MEMORABLE Project Group Meeting 1: Minutes

Teleconference: Tuesday 9th May 2017, 1.00-2.00pm

Present: Ian Maidment (Chair), Andrew Booth, Sally Lawson, Jane McKeown, Anne Watson, Geoff Wong

Minutes

1. Apologies: Sylvia Bailey
2. Introductions: all
3. Minutes of last meeting: MEMORABLE Co-applicants' Meeting: 26th November 2016: received.
4. Matters arising
   a. Search strategy: initial work by IM and AB in January – older people + medication management, excluding low to middle income countries. Initially to seek out high relevance / small set of studies.
   b. Ethics / governance: IM.
   c. Dissemination: to begin once ethics approved. Framework for dissemination drafted. IM has made links with CRN specialty leads for Dementia and Age and Ageing: **SL to offer to attend latter meeting as IM not available**. IM has drafted article for Dementia Awareness Week and blog for Age UK.
   d. Data management: Dropbox available for papers. Referencing system needed: **SL to consider e.g. Endnote.**
5. Overview and update(IM)
   a. Project Group: to meet every 1-2 months.
   b. Stakeholder Group: to be convened once ethics approval given. Remit to review evidence – sense – comment, contributing to programme theory development. IM has previous contacts although need re-approaching and other members identified. **AW to chair and SL to support.**
   c. Ethics: HRA: as above.
   d. Sponsor's Review: Aston University: based on IM's work, **SL to prepare draft document**. Aim to submit for REC in July and IM / SL to be available to present in person locally.
6. Any other business
   a. SL training and development opportunities:
      - **SL to d/w IM re CARES Summer School. AB and GW offered project-specific research support as required. SL to follow up.**
      - **SL to follow up offer to shadow: nursing input (JMcK) and GP input (GW).**
   b. Project Group Meeting Agenda: to focus on the work to deliver the research: next meeting to address Work Package 1 based on a short, preliminary paper evidencing initial Programme Theory for all to discuss: **SL to prepare, drawing on any qualitative systematic reviews / selected NIHR proposal references.** This is preparatory for the development of a fuller search strategy.
   c. **SL to contact Julie Mullan (Australia link) to introduce self and engage in this early stage work:** possible Skype.
7. Dates / times of next meetings
   Monday 5th June 2017, 3.00 – 4.00pm
   Tuesday 4th July 2017, 1.30 – 3.00pm

SAL / 09.05.17

.

MEMORABLE Project Group Meeting 2: Minutes

Teleconference: Monday 5th June 2017, 3.00-4.00pm

Present: Ian Maidment (Chair), Andrew Booth, Sally Lawson, Anne Watson, Geoff Wong - joined by Sylvia Bailey

Minutes

1. Apologies: Jane McKeown
2. Minutes of last meeting: MEMORABLE Project Group Meeting: 9th May 2017: received.
3. Matters arising
    a. Search strategy: **SL to arrange to visit AB**
    b. CARES Summer School: **SL will not be attending: no further action**
    c. Shadowing: **SL agreed with GW (date to be confirmed) and to identify and follow up with nursing and pharmacy contacts**
    d. Judy Mullan: due to time difference for attending these meetings, **IM and SL to Skype JM Thursday 15th June 2017, 9.00am to discuss agenda items.**
4. Overview and update (IM)
    a. Aston Governance: aiming to submit to Aston University as sponsor this week, with a view to it going to ethics in July or September (South Birmingham or Coventry and Warwick).
    b. Protocol Publication: as a result of revised Guidelines, Systematic Reviews Journal are reviewing the Protocol Paper again for publication: **decision awaited by IM.**
5. Paper for Discussion (SL)

    Positively received. Key points from the discussion:
    - the presence of patient-doctor <u>trust</u> in the process, although not recognised in current NHS policy (GW);
    - even limited literature (2 papers) adds nuances to the development of programme theories (AB) + reported current work on logic models and medication management: **AB to share with SL;**
    - challenging project with a complexity of factors evident in the paper (AW) so need to address those areas where changes can be made that will have an impact (AB, SL) + this will contribute to scoping the research (GW), with its focus on multi-professional support to older people and their carers (IM) + collecting ideas around stages in the pathway (GW) to be developed with additional layers / rows built from it as a foundation (AB, GW).
    - **SB to send any feedback or comments on the paper to SL + SL to contact JMcK about any feedback or comments she might have –** comments received: JMcK on Outcomes / p.2: It feels like this is something important that we need to have an open mind to and look creatively at within the review - rather than taking current / narrow understandings of outcomes for granted.
6. Any other business
    a. Stakeholder Group: **AW to offer dates/time to meet IM and SL to discuss setting up this group, including a short statement of its purpose: ALL to send any information they have on setting up a similar group.**
7. Date / time of next meetings

    Tuesday 4th July 2017, 1.30 – 3.00pm

MEMORABLE Project Group Meeting 3: Minutes

Teleconference: Tuesday 4th July 2017, 1.30-2.15pm

Present: Ian Maidment (Chair), Andrew Booth, Sally Lawson, Jane McKeown, Anne Watson, Geoff Wong. Also Tiago Moutela, Gurkiran Birdi who provide p/t administrative support to the research.

Minutes

1. Apologies: Sylvia Bailey
2. Minutes of last meeting: MEMORABLE Project Group Meeting 2: 5th June 2017: received.
3. Matters arising
   a. Search strategy: AB and SL to meet 10th July 2017 pm.
   b. Shadowing: **SL agreed with GW (date to be confirmed) and to identify and follow up with nursing and pharmacy contacts in the autumn.**
   c. Judy Mullan: **IM and SL to Skype JM Wednesday 5th July, 9.00am to discuss agenda items.**
4. Overview and update (IM)
   a. Aston Governance: paperwork currently with Aston University as sponsor and awaiting their In Principle approval to start the process: NRES REC for Proportionate Review, individual organisational approval and Aston University's final sign off, ideally by the end of September.
   b. Protocol Publication: approved for publication.
   c. BBC Breakfast: well received, generating more than 20 responses, including individual and organisational contacts with IM.
   d. Aston University MEMORABLE website: to be developed and **ideas for content invited (ALL).**
   e. Newsletter: to be developed and distributed to publicise progress with the research: **ideas for content invited (ALL).**
5. Any other business (ALL)
   a. GW: research in 'right place', progressing necessary ethical approval, with a view to starting Literature Review and engaging in screening documents that have been identified in search and analysed.
   b. AB: need to meet SL to discuss search strategy in order to make progress in-and-around leave constraints, while maintaining momentum. This advances Work Package 1, which will also contribute a key research output: the 'CLUSTER' publication: evaluation and refinement of this approach to literature searching.
   c. JMcK: no issues to raise.
   d. AW: recruitment to Stakeholder Group being discussed at meeting with IM and SL 12th July 2017, including any overlap with identifying possible participants for interview
6. Date / time of next meetings
   Tuesday 1st August 2017, 2.00 – 3.00pm
   Friday 8th September 2017, 9.30-10.30am.

SAL / 04.07.17

MEMORABLE Project Group Meeting 4: Minutes
Teleconference: Tuesday 1st August 2017, 2.00-3.00pm

Present: IM (chair), AW, AB, GW, JMcK, SB

Minutes:

1. Apologies: SL
2. Minutes of last meeting: 4th July 2017 (sent 7th July 2017)
3. Matters arising – SL to arrange clinical visits with GW etc.
4. Overview and update (IM)
    a. Aston Governance – approval in principal letter issued. Therefore, to submit to HRA*.
    b. Protocol Publication / Systematic Reviews: http://rdcu.be/tTFc
    c. Stakeholder Group (AW) – follow-up planning meeting in September. TM drawing up list of participants and supporting documents with SL. SB to contact DA, AJ, JJ plus Healthwatch to identify participants from BME community. JMcK to identify nurses (if possible, both physical and dementia care). IM stated attendance by teleconference okay.
    d. Literature Search Strategy (AB, SL) - AB/SL met up in July to set up and pilot search strategy. Search terms subsequently amended. AB searched MEDLINE/EMBASE/CINAHL and has identified 1,000 records for screening by title, abstract and key words. GW highlighted need to justify search strategy: agreed with age and year cut-off (2009 – based on when NICE guidance on adherence published) but need clear rationale for exclusions. Agreed that AB selection criteria (population, setting, condition, interest) will apply to this search to establish if to include, exclude, refer:

	Include	Query / Refer	Exclude
Population	60+, home-community	? 60+, setting unclear	Not 60+, not home-community
Setting	UK, relevant high income	? Relevant population	Low / middle income countries, non-relevant population
Condition	Multimorbidity	? + 1 condition	Single condition, not chronic
Interest	Medication management	? Other medication issues	Not medication

    SL to screen all by end of August and AB and GW to each screen random 5% independently by end of August. AB to assign random numbers to 1,000 references and send appropriate versions of the excel spreadsheet to SL and GW for screening process.

    e. Engagement and Dissemination: content for webpage and newsletter (SL). IM and SB interviewed by PRUK. Webpage and newsletter discuss with SL.
5. Any other business (ALL) - none
6. Date / time of next meeting: Friday, 8th September 2017, 9.30-10.30am.

[*Update since meeting: 3rd August 2017: ethics application submitted to REC for Proportionate Review]

IM / 01.08.17

Present: IM (chair), AW, AB, GW, SL.

Minutes:

1. Apologies: SB, JMcK.
2. Minutes of last meeting: 1st August 2017 (sent 3rd August 2017).
3. Matters arising: none, as covered in 4 below.
4. Overview and update (IM)
   a. Ethics / National Research Ethics Service (NRES) – provisional approval given by Cambridgeshire and Hertfordshire REC and HRA. Some small queries raised. Amendments have been made and submitted to Aston for sign-off prior to re-submission. Hoping for formal REC / HRA decision within next month, completing this process. MEMORABLE now Portfolio adopted. IM and SL have met AW and Priti Patel (BCHC) to discuss ethics and progress within their Trust.
   b. Work Package 1 – SL thanked AB for setting up the database and screening system. GW requested a copy of the database for his allocated review: forwarded by AB. AB and GW to complete their list shortly (n=51). SL has reviewed the full list (n=1018) in two parts as there were difficulties accessing the Ebscohost references (n=155: 15 duplicates removed, 14 included and 78 excluded, leaving 48 to do). Of the main list (n=863), 138 included, 54 referred and 671 excluded. AB and GW emphasised that this database is being used to bring a narrower focus to the topic to inform initial programme theory development. **SL to review her inclusions/referred** (e.g. exclude single conditions despite apparent transferability). **GW and AB to send their completed review lists to SL to be incorporated.** Following this, **SL to forward the final list to AB, IM and GW to discuss at a meeting / teleconference on Friday 22nd September 2017 at 2.00. Outcomes from this meeting will be shared at the next Project Group meeting in October.** NB the full database will still be available for further analysis, as needed.
   c. Work Package 2 – **members of the Project Group are invited to send details of possible participants / interviewees to IM or SL, with that person's agreement, to express their interest in being invited to take part.** SL will be meeting AW, Priti Patel and Esther Hutchinson, Research Nurse, soon to discuss recruitment through BCHC (meeting confirmed: 28th September).
   d. Stakeholder Group – AW (SG Chair), IM and SL met 7th September to discuss progress. Gurkiran Birdi (Admin support) also attended. Possible members / roles described by IM, noting a gap in social care representation. The aim is for the Group to start in the New Year, once there is sufficient progress / programme theory for them to discuss. **Members of the Project Group are invited to send details of possible group members to IM or SL.**
   e. Engagement and Dissemination: Newsletter: to be developed by SL due to current lack of capacity within Life and Health Sciences (LHS) Marketing. Will go out as pdf, and embedded in an e-mail, as well as being put onto the research website. Website: SL's proposed format agreed by LHS Marketing to reflect Aston design and SL to approach people for content that she will collate and provide to LHS Marketing to load. The site will be approved before going live. Poster: SL has designed a poster on the published protocol to go to CRN West Midlands Ageing and ENRICH Event, 13th October 2017, and will forward it to Judy Mullan to adapt for the Realist Conference in Australia. 6 monthly Performance Monitoring documents: IM and SL starting to prepare these to go to NIHR Evaluation, Trials and Studies Co-ordinating Centre (NETSCC) for 1st November.
5. Any other business (ALL) – AB: details for meeting to discuss WP1 agreed (noted in 4.b above).
6. Date / time of next meeting: Tuesday 10th October 2017 at 9.30am. SAL /08.09.17

MEMORABLE Project Group Meeting 6: Minutes
Teleconference: Tuesday, 10th October 2017 9.30-10.30am

Present: IM (chair), AW, AB, GW, SB, JMcK, SL.

Minutes:

1. Apologies: AW.
2. Minutes of last meeting: 8th September 2017 (sent 11th September 2017): agreed without amendment.
3. Matters arising: none. All covered in 4 below.
4. Overview and update (IM)
    a. Ethics / National Research Ethics Service (NRES) – REC and HRA approvals received. IM and SL following a 'staggered approach' to secure local approvals, starting with Birmingham Community Healthcare Trust (BCHC) and then West Midlands CCGs; need final Aston governance approval to enable interviews to begin in each site. Aiming to start with BCHC (and potentially CCGs) by the end of 2017 and elsewhere in January and February 2018.
    b. Work Package 1 – Following the review meeting with IM, AB, GW and SL on 22nd September, 140 articles identified for full text review. SL started this work, piloting a form she designed to capture details as a 'logic model' along with other significant information to contribute to drafting candidate programme theory/ies that will be confirmed, refuted or refined from the data. At their meeting 9th October, SL and GW discussed an alternative approach using NVivo from the outset to code-in-progress to support programme theory development. Acknowledging the 'challenge of volume' AB suggested screening the 140 abstracts for 'theor(y), model, concept, framework' to identify those that might have logic model, programme theory or theory of action or change within them, particularly in the Introduction and Discussion sections, and then to prioritise them for full review in order to set out candidate programme theories to work with. This was agreed as a way forward. **AB to send SL an article on multi-morbidity identified through this process. SL to screen the 140 articles and review as agreed.**
    c. Work Package 2 – Potential participants continuing to be identified and recorded, pending all ethics and governance approvals (4.a. above).
    d. Stakeholder Group – introduction / invitation letter drafted and list of possible contacts set up, awaiting sufficient progress on developing candidate programme theories for them to review.
    e. Engagement and Dissemination – **Newsletter and Website**: limited progress due to SL annual leave. **Poster**: SL taking protocol poster to CRN West Midlands Ageing and ENRICH Event, 13th October but unfortunately too late for JM to take one to the Realist Conference in Australia. **6 monthly Performance Monitoring documents**: IM and SL starting to prepare these to go to NIHR Evaluation, Trials and Studies Co-ordinating Centre (NETSCC) for 1st November. **Publications:** IM reported 2 papers he has authored: one on polypharmacy published in Age and Ageing: https://academic.oup.com/ageing/article/4237359/Medication-usage-change-in-older-people-65-in, with a linked article in The Conversation, as well as one accepted by BMC Geriatrics on medication and older people with dementia. **GW stressed the importance of HSDR notification in advance of engagement and dissemination work.**
    f. Aston MPharm student project – A student has expressed an interest in the current and potential contribution of technology to medication management with older people that might contribute to MEMORABLE. IM to meet her and **SL to follow up**.
5. Any other business (ALL) – SB mentioned information she had seen on wearable technology. She also described her recent experience of a medication review following her move to a new pharmacy. This led

to a lengthy discussion within the group, covering the perspectives of someone having such a review, pharmacy and general practice. **SL to write up as field notes.**

6. Date / time of next meeting: Friday 17th November 2017 at 1.00pm (IM to send codes in due course).

SAL IM/10.10.17

MEMORABLE Project Group Meeting 7: Minutes
Teleconference: Friday 17th November 2017 1.00-2.00pm

Present: IM (chair), AW, GW, SB, SL, Medha Kothari (MK).

Minutes:

1. Apologies: JMcK, AB.
2. Minutes of last meeting: 10th October 2017 (sent 17th October 2017): agreed without amendment.
3. Matters arising: 6 month Performance Review submitted. Field notes written up.
4. Overview and update:

   a. Work Package 1: SL has identified 20 articles from the 140 agreed search articles, using the terms 'theory, model, framework, concept'. 19 have been reviewed. Explanatory terms and phrases have been coded into NVivo to inform candidate programme theory development, with over 60 nodes inductively derived from the analysis, clustered into 4 areas: Health and Care, Medication Management, Older People and Other External Factors. The characteristics and attributes of each article have also been recorded in an Excel spreadsheet. IM, AB, GW and SL to meet once themes or trends have been identified to discuss the data and programme theory development. **SL's work will be reviewed and developed by IM, AB and GW as per the Protocol: date and the format to be agreed.**

   b. Work Package 2: All Participant Information Sheets / Consent documentation and Interview Schedules now approved by HRA and REC. Awaiting local approvals to begin recruitment, prioritising BCHC and contacts facilitated by CRN primary and secondary leads, as well as direct interest from potential participants who identified themselves following coverage on BBC Breakfast and personal and practitioner networks. Direct, voluntary participation is being covered by a 'substantial amendment' submitted to HRA. **BCHC will issue Capacity and Capability week commencing 20th November 2017, aiming to deliver initial recruitment within the 40 day timeframe. IM to provide resources to AW for formal approaches**. SL will organise own interviews with contacts made initially by BCHC. **IM and SB will collaborate on recruitment through her practice contacts, including the original focus group. IM to continue to promote the research via Twitter.** Initial interviews, some face-to-face and some by phone will focus on gathering narrative data about experiences of medication optimisation and later in the research, interviewees will be approached again to consider emergent programme theories, informed by the literature, participants' first hand experiential accounts and the views of the Steering and Project Groups. However, progress on interviews still requires final sign off from Aston before they begin. Recruitment data will be uploaded to CPMS: **IM, MK and Priti Parmar/BCHC to meet to discuss as MK will update CPMS.**

   c. Stakeholder Group: aiming for first meeting in January/February, pending progress on candidate programme theories which they will be invited to comment on. **IM, MK and SL to meet to discuss on 21st November 2017 and advise AW of outcome.**

   d. Engagement and Dissemination: MK and SL described progress on the webpage and quarterly newsletter following their recent meeting. **MK to prioritise the newsletter to support recruitment and will contact Project Group members for content/profiles and links**. Content will also be uploaded onto the webpage that will adopt the new Aston design as agreed with Beth Astington (LHS, Aston). **MK will explore links to and from the site with relevant organisations.**

   e. Aston MPharm student project: Audrey Tchatchou is exploring the literature on the current and potential contribution of technology to medication management with older people, due for completion by summer 2018.

   f. Realist Methodologies Conference, Australia (GW): plenary sessions recorded and will be available at https://realist2017.org/

5. Any other business: SB will be presenting on other work at the INVOLVE Conference and will network MEMORABLE using resources from IM. **SB, IM and SL will arrange a teleconference to discuss recruiting through the original Focus Group and the network of GP practices SB has access to.**
6. **Date/time of next meeting:** Tuesday 19th December 2017 at 3.00pm.   SAL/IM 17.11.17

Present: IM (chair), AB, GW, SB, SL, MK.

Minutes:

1. Apologies: JMcK, AW.
2. Minutes of last meeting: 17th November 2017 (sent 22nd November 2017): agreed without amendment.
3. Matters arising: none.
4. Overview and update:
   a. **Work Package 1: Literature Review:** 1018 articles were listed through the original literature search and following screening for inclusion, this number was reduced to 140. Using the terms 'theory, model, framework, concept', further screening resulted in the identification of 24 articles for full text review. SAL coded text into NVivo, with more than 60 key terms (nodes) emerging from the analysis. An Excel spreadsheet listing the characteristics of each article, the NVivo project containing the coding, and a short, summary report has been shared with **AB, GW and IM who will meet on 5th January 2018 to identify candidate programme theory/ies about how medication management might work based on this data**. These theory/ies will then be shared with the Project Group and Steering Group when they meet in early 2018.
   b. **Work Package 2: Interviews:** Ethical approvals for recruitment have been confirmed for Birmingham Community Healthcare Trust (BCHC), Aston University Research Centre for Healthy Ageing (ARCHA), Join Dementia Research (JDR), Personal and Professional Contacts and Public and Patient Involvement. **IM is still negotiating primary and secondary provider governance arrangements.** SB will meet her practice manager covering the 2 practices based at her local Health Centre this week to discuss participating in the research. This too will need sign off before a poster can be displayed and recruitment begun. **IM will let SB know when all approvals have been secured, likely to be in mid-January, and the poster and newsletter will then be e-mailed to SB to forward to the practice manager.** Based on current approvals, SAL has listed 22 potentially eligible participants, 12 of whom have been confirmed. A large number of people have indicated interest in the research through JDR although SAL's pre-screening suggests not all will be eligible. **SB to re-approach a pharmacy contact for interview and forward contact details to SAL if they agree to participate.** SAL has completed 1 interview that has been anonymised and gone to be transcribed.
   c. **Stakeholder Group:** date of the first meeting by conference call: 30th January 2018, 1.00-2.00 pm. About 10 participants have indicated they will attend. IM highlighted the lack of PPI involvement, currently only 1 person. **SB to inquire about other PPI members and advise IM.** IM emphasised the need to avoid cross-over between group membership and interviewees. AB proposed making individual approaches to people who might not be able to attend or were reluctant to participate in a conference call; an approach also used by GW. **IM and SAL to follow up depending on final numbers.**
   d. **Engagement and Dissemination:** MEMORABLE Newsletter: Winter Edition 1 has been completed. **SAL to upload to the NETSCC monitoring site as a project output and advise IM when complete**. MK to contact Beth Astington about uploading it to the existing project website. IM to tweet once url available and AB to re-tweet.
5. Any other business: **IM asked SAL to consider work within MEMORABLE that would be suitable for an Erasmus exchange student (pharmacy) for 3-6 months, possibly some adjunctive study of an emergent topic/s. IM to attend the 2 day ScHARR 'Real World Evaluation' Course in February 2018.**
6. Date / time of next meeting: Tuesday 13th February 2018, 9.30-10.30.

SAL/19.12.17

Present: IM (chair), AB, GW, HZ, JMcK, SL.

Minutes:

1. **Apologies:** AW, JM, SB. HZ introduced himself, including a systematic review he is carrying out with AB, specific to MEMORABLE, looking at medication management challenges amongst BME elders in the UK (relevance). Based on practice (local and national/CQC and NICE) and academic experience, HZ is also supporting participant recruitment to MEMORABLE and is now a co-applicant.

2. **Minutes of last meeting:** 19th December 2017 (sent 20th December 2017): agreed without amendment.

3. **Matters arising**: (4.d) newsletter 1 uploaded to NETSCC monitoring site. **NB IM and SL to discuss 6/12 review, requested for May 2018**; (5) no Erasmus student; ScHARR Real Word Evaluation Course attended by IM and very useful.

4. **Overview and update (IM)**

   a. **Work Package 1:** Literature Review: candidate programme theories for older people, carers and practitioners approved. Already informing participant interviews through a supplementary question to elicit their experiences and opinions on dissonance / difference: 'different priorities at different stages' as it impacts on their experiences and outcomes that matter to them. SL to work on CMO's linked to the candidate programme theories using the 24 articles and further references provided by AB on needs+ concerns/trust and dissonance. Further work on the literature to be discussed when AB, GW, IM and SL meet on 27th April 2018. **JMcK and HZ to review candidate theories and circulate feedback to Project Group.**

   b. **Work Package 2**: **Recruitment:** began in late November 2017, facilitated through BCHC, ARCHA, JDR and Personal and Professional (P&P) contacts. To date, there have been 75 expressions of interest in the study, all responded to: 19 ineligible and 22 participant responses awaited. 34 participants have been recruited by e-mail exchange / consent at interview: 11 older people, including 2 with mild dementia, 10 carers and 13 practitioners (1xGP, 2xconsultants, 4xnurses, 5xpharmacists, 1xhousing/social care). **Interviews:** 1 practitioner in December. SL planning to interview 10+ participants per month from February 2018. 8 older people and carers were interviewed face-to-face week commencing 5th February 2018 and at least 2 practitioners will be interviewed by phone / skype this month. New recruitment sites include Bradford (P&P via HZ), Extracare, Stafford and Stoke, Heart of England and Northgate GP practice. Substantial amendment submitted to cover these and to extend carer numbers to 25. **Discussed** need to increase GP and social care participants, including domiciliary care agencies/staff (local authority, independent or third sector e.g. Age UK), as well as cover practice nurses and health care assistants involved in medication management. Also, older people who may be struggling with their medication regimes. GW highlighted the need to identify those 'with the knowledge' but that not all may be interviewed. They could be highlighted as a residual 'black box' in this study, warranting further work. SL confirmed that some might yet be found by asking practitioners to identify individuals through their own contacts / networks. **JMcK and HZ to identify relevant participants, including Dom Care, Social Services and Third Sector, through their own networks and forward to SL + SL to identify 'rural' contacts (and follow up Anne Child contact).**

   c. **Stakeholder Group**: IM summarised the notes from the meeting on 30th January 2018 which he will also send out to the Project Group with these minutes. Discussion: need to increase PPI presence, currently 1. GW was reassured that views would be available through interviews while IM raised concerns about having only 1 person who may/may not be available. In terms of receiving feedback on

recommendations later in the research, all participants will be invited to comment on them as per the Protocol. AB confirmed that as some interviews complete, it would be acceptable to identify PPI contacts from participants. **SL to follow up.** Also, JMcK suggested accessing existing groups / forums to extend the range of views on recommendations. **SL to contact JMcK to discuss nearer the time.**

   d. **Engagement and Dissemination**: progress on website and Newsletter 2 to be followed up at meeting between MK, IM and SL 20th February 2018. NB Beth Astington who currently supports website design and content management is due to leave Aston later in February.

5. **Any other business (ALL)**

   a. Protocol poster abstract (SL on behalf of Project Group) accepted for Health Services Research and Pharmacy Practice Conference, Newcastle, April 2018. SL to attend.

   b. Poster/oral abstract (IM) submitted to Alzheimer's Association International Conference, Chicago, July 2018. Decision awaited.

   c. Dissemination at medical conferences: IM potentially planning to attend RCGP Conference in Glasgow in October 2018. GW advised that because of nature of that conference, need to offer a 'new perspective' / useful findings e.g. patient burden, perhaps as a workshop. Suggested Society for Academic Primary Care Conference in London in July may be more relevant.

6. **Dates / times of next meetings**:

   Friday 23rd March 2018, 9-10am

   Tuesday 1st May 2018, 4-5pm (to follow AB, GW, IM, SL meeting on Friday 27th April 2018).

SAL / 13.02.18

MEMORABLE Project Group Meeting 10: Minutes
Teleconference: Friday 23rd March 2018, 9.00-10.00am

Present: IM (chair), AB, GW, HZ, SL.

Minutes:

1. **Apologies:** AW, JMcK, JM, SB.
2. **Minutes of last meeting:** 13th February 2018 (sent 14th February 2018): agreed without amendment. **Future agendas/minutes to include MEMMORABLE[2] MEdication Management in MinORity Asian and BLack Ethnic elders in the united kingdom, as an adjunctive study (HZ, AB, IM, SL and JM).**
3. **Matters arising**: none.
4. **Overview and update (IM)**
   a. **Work Package 1:** following earlier feedback, candidate programme theories and progress on the literature review will be discussed at the meeting on 27th April 2018 involving AB, GW, IM and SL. **IM to report discussions to the next Project Group meeting.**
   b. **Work Package 2**: to date, 42 older people, carers and practitioners have been recruited (target up to 65 across all three groups) and 21 interviewed. The breakdown of interviews is as follows:
      * older people: 10 interviewed of 12 recruited (target up to 20);
      * carers: 6 interviewed of 11 recruited (target up to 25); and
      * practitioners: 5 interviewed of 19 recruited (target up to 20).

      Of the 21 interviews, 1 was done in December and, after work on recruitment in January, 12 interviews were carried out in February and 8 in March. The plan is to complete about 10 interviews per month, ending mid-June. Rich explanatory data is being gathered using the current schedule, in 'conversational' interviews. There is some degree of theoretical saturation but gaps in coverage in the groups. However, the aim is to generate theory from the data than to achieve a 'representative' sample across e.g. different ethnicities, acknowledging the likelihood of common mechanisms waiting to be triggered. This will need to be clear in writing up the research. Progress being made on transcribing. **IM and SL to discuss more targeted recruitment within WP2.**
   c. **Stakeholder Group**: April meeting deferred and a Progress Summary sent out. **IM to arrange next meeting in June/July.**
   d. **Engagement and Dissemination**: the website www.aston.ac.uk/memorable is now live. The final profiles and external links are to be added. **MK to confirm when the site can be promoted: IM and AB to post via Twitter and Linked In. MK to investigate monitoring and reporting website impact.** The Spring Newsletter (2) is in final edit for IM to approve for issue in mid-April.

SL to attend one day of Health Services Research and Pharmacy Practice Conference, Newcastle, 12-13th April 2018 with abstract / poster. IM awaiting decision on an abstract to go to Alzheimer's Association International Conference, Chicago, July 2018. IM invited to present MEMORABLE at Nottingham Realist Group and at an Aston event to engage with the local community later this year. **ALL to forward any other suggestions for conferences / dissemination events to IM.** GW advised on ways to be able to disseminate the research after the project ends, when results and recommendations available. **IM to liaise with NIHR about future dissemination.**

5. **Any other business (ALL):**
   a. **MEMMORABLE[2]:** HZ has redrafted the Protocol following feedback to discuss with AB. Clarification of people's feedback may be sought if needed before uploading the final Protocol to Prospero. There will be further requests for input as the review progresses.

b. **REF impact:** strategies to target impact discussed; from 'gold standard' NICE to third sector e.g. providing a lay summary of practical recommendations, as well as NHSE and CCG's as an evidence base for their work. **HZ to liaise with contacts about NICE medication adherence review and timing, and CQC. AB, GW, IM and SL to discuss at their meeting in April and report back to Project Group in May.**

7. Dates / times of next meetings:

Tuesday 1st May 2018, 4-5pm (to follow AB, GW, IM, SL meeting on Friday 27th April 2018).

IM to set up meetings for June and July via Doodle Poll.

SAL / 23.03.18

<h1 style="text-align:center">MEMORABLE Project Group Meeting 11: Minutes</h1>
<h1 style="text-align:center">Teleconference: Tuesday 1st May 2018, 4.00-5.00pm</h1>

Present: IM (chair), AB, GW, HZ, SL.

Minutes:

1. **Apologies:** AW, JM, SB, MK.
2. **Minutes of last meeting:** 23rd March 2018 (sent 26th March 2018): agreed without amendment.
3. **Matters arising:** HZ had been in touch with contacts at NICE and CQC (details provided). Neither organisation is working on medication management at the moment but both expressed an interest in receiving outputs from the research when they are available.
4. **Overview and update (IM)**
   a. **Work Package 1:** AB, GW, IM and SL met on 27th April 2018. The 6 stage medication management process has been revised to 5 (diagram and definitions circulated to the Project Group), no revisions were made to the 3 Candidate Programme Theories other than to note a change of terminology from Carers to Family and Friends, and emerging, tentative CMO's were discussed, based on analysis of 2 articles and 3 interviews. **Further work will be undertaken, to be discussed at another Team meeting on Monday 25th June 2018 involving AB, GW, IM and SL.** AB confirmed that although the analysis would begin with the 24 articles, the wider literature identified previously would also be accessed during the analysis. GW stated that the discussion had added to the appreciation of the complexity of medication management, where people 'meet' at each stage to establish agreement on what to do e.g. to adhere, to stop, agree to disagree, and the importance of this to be overt than covert e.g. state they will take medication when not in agreement or that it is being taken when it is not.
   b. **Work Package 2**: data from interviews was also discussed at the same meeting. SL confirmed that 25 interviews are now complete and 45 people recruited. Not everyone recruited will be interviewed if data saturation already achieved; perhaps up to 35. The recruitment strategy is now to target gaps: practitioners e.g. domiciliary care staff and older people who are struggling with their medication. SL is pre-screening potential interviewees for this and engaging sites in more purposeful recruitment such as by asking their front line staff to identify and approach older people who need support and who might agree to take part. JMcK offered to help with recruitment via older people's mental health services if needed. Transcribing is progressing well with the contract also recently let, aiming to have them available shortly after all the interviews are completed. **Interviews are continuing and should be complete by mid-June.**
   c. **Stakeholder Group**: new PPI representative recruited. **Date of next meeting**: Thursday 28th June 2018 at 11am.
   d. **Engagement and Dissemination** (IM)
   i. **Website and newsletter 2** (IM): website launched and Spring newsletter issued.
   ii. **Conferences / posters** (SL, IM): SL presented her poster at HSRPP, identifying other relevant research and making useful contacts. IM has two submissions to international conferences: America (accepted as a poster so may not attend) and Denmark.
   iii. **Future dissemination** / REF impact (IM): NICE and CQC already identified for outputs; 3rd sector organisations for evidence and experience-based guidelines to support older people with polypharmacy; possible end-of-project dissemination event for invitees e.g. funders, to plan next steps; and papers for publication identified in proposal: Protocol already published, qualitative interviews, PPI evaluation (JMcK to lead with SB and will prepare scope), search strategies (AB to lead, later in project) and final report. HZ will also publish his findings.

5. **MEMMORABLE[2] (HZ):** Protocol on Prospero. Comments from the Group were taken on board and will be used in writing up the research. HZ and AB to work on searches 14th May 2018.

6. **Associated Projects:** Outcomes survey (MK): nil to report at this stage. SL to discuss with MK on return in light of revised 5 stage medication management process.

7. **Any other business (ALL):** IM confirmed that the 6 month, interim report was submitted to funders on 30th April 2018. He also introduced his thinking on next steps for MEMORABLE following discussion with GW and SL: a realist evaluation, taking forward the Programme Theories and interventions, explored through case studies from practice. This would focus on Stages 2 and 5 (Stages 1,3 and 4 would be the focus of work with 3rd sector organisations noted in 4.d. above). IM to scope the realist evaluation.

8. **Date / time of next meetings**: Monday 4th June 2018 3-4pm and Monday 2nd July 2018 2-3pm. Meetings will then restart in September (research ends December 2018).

SAL/01.05.18

Present: IM (chair), AW, GW, HZ, JMcK, SL.

Minutes:

1. **Apologies:** AB, SB, MK.
2. **Minutes of last meeting:** 1st May 2018 (sent 3rd May 2018): agreed without amendment.
3. **Matters arising**: none.
4. **Overview and update**
   a. **Work Package 1:** analysis continuing slowly due to prioritising work on WP2 but will be reviewed at a Research Team meeting with AB, GW, IM and SL 25th June 2018 and fed back for discussion at Project Group in September.
   b. **Work Package 2**: 34 interviews complete. 50 maximum by cut-off at end June. Mainly practitioners outstanding to reflect the range and levels of those involved in medication management. Data saturation apparent with older people and family carers. AW chasing up Rapid Response for 1 formal carer. HZ queried the need for further recruitment from BAME / Eastern European community but not felt to be necessary at this stage. SL will contact him if this changes.
   c. **Stakeholder Group**: next meeting on 28th June 2018. They will receive written information on emerging themes before the meeting, with any additional verbal input following the Research Team meeting on 25th June 2018 to support them if needed, without limiting their own discussion as a unique contribution to the research.
   d. **Engagement and Dissemination**:
   i. Newsletter 3, Summer (SL): front page content will introduce progress to date: in preparation.
   ii. Conferences (IM): IM taking a poster to the Alzheimer's Society Conference in Chicago in July and a presentation to the de-prescribing conference in Copenhagen in August. The British Geriatrics Society have a call for abstracts for their November Conference, deadline 15th June 2018 (http://www.bgs.org.uk/home-1/home/position4/call-for-abstracts). GW confirmed that MEMORABLE may be more suited to a primary care audience although there are relevant issues about transfers into and out of hospital where older people's medications change. Any abstract would need to be tailored accordingly. The BGS Spring Conference may be more timely.
   iii. **NIHR Evaluation, Trials and Studies Co-ordination Centre (NETSCC) 12 month Progress Report:** GW and JMcK acknowledged the positive response on progress. **IM to respond to NETSCC.**
5. **Associated Projects:**
   a. **MEMMORABLE[2:] BAME Systematic Review** (HZ): initial search terms set out by AB and HZ, and run to confirm the validity of the search terms and identify relevant articles. AB and HZ screening titles and abstracts by end June: circa 2500. HZ confirmed that of circa 800 results screened by him so far, only 3 articles accepted. Low final output expected. He asked for someone to check 10% sample and IM proposed MK: **to be discussed with her.** AB and HZ may re-scope the search terms, although it had been anticipated at the outset that there may be only a few articles on this topic. GW stated that this should not be seen as a problem but something to report, identifying the need for further research in this area. **HZ to update the next meeting.**
   b. **Outcomes survey** (IM, SL): MK preparing a simple on-line and paper-based survey to enhance the understanding of 'outcomes' in MEMORABLE. It will contextualise the individual narratives in WP2 in response to limited data from the literature. **IM with support from MK and SL to prepare a Substantial**

Amendment for ethics approval containing a protocol for this work and the survey tool. IM to meet MK 5ᵗʰ June 2018 to discuss and liaise with SL.

c. **MEMORABLE next stage** (IM): IM has drafted a scoping statement for the next stage of MEMORABLE with input from GW, proposing to undertake a realist evaluation (RE). This will explore how the programme theory/ies play out in the real world. RE is felt to be a more suitable methodology than an RCT for this. SL currently looking at the first draft.

6. **Any other business (ALL):** IM raised the issue of the Final Report: **to be an agenda item for future meetings.** IM and GW discussed the need to follow the standard format / headings required for HS&DR. **GW to send IM and SL a copy of the final report for his team's realist review submitted in February 2018.** As MEMORABLE is progressing, some preparatory work is already available e.g. methodology in the Protocol, although redrafting may be needed. Writing Findings takes the time but GW suggested summarising them in the body of the report and putting detail in the Appendices e.g. perhaps providing a worked example of CMO generation and verification through WP1 and WP2: validating application of the methodology and analytical rigour. He also advised of the need to check for permitted / paid citations (longer than 50 words). GW confirmed that NIHR has a lengthy process of peer and editorial reviews, each stage likely to raise questions to be responded to. The timeline for submission of the Final Report is within 2 weeks of the end of the contract, with perhaps 4-6 months for reviews and up to 12 months for final approval and to publish in the NIHR Journals Library (impact 5.6). Wider dissemination can begin and an article may concurrently be submitted to e.g. BMC Medicine.

7. **Date / time of next meeting**: 2ⁿᵈ July 2018 2-3pm and **to confirm the date / time of the next meeting in September.**

SAL / 04.06.18

<div align="center">

MEMORABLE Project Group Meeting 13: Minutes
Teleconference: Monday 2ⁿᵈ July 2018, 2.00-3.00pm

</div>

Present: IM (chair), AB, GW, HZ, JMcK, MK

Minutes

1. **Apologies:** SL, SB, AW (due to number of t/c lines available; joined for first 10 minutes).
2. **Minutes of last meeting:** 4th June 2018 (sent 11th June 2018): agreed without amendment.
3. **Matters arising** (not covered below): NETSS 12 month Progress Report: IM response sent. BGS Spring 2019 Conference still under consideration.
4. **Overview and update (IM)**
   a. **Work Package 1:** (evidence): initial analysis complete. AB, GW, IM and SL held a meeting on 25th June 2018 to discuss analysis; IM, SL met with JM on the following date. Reviewed data including redrafted the flowchart. Next focus will be: burden and inter-professional relationships.
   b. **Work Package 2**: (experience): interviews complete (possibly two or three more interviews needed). Total 55 interviews completed with very rich and detailed data. All interviews have been transcribed.
   c. **Work Package 3:** (synthesis): SL will prioritise analysis and establishing initial findings from Work Packages 1 and 2 over the next 2 months. A meeting will be held in early October to review findings.
   d. **Stakeholder Group**: two separate meetings were held (28th and 29th June 2018). Many topics were discussed, some of which include: importance of burden, the lack of integration between social care and health care, medicines management is not just one thing, older people need one person they can approach (this person needs to be easily accessible – possibly community pharmacists), inter-professional relationships (how do we get people to work together?), and the definition of care navigation. Detailed notes from meeting emailed by IM on 3rd July 2018.
   e. **Engagement and Dissemination**:
      i. Newsletter 3: Summer Newsletter (3) now available on website (AW). Most likely only one more newsletter towards the end of the project.
      ii. Conferences and papers: Fulfilled target number of conferences, publishing papers will be the main priority now. Possible journals to consider: BMC Medicine, BMJ, Age and Ageing. Looking to publish a couple of methodology papers as well and one separate paper on qualitative data only.
         1. H&DR paper: main priority. Report to H&DR journals deadline to submit is 14th January 2019. December will therefore be a busy month, it can take up to one year to publish.
         2. Alzheimer's society conference in Chicago (AAIC 2018): poster accepted
         3. De-prescribing conference: oral presentation
         4. IM will be presenting findings to colleagues in USA and Denmark
         5. SL hoping to present a poster at the realist conference in October.
5. **Associated Projects:**
   a. **MEMMORABLE[2:] BAME Systematic Review**: HZ and AB to complete references eligibility, then arrange a meeting to resolve any issues on inclusion/exclusion criteria and narrow down papers.
   b. **Outcomes survey**: IM has emailed Matt (ethics) about Substantial Amendment coming. MK to work on amendment and send to IM, SL, AW for review. Substantial Amendment to be submitted to HRA by 3rd August (latest). Latest version of protocol to be amended is version 7.
   c. **MEMORABLE next stage**: scoping the realist evaluation (IM). An idea from SL is to make it coproduction, meaning doing things jointly. Emphasis on coproduction being an important area and a novelty.
6. **H&DR Final Report (IM):** realist review report sent by GW to IM/SL to inform structure of writing up MEMORABLE later this year. Draft final report to be ready for December meeting.

7. **Any other busines**s (ALL): none
8. **Date / time of next meeting**: 14th September 2018: 10.30-11.30am

MK / 02.07.18

MEMORABLE Project Group Meeting 14: Minutes
Teleconference: Friday 14th September 2018, 10.30-11.30am

Present: IM (chair), AB, GW, HZ, MK, SL.

Minutes:

1. **Apologies:** AW, SB, JMcK, JM.
2. **Minutes of last meeting:** 2nd July 2018 (sent 6th July 2018): agreed without amendment.
3. **Matters arising**: IM confirmed that sufficient funding has been secured to enable SL to continue with MEMORABLE, 0.5 part time, January-April 2019 to support dissemination work (papers for publication) and the development of the MEMORABLE2 proposal. Following an invitation, members of the Project Group agreed to continue to meet during that period.
4. **Overview and update**
   a. **Work Package 1:** (evidence): analysis of the literature is continuing, focusing on Stage 5 Reviewing / reconciling medications within MEMORABLE's 5 stages of medication management. An evidence-informed framework of key elements and links has been developed from the literature, attributed across multiple levels to contexts, mechanisms and outcomes. 'Burden' is emerging as a key mechanism: e.g. the burden on older people from polypharmacy and complex regimes, the burden on practitioners such as pharmacists checking blister packs, the burden on GP's responding to medication review reports, the burden on the healthcare system from waste, all increasing risk.
   b. **Work Package 2**: (experience): 46 interviews complete, 2 are out for transcription, and tapes/ transcriptions are being analysed using the same framework as above, currently prioritising those from older people (n=12), then carers (n=15) and practitioners (n=19).
   c. **Work Package 3**: data from Work Packages 1 and 2 is being mapped into the same framework to validate elements and links or identify new ones. The findings from iterations across data sources will inform revisions to the candidate Programme Theory and the development of an evidence and experience-based intervention/s. Despite the expense and time taken for interviews, they were felt to be an important and unique part of the rich data that underpins this research, giving it credibility. In discussion it was noted that there may be questions about the number of interviews needed in such a study and how primary and secondary data is balanced. Grey literature was also discussed. **Agreed: AB to search grey literature after end of project, due to time and capacity limitations in MEMORABLE. It will be used to inform the development of the intervention/s.** The work on analysis and findings will be reviewed at a Research Team meeting with AB, GW, IM and SL on 11th October and fed back for discussion at the next Project Group meeting.
   d. **Stakeholder Group**: **Agreed: IM to discuss appropriate date for a Group meeting with SL, possibly November, perhaps to get their input on 'what is changeable' in medication management, in practice and as experienced, informed by the analysis to date.**
   e. **Engagement and Dissemination**:
      i. **Conferences:** IM took a poster to the Alzheimer's Society Conference in Chicago in July and a presentation to the de-prescribing conference in Copenhagen in August. Both well received. IM is also presenting MEMORABLE at the Nottingham Realist Group's seminar on 26th September 2018. **Agreed: ALL to contact IM with suggestions for conferences in 2019 to disseminate MEMORABLE.**
      ii. **Newsletter:** date for final edition to be agreed.
5. **Associated Projects:**
   a. **MEMMORABLE2: BAME Systematic Review**: Screening undertaken and AB and HZ to meet to agree inclusion/exclusion criteria. There is not a significant amount of literature but what there is, is interesting. **Agreed: HZ to update the next Project Group meeting.**

b. **Outcomes survey**: MK is awaiting the appointment process to be confirmed by HR for 6 hours a week for 6 months capacity. In the interim, IM has amended the Protocol, started the ethics application, and finalised the survey tool. A substantial amendment needs to be drafted for ethics approval as well as new Participant Information Sheets. **Agreed: IM, SL and MK to meet to discuss. MK to chase up access to N-drive with IT.**

c. **MEMORABLE next stage**: extra capacity discussed and agreed above (Item 3).

6. **NIHR Evaluation, Trials and Studies Co-ordination Centre (NETSCC):** Final report format received. Submission: end December 2018. **Agreed: SL to use this format to structure writing as interim documents generated.**

7. **Any other business (ALL): Agreed: AB to undertake a search on relevant middle range theory to add value to the analysis: SL to e-mail AB and IM to set up a short call within the next couple of weeks to scope this work.**

8. **Date / time of next meeting**: Thursday 18th October 2018, 2.00-3.00pm.

SAL / 14.09.18

<h1 style="text-align:center">MEMORABLE Project Group Meeting 15: Minutes</h1>
<h1 style="text-align:center">Teleconference: Thursday 18th October 2018, 2.00-3.00pm</h1>

Present: IM (chair), AW, GW, HZ, JMcK, SAL.

Minutes:

1. **Apologies:** AB, SB, MK, JM.
2. **Minutes of last meeting:** 14th September 2018 (sent out 17th September 2018): agreed without amendment.
3. **Matters arising**:
   a. AB to search grey literature after end of project: Minutes 14th September 2018 Item 4.c. (carry forward): **SAL to follow this up during her contract extension.**
   b. ALL to contact IM with suggestions for conferences in 2019 to disseminate MEMORABLE: Minutes 14th September 2018 Item 4.c. (carry forward): GW confirmed that if there is a 'realist' conference, it is likely be abroad and will be advertised through RAMESES. IM mentioned BGS and AGS. JMcK suggested next year's British Society of Gerontology Annual Conference in Liverpool, 10-12 July 2019: currently open for abstracts 5th October 2018-24th January 2019: https://www.britishgerontology.org/events-and-courses/bsg-annual-conference. JMcK also noted the Annual RCN Conference 2019 in Sheffield: **JMcK to consider presenting.**
4. **Overview and update**
   a. **Work Package 1:** (evidence): analysis of the literature on Stage 5 Reviewing / reconciling medications within MEMORABLE's 5 stages of medication management complete. Analysis of literature on burden (diagnosis and treatment) also complete. Following a meeting between IM, AB and SAL and a Research Team Meeting involving IM, GW, HZ and SAL, Normalisation Process Theory has been agreed as the key substantive theory within MEMORABLE and is being applied to analysis, findings and the generation of interventions. Reference List set up and being added to as required.
   b. **Work Package 2**: (experience): interviews complete: n=46. There may be some follow-up for short illustrative 'anecdotes/vignettes' for the final report.
   c. **Work Package 3**: (synthesis): analysis of WP1 and WP2 progressing. Data is being integrated using the framework developed in Work Package 1, discussed previously. Burden is central to the analysis. The MEMORABLE intervention proposal emerging from the data might aim to identify older people living with a high burden and at risk of not coping, as per Whooley Questions: https://whooleyquestions.ucsf.edu, with 1 question on workload and 1 on capacity: 2 'yes' answers would trigger a follow up intervention (review, information). These would be scoped within MEMORABLE. Details would then be developed collaboratively and iteratively using realist evaluation methodology in MEMORABLE2. The first draft of findings and proposed interventions will be reported to next Project and Stakeholder Group meetings and circulated to participants who indicated an interest in commenting on them. Feedback will inform the final report.
   d. **Stakeholder Group**: **Agreed:** 4th or 5th December 2018, one or both dates to be confirmed: IM and SAL to attend. **Agreed: AW to send IM and SAL dates/times for pre-meeting to set out agenda.**
   e. **Engagement and Dissemination**:
      i. **Nottingham Realism Group:** IM presented MEMORABLE and the application of realist methodology at their seminar on 26th September 2018.
      ii. **Final dissemination:** once final draft submitted to HS&DR, this Group will need to identify outputs to bring this work to the attention of e.g. NICE, 3rd sector and relevant practitioners through articles as well as other media e.g. video to go onto website. Possible journals: BMJ, BMC Med, Social Science and Medicine.

5. **Associated Projects:**
   a. **MEMMORABLE[2:] BAME Systematic Review**: 30 articles identified and abstracts screened. 15 full text articles identified. It is likely that circa 5 articles will be available for full data abstraction. This work is awaiting AB's return from sick leave. **Agreed: HZ to update the next Project Group meeting.**
   b. **Outcomes Survey**: awaiting the appointment process to provide capacity for this work. Post being advertised.
   c. **MEMORABLE next stage**: no further discussion.
6. **NIHR Evaluation, Trials and Studies Co-ordination Centre (NETSCC):**
   a. **Final Interim Report**: submitted by IM as required.
   b. **Final Report**: format received. **IM has a planned phone meeting with HS&DR and will feed back.** Because of the anticipated size and complexity of the final draft, perhaps 35,000 words+: **Agreed: SAL to annotate chapters/sections to indicate who in the Project Group will be approached for feedback, as they become available.** This should promote quality and timely engagement, and also avoid 'feedback overload'. **IM to retain oversight of this work.**
7. **Any other business (ALL):** AW asked about progress with the Protocol amendment and IM confirmed this was awaiting staff appointment to provide capacity to undertake the Outcomes Survey (see 5.b. above).
8. **Date / time of next meeting**: 29th or 30th November 2018, for 1 hour between 2 and 5pm.

SAL / 18.10.18

MEMORABLE Project Group Meeting 16: Minutes
Teleconference: Thursday 29th November 2018, 3.00-4.00pm

Present: IM (chair), GW, HZ, JMcK, SAL, MK

Agenda

1. **Apologies:** SB, AB, AW, JM
2. **Minutes of last meeting:** 18th October (sent out 19th October 2018): agreed without amendment.
3. **Matters arising** (not covered below):
   - AB to search grey literature after end of project: Minutes 14th September 2018 Item 4.c. (carry forward);
   - ALL to contact IM with suggestions for conferences in 2019 to disseminate MEMORABLE: Minutes 14th September 2018 Item 4.c. (carry forward).
4. **Overview and update (IM)**
   a. **Work Package 1:** (evidence): literature review being written up.
   b. **Work Package 2**: (experience): interviews complete: n=50: analysis continuing.
   c. **Work Package 3:** (synthesis): progress with combined analysis of data from WP1 and WP2. Draft CMO's from the literature and for older people being populated with data from WP1 and WP2. CMO's for caregivers and practitioners to follow. When complete, these evidence and experience-based CMO's will be used to confirm, refine or refute the programme theories on which the proposed interventions will be based. Currently, 9 CMOs from literature and 8 from older people.

   To optimise getting feedback from members of the Group, completed sections from the final report will be highlighted for project team members to comment on according to their expertise, identifying them using comments boxes: **IM to send out an example of how to set this up.**

   MEMORABLE will scope two interventions to be developed in detail and trialled in MEMORABLE2, a follow-on realist evaluation, co-produced with participants (See 5.c).
   d. **Stakeholder Group**: pre-meeting held on 27th November 2018 and meetings set up for 4th and 5th December 2018. The Stakeholder Group will be invited to provide feedback on our proposed interventions.
   e. **Engagement and Dissemination**: British Society of Gerontology Annual Conference in Liverpool, 10-12 July 2019 update: **IM to review and feedback at next meeting.**

   Annual RCN Conference 2019 in Sheffield (JMcK): abstract call opens in December: **JMcK will feedback at next meeting.**

   IM stated that oral presentation accepted for British Journal of General Practice Research Conference at end of March. All co-applicants authors. **IM to consider a number of other conferences coming up in July 2020 (Portugal, Los Angeles) as these will conflict with BSG, and feedback to next meeting.**
5. **Associated Projects:**
   a. **BAME Systematic Review**: (HZ). No update from last time. Will resume when AB is back.
   b. **Outcomes survey**: Outcomes survey for healthcare practitioners possibly needs more work and piloting. **IM to send survey to JMcK and HZ for feedback.**
   c. **MEMORABLE2**: Considering applying for funding from HS&DR for MEMORABLE2 https://www.nihr.ac.uk/funding-and-support/funding-opportunities/18170-efficacy-and-mechanism-evaluation-programme-researcher-led/9511. SAL will attend a teleconference on the call, download paperwork and start to pre-populate with aim of applying for the September 2019 call.
6. **HS&DR Final Report:** structure of report set out and draft Method chapter well advanced. IM in discussions with NS&DR about extending the deadline due to the rich dataset, co-applicant ill-health and delay in the start of SAL.

Finally, IM reported that HS&DR are happy to dual publish and therefore the plan is to try to get out as many papers as possible before NIHR release their journal (possibly early 2020). **GW to contact colleagues in the new year who have recently published a similar combined realist approach paper to explore a joint methodology paper on the 'added value' of this approach.** JMcK to work on a PPI paper.

7. **Any other business** (ALL): none
8. **Date / time of next meeting**: 3pm on 18th January 2019

MK / 29.11.18

Present: IM, SAL, GW, AW, HZ, MK

Minutes

1. **Apologies:** AB, JMcK, SB
2. **Minutes of last meeting:** 29th November 2018 (sent 30th November 2018) agreed without amendment.
3. **Matters arising** (not covered below):
   - AB to search grey literature after end of project: Minutes 14th September 2018 Item 4.c. (carry forward);
   - ALL to contact IM with suggestions for conferences in 2019 to disseminate MEMORABLE: Minutes 14th September 2018 Item 4.c. (carry forward).
4. **Overview and update (IM)**
   a. **Work Package 3:** (synthesis): CMO drafting complete (n=59), with data saturation. CMO subsets are being analysed further to inform proposed interventions. Progress reviewed at Research Team meeting 10th January 2019. Writing up continuing (see Item 6): (IM, SAL).
      HZ, IM, SAL – went through CMOs at Research Team meeting to make comments on them and pulled together subsets of CMOs to put in the report. SAL to write up comments in report accordingly and send out methodology and results chapter by 24th January, 2019 to GW, HZ and IM. SAL will highlight areas for feedback in these chapters.
   b. **Stakeholder Group**: verbal summary of meetings 4th and 5th December 2018, confirming validation of proposed interventions: (IM). Stakeholder group participants were supportive of the proposed interventions; the screening questions and patient –focussed information. Both but particularly the information will require further articulation.
      HZ – Key concern was how information in the booklet for patients will be individualised. IM stated this will be within the scope of MEMORABLE2.
      AW – mentioned the emphasis within NICE and policy makers on RCT evidence. IM stated we will need to consider this when we focus on impact after the final report is completed.
   c. **Engagement and Dissemination**: British Society of Gerontology Annual Conference in Liverpool, 10-12 July 2019 update: (HZ). Abstract due to submit on 21st January, 2019. HZ has sent to IM and SAL for feedback. SAL to comment specifically on results section to confirm correct information.
      IM has also submitted abstracts to The British General Practice Conference (accepted), Health Service Research UK, Portugal ENMESH and Alzheimer's Conference in America.
      JMcK will be submitting to the Royal College of Nursing.
      HZ – Has been asked to submit a chapter on realist methodology in the Research Methods in Pharmacy Practice textbook. Draft deadline will be in July or August, approximately 5000 words. IM, SAL, GW to produce chapter with HZ.
   d. **Other items of interest**: https://www.gov.uk/government/news/matt-hancock-orders-review-into-over-prescribing-in-the-nhs (IM, GW).
5. **Associated Projects:**
   a. **BAME Systematic Review**: update: (HZ). Carry forward
   b. **Outcomes survey**: update: (IM, MK). Planned that scale, survey will be conducted during MEMORABLE 2.
   c. **MEMORABLE next stage**: update: (IM). Will start on ideas after final report is submitted.
6. **HS&DR Final Report:** due for submission 14th February 2019: update: (IM)

SAL to send out completed report to entire Project Group at start of February. As the deadline is so soon after, we will need a way of managing comments on the report. Therefore, SAL to name specified people for comments on specific areas where feedback is needed.

IM, AW, and MK to do a full read. IM – to ensure quality of research/report. AW – read for content/flow of arguments carried through entire report. MK – proof read for grammar/English.

7. **Any other business** (ALL)

IM – lay summary sent out to participants with interest for MEMORABLE 2 reply slips. Of the 35 sent out, 30 responded as interested in MEMORABLE 2 for potential participation.

MK – to go through minutes of Project Group meetings and compile a document with strategies for engagement and dissemination that have been spoken about. E.g. Linking to policy, linking with NICE, Age UK, etc. Give an overview, rather than specific conferences mentioned.

8. **Date / time of next meeting**: to be arranged. 7th or 8th March 2019

IM – to email AB and JMcK for their availability

MK / 18.01.19