)	Luke Natali (LN)
Claire Sussenbach (CS)	Mahomed Khatri (MK)
David Turner (DT)	Maryam Khan (MKh)
David Wright (DW)	Nipa Patel (NP)
Debi Bhattacharya (DB)	Sandra Barker (SB)
Jackie Martin-Kerry (JMK)	Sophie Knight (SK)
Jo Taylor (JT)	

Apologies:

Richard McManus (RM)	Tony Avery (TA),
Lindsay Tashlin (LT)	Martin Pond (MP)

Action Points:	**For:**	**By:**
To review composition of DMEC and identify if any gaps.	DB/LC	Next meeting
To amend minute errors and upload to IMAQ-Qi website	CS	ASAP
To action SNOMED code requests	DB/SS	ASAP
To circulate Gannt chart	CS	With minutes
To circulate editable link to risk register	CS	With minutes
To add any identifiable risks to the register	All	Next meeting
To have a finance update on future agendas	CS/CL	Next meeting

1.	**Welcome**
	SS welcomed everyone to the meeting.
2	**Previous meeting minutes**

	Review of previous actions: • To share RA job opportunity with colleagues (complete). • To update collaborating organisations once contracting agreement is complete (on agenda today). • To share PPI opportunities with their networks (complete). • To identify a person to approach who is a behavioural scientist or health psychologist for PSC (complete). • To consider who could be on the DMEC committee (ongoing). **Action: to review composition of DMEC and identify any gaps.** • To liaise with colleagues about SNOMED contacts (on agenda today). • To create a protocol flow chart with consent options and circulate for comment (on agenda today). • Risk register to be circulated (on agenda today). Amendments recommended to the spellings of several names in minutes. Otherwise, minutes were agreed to be accurate and complete **Action: CS to amend minute errors and upload to IMAB-Qi website**
3.	**Staff changes**
	SS introduced the new team members and they gave a short introduction: • Laurence Woollard: Patient Research Team Lead • Claire Sussenbach: Research and Dissemination coordinator • Luke Natali Advisor, Delivery team and Sophie Knight, Principle Advisor (Health Innovation East). SS also welcomed the PPI members MK and SB to the meeting. SS advised that there will be a Grade 6 RA starting in Sept 2025 and Senior Research Associate starting in October, called Caroline Smith. SS advised he and Caroline have worked on previous studies together.
4.	**Update on Work Packages 1 and 2**
	DB advised that the newsletter gave everyone an overview of WP 1 (user testing) and WP 2 (Co-design). DB advised that the aim in WP 1 was to recruit participants who would usually conduct medication reviews so they could use IMAB-Qi in their usual workplace. However, it was established with the first site that they recruited people who only did desk-based reviews (i.e. no consultation with patient) which does not work for IMAB-Qi. This has helped the team refine the feasibility study protocol and what participants are needed. DB advised that secondly, the team intended testing on IMAB-Qi to be in an electronic format, but this did not happen due to delays embedding IMAB-QI into the electronic health system. Therefore, testing was carried out with a paper version instead.

	DB showed examples of the paper testing documents to the group and advised that each practitioner tested different behaviour change techniques. The review was delivered in real time with actors and recorded. DB reported that after user testing in 3 sites on paper nothing new was coming out of the data. Therefore, the decision was made to increase the number of sites to 5 (amendment agreed), so that 2 sites could test the version of IMAB-Qi embedded into electronic health record templates and feedback on this. DB is working with a company who are embedding the intervention into the electronic health records. DB advised the next step was to request the SNOMED codes so that the questionnaire can be coded. DB summarised for the group that the IMAB-Q was developed and validated prior to this study with user stakeholder engagement. Therefore, alongside the IMAB-Qi research project is work formalising the intervention. This is the work that MK is doing as part of her PhD. DB advised that the first co-design workshop is being planned for September 2025 and completion of all three by the end of 2025 so that the feasibility study can run to time in January 2026. LW and DB confirmed that there will be ongoing patient contributions in how the study develops despite the intervention being for practitioners. **ACTION- DB/SS to request SNOMED codes for IMAB-Qi**
5.	**Planning for work packages 3 (feasibility study) and 4 (definitive trial)**
	LC reported that currently the feasibility protocol is being written along with all other relevant documentation. LC advised that the protocol will be circulated to the group when ready. LC shared the consent flow diagram for the study with the group for discussion. LC advised that we will be looking for four eligible practices to take part in the feasibility study, and three of these will go into the intervention arm of the study and one into the control arm. All participants will have consented to take part and be trained to use and deliver the IMAB-Qi intervention. Those in the control arm will conduct their usual medication review as per their practice guidelines. Eligible patients will be sent the IMAB-Qi, invited to an IMAB-Qi medication review and to take part in the research study. Patients that consent to the research study will then complete PROMS and blood pressure check as a baseline. They will then go on to have a medication review, IMAB-QI intervention and a review with further blood pressure check and PROMS at the end of the trial.

	DB clarified for the group why patients need to have high blood pressure. This is as the funder wants to show a health outcome. Through analysis, hypertension came out as the best condition to power the trial. DB advised that blood pressure needs to be consistently high to make participants suitable for the trial as want to show we can achieve a significant drop in blood pressure with the intervention. The study is finding a balance between numbers of participants and outcomes. LW highlighted that MK and SB will be involved in the development of the documents and give feedback for the feasibility trial. LC confirmed that these meetings will start once the protocol is finalised. SS advised that the protocol will be going to NCTU peer review in August 2025 and he is anticipating circulation to the group by mid-August, with further opportunities to review later on in the process.
6.	**Work Package 5 (health economic evaluation)**
	DT reported that WP 5 is progressing well. He has been inputting into finalising the Health Economic parts of protocol and developing the data collection forms with LC. DT advised that UEA has a 1-year post being advertised, with part of post being dedicated to IMAB-Qi study to progress the literature review. DT advised this could be extended, or existing staff would revert back to support the study for its term if the post finished. DT advised that the modelling element is to look at the impact of lowered blood pressure long term if the intervention was successful. The IMAB-Qi study itself is too short to see any long-term changes in health outcomes. Modelling would look at the impact of the intervention over 10-20 years through previous research studies to fully evaluate effectiveness. A HE mathematical model would be used to try and extrapolate if this will be cost effective and change health long-term. DT confirmed there are exemplar models used in hypertension. Therefore, the purpose of the review is to base our model on the best available and there a systematic review for publication may be possible.
7.	**Patient Public Involvement Update**
	LW advised that he had been coordinating internally on the PPI strategy and how the team will work together going forward. A ToR has been created and will be shared shortly with SB and MK. LW is keen to Identify what is missing from the PPI group and how to ensure our representation considers all groups.
8.	**Project Timelines- Gannt chart review**
	SS shared the IMAB-Qi Gannt chart. He confirmed that the study is behind on its original timelines for work package 1 & 2 but there is a strategy in place to ensure the feasibility study stays on track.

	SS advised that WP 1 should be complete by October 2025 and WP 2 will start in September with completion in December 2025. SS acknowledged that the analysis will need to be done quickly, but this is possible. SS mentioned that the programme has a 'Break date' after the feasibility study in May 2027 where the second half of the study funding will be released for the definitive trial. **Action: Circulate Gannt chart with Minutes**
9..	**Programme Steering Committee update**
	LC reported that the PSC had a full compliment of members and the first meeting was planned for the 15/09/25. The chair will be Rob Horne (UCL pharmacist and behavioural scientist) https://www.nihr.ac.uk/about-us/who-we-are/policies-and-guidelines/research-governance-guidelines
10.	**Update from Embedded Researcher- Maryam Khan**
	MKh presented her PhD on 'The development and refinement of a theory and evidence-based medication adherence intervention'.
11.	**Risk register**
	JMK introduced the risk register and highlighted current risks recorded: • Difficulty with recruitment: posts have now been recruited to and starting later in the year. • Delays with recruitment of PPI: team has now developed but still need two more PPI members. • Concerns about insufficient sites: team have been offering more engagement and 2 more sites have now come onboard. • Potential risk of withdrawal of sites: team are actively engaging with sites, to explain what is involved. • Concerns about insufficient participants: team are offering regular contact. • Participants not engaging fully: LW will support patient participants by offering alternatives to co-design workshops as needed. • Recording equipment not working • Delays in getting IMAB-QI into Systmone. Currently a delay at UoL with contracting which DB is chasing. <u>Other risks identified in the meeting were:</u> • Gannt chart timescales and keeping on track. • Governmental changes to NHS England and ICB's. General turmoil could be a risk. • SNOMED codes not being generated on time for electronic testing. **Action: CS to circulate editable link to risk register and All can add as needed**

12.	**Collaboration agreements update**
	JMK reports there have been delays with this process. UEA and UoL are both joint controllers of the data which is why this version is different from previous versions. The latest version has gone out for review today (22/07/25) to all organisations with a view to it being signed in the near future.
13.	**Engagement activities and outputs**
	CS advised that she has started the takeover of the dissemination role from this week. The Study is active on Bluesky (73 followers), X (63 followers) and LinkedIn (130 Followers). The last post was a week ago about the user testing experience at Swanage Medical practice. CS reported that she was looking to develop a newsletter that will be sent out to those who registered on the website later in the year. CS reported that she had met with the PPI members MK and SB regarding the website and that changes are required to make the website more user friendly for the public. CS aims to action suggestions before a further meeting in August. SS advised that more work needs to be done on general stakeholder mapping and establishing a target audience which will be a priority going forward. The study also has a PCIG who are primary care commissioners that can support more specific dissemination about the study. LC raised the importance of not giving too much information for the feasibility study on social sites due to the risk of cross contamination. : IMABQI.org : IMAB-Qi Study : IMAB-Qi Study : IMAB-Qi Study
14.	**Any other Business**
	DB invited CL to give a finance update. CL advised that finances have been submitted to NIHR up to 31st March 2025 with the forecast for the next 12 months. The team is slightly behind but expected to catch up in the near future. DB noted that there was a significant underspend this year. CL agreed but stated this was due to lack of staffing and the collaborations agreement not being signed as yet. She expects this to all catch up in the next 12 months. **Action: Finance update agenda item going forward.**

16	**Next meeting:**
	Tuesday 21st October 1-2.30pm **Join the meeting now** Meeting ID: 351 676 670 843 6 Passcode: i3KN23Yh