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PROGRAMME MANAGEMENT GROUP

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

Meeting 7, 14.07.2026

MINUTES

Attendees:

Chairing: Sion Scott (SS) and Debi Bhattacharya (DB)	
Allan Clark (AC)	Luke Natali (LN)
Caroline Smith (CSm)	Mahomed Khatri (MK)
Charmaine Rowe (CR)	Maryam Khan (MKh)
Clare Symms (CSy)	Rachel Gillings (RG)
David Turner (DT)	Richard McManus (RMc)
Lindsay Tashlin (LT)	Tony Avery (TA)
Lucy Clark (LC)	

Apologies:

Ashley Wong (AW)	Laurence Wollard (LW)
Claire Sussenbach (CSu)	Nipa Patel (NP)
Emma Sutton (ES)	Samira Alihosseini (SA)
Jackie Martin-Kerry (JMK)	Sandra Barker (SB)
Jo Taylor (JT)	

Action Points	**For**	**Timeline**
To provide written clarification about PPI involvement in the patient engagement toolkit.	CSm/DB	ASAP
To circulate feasibility study risk register	LT	With minutes
To add meeting minutes from April to IMAB-Qi website	CSu	ASAP
Continue monitoring recruitment progress and timelines	Trial team	Update at next meeting

Explore options for automating routine data collection in definitive trial	LC/LT	Update at next meeting
Circulate updated risk register with meeting papers	CSu	With minutes
Investigate RRDN and local language-support options	LC	ASAP
Continue planning dissemination event and identify keynote speakers	DB/CSu/ ES	Update at next meeting

1	**Welcome and Apologies**
	SS welcomed everyone to the meeting and noted apologies received.
2.	**Previous meeting minutes & actions (21/04/26)**
	SS went through the previous minutes. All actions reported as completed or were due to be discussed later in the meeting except for the patient engagement toolkit. Further written clarification will be provided relating to the patient involvement in the development of the patient engagement toolkit. The team discussed contingency planning around stop-go timeline. RMc advised that NIHR should be informed as early as possible if delays to reporting milestones are anticipated. It was agreed that this would be revisited at the September Programme Steering Committee (PSC) meeting. SS advised that a request to NHS digital has been submitted for specific new SNOMED codes for the definitive trial. Temporary codes are being used for the feasibility study. LC confirmed that the feasibility risk register had been signed off and can be circulated if not already done so. All agreed that the content was accurate and suitable for upload onto the IMAB-Qi website. **Actions:** • To provide written clarification about patient involvement in the patient engagement toolkit. • LT to circulate feasibility study risk register when minutes are circulated • CSu to add meeting 6 minutes to IMAB-Qi website • Trial team to continue monitoring recruitment progress and timelines
3.	**Newsletter**
	SS highlighted that the newsletter had been circulated with the agenda and asked if there were any comments or feedback. None were raised.
4.	**Update on work package 3 (feasibility study)**
	Site Setup and Recruitment LC presented an update on feasibility study progress. She advised that all four study sites are now open and the site set up is complete. LC reported that site identification commenced ahead of schedule and Ethics approval

was obtained in March 2026. The site initiation visits and training took place during April-June with all 4 sites being fully open for recruitment by early July.

LC explained that site setup had taken longer than anticipated, mainly due to RRDN recruitment processes, Site initiation requirements, staffing changes within participating practices and the complexity of the study procedures. Now the anticipated end of participant follow-up is October-November 2026.

RMc noted that two practices in the feasibility had senior academic GPs and they may find the study process easier than other practices involved. LC acknowledged this and had purposefully sampled sites for the feasibility. This will not be the case for the definitive trial.

Recruitment Progress

LC presented the current screening activity. Early recruitment data showed:

- Active screening across sites.
- Very limited consents received.
- One medication review booked.

Members discussed the time required for sites to become familiar with study procedures once open and being mindful of healthcare professionals' time and that things in practice will be slower.

Some issues with the database have been identified and rectified. A key issue was about the blood pressure reading threshold being too high. Sites wanted to invite participants at different thresholds to invite more people. Therefore, this has been lowered. DB commented that this could be useful to inform the definitive trial and if a lower reading provides any meaningful results in the feasibility.

LC clarified that ideally each site would recruit 24 participants for the feasibility study to allow for useable data, considering any participants lost to follow up.

Ethics Update

LC reported 7 non-substantive amendments have been made.

Blood Pressure Eligibility Criteria

LC advised that practices had queried why both systolic and diastolic blood pressure needed to exceed thresholds when NICE guidance considers hypertension uncontrolled if either measurement is elevated.

RMc advised that if one or both are raised this means uncontrolled BP and as such, he would recommend the team have either as an option. The team agreed to update sites accordingly.

- Either measure can be used clinically to identify uncontrolled hypertension.

	• Treatment would be expected to lower both measures. • Simplicity was preferable. **Decision:** The PMG agreed that patients should be eligible where either systolic or diastolic blood pressure exceeds the threshold. **Home and Clinic Blood Pressure Measurements** The group discussed potential discrepancies between home and clinic blood pressure readings. RMc highlighted the importance of consistency between baseline and follow-up measurements. AC noted that analysis would be simpler where baseline and follow-up measurements are obtained using the same approach. **Decision:** The PMG agreed that where possible, participants should use the same measurement method throughout the study. **Routine Data Collection** LC reported that extraction of routine health economic data had proved more challenging than anticipated. The RRDN advised that much of the required information cannot be downloaded easily from SystmOne. As such the team have developed a protocol which the team will support completion of with the GP sites. DT emphasised the importance of documenting the time and resource burden of this process. DB and LC agreed that the feasibility study offers an opportunity to determine whether more automated approaches will be required for the definitive trial. This will be followed up outside the meeting. Research costs need to be considered for the definitive. **Action:** LC/LT to Explore options for automating routine data collection for the definitive trial.
5.	**Update on intervention and implementation**
	CSm presented an update on intervention implementation activities. All intervention sites have now received their second green light and are delivering the intervention. CSm reported that the weekly Health Innovation East (HIE) meetings are a useful way to offer sites support. Practices were asked to implement the Patient Engagement Toolkit and identify any additional language support requirements. Bradford identified that their primary additional language would be Urdu for which we are looking at implementation support for. CSm advised that support has been provided to sites to implement and test the SystmOne template.

	The dedicated IMAB-Qi SNOMED code remains unavailable, so practices are currently using a parent code as a temporary solution. The team have also been supporting the completion of the e-learning which asks the HCPs to provide feedback as they go along. After the e-learning most participants reported feeling confident delivering IMAB-Qi. Additional support sessions and intervention walkthroughs have been provided where required. CSm also reported that an initial Mechanism of Action (MOA) questionnaire has been sent to implementation sites as well as the follow up questionnaires. All sites have been provided with dictaphones, however two sites will be using their usual recording practices. Guidance has been provided to support this. Focus groups and interviews are now being set up at each site over the next few months. Topic guides for these have been developed and the PPI team have been involved in reviewing the patient guides.
6.	**Patient Public Involvement (PPI) update**
	MK provided the PPI update on behalf of Laurence. MK reported that there were 44 expressions of interest received, 8 candidates shortlisted and Ashley Wong appointed on 1 June 2026. The remaining applicants have been offered the opportunity to remain on a reserve list for future PPI opportunities. MK updated the group that the blood pressure UK (BPUK) agreement is now in place. The organisation will support administration and reimbursement processes for PPI activity. MK advised that a revised structure has been introduced to provide greater continuity of involvement across IMAB-Qi workstreams. PPI contributors are now aligned with specific programme activities while retaining monthly cross-programme meetings. This is under review. **Recent PPI Activity** Members have provided input into: • Feasibility study procedures. • Recruitment materials. • Interview topic guides. • Patient-facing communications. • Website content. • Dissemination planning
7.	**NIHR annual report**

	DB advised that this was sent out with the agenda, so the PMG was aware of the content. Deadline will be the end of August. No concerns raised in the meeting.
8.	**Embedded Doctoral researcher update**
	MKh presented an update on her PhD research, looking at the methods used in her second project and using a novel prototype framework to systematically refine the IMAB-Qi intervention before feasibility testing. MKh reminded the PMG that her PhD was to systematically refine existing prototypes through an iterative design process before they progress to feasibility testing with the aim to refine them further before the feasibility study using the three lenses of the PFX framework. The intervention was refined through iterative cycles focused on: • Behavioural science • Desirability (patient perspective) • Feasibility (healthcare professional perspective) • Viability (implementation perspective) Seven workshops have now been completed involving patients and healthcare professionals. The resulting intervention has been embedded into SystmOne and is now being evaluated through the feasibility study. MKh reported two manuscripts are currently in preparation; one describing the methodology of this work and one focusing on the intervention and development refinement process. The next step will be to evaluate the useability of the intervention template, and these findings will inform any final requirements before progressing to a definitive trial.
9.	**Risk register**
	DB reported that no changes had been made to the risk register since the previous meeting. **Action:** CSu to circulate the IMAB-Qi risk register with the minutes for review and comment.
10.	**Finance Update**
	DB provided a financial update. Staffing expenditure remains on schedule; however, research costs are beginning to exceed initial assumptions in some areas. An example of this is the additional costs associated with translation and interpretation support have emerged during feasibility testing. The original programme budget included approximately £1,700 for interpreter support but

	no budget for participants. DB noted that this may have resource implications for the definitive trial. RMc shared experience from previous hypertension studies, noting relatively low demand for translated documents and highlighting alternative approaches using local language support networks. He suggested the team could liaise with Regional Research Delivery Network (RRDN) multilingual staff, existing NHS translation services or Research Engagement Networks (REN). CSy also suggested getting in touch with the local Research Engagement Networks as they have been looking at language barriers for patients. The group agreed to use feasibility study findings to inform planning for the definitive trial. **Action:** LC/LT to investigate RRDN and local language-support options
11.	**Dissemination Event**
	The group discussed plans for a dissemination event funded through the Programme Development Grant. The event will focus on raising awareness of medication non-adherence and engaging influential clinicians, patient representatives and policymakers. Showcasing patient stories of the impact of medication non-adherence. The purpose of the event is to: • Raise awareness of medication non-adherence. • Increase stakeholder engagement. • Build support among influential clinicians, patient organisations and policymakers. Proposed components include: • Invited keynote speakers. • Patient stories. • Demonstration of the IMAB-Qi intervention. • Panel discussions. A discussion followed regarding potential speakers capable of attracting wider audiences. LC noted that there was a notable GP at one of the feasibility sites that potentially could be approached as keynote speaker. CSy suggested the National Medical Director as another potential keynote speaker. RMc suggested individuals with established links to hypertension and patient safety. **Action:** Continue planning dissemination event and identify keynote speakers.

12.	**Any Other Business**
	No additional business was raised.
13.	**Next meeting**
	6th October 1-2.30pm