Using a Mini-Public Approach to Inform Representative Clinical Research: The READI Experience

Ignacia Ceballos[2], Cristina Marian[2], Paloma Moraga[2], Cristina Murano[1], Alberto Borobia[1]

1 SERMAS, Servicio Madrileño de Salud 2 FIBHULP, Fundación Investigación Biomédica Hospital Universitario La Paz 3 Industry partners pending confirmation

FACTS & FIGURES

Start date:	01/01/2025
End date:	31/12/2030
IHI funding:	31. 538. 000 €
Industry contribution:	36. 702. 874 €
Contributing partners:	500. 000 €
Total Cost:	66. 740. 874.00 €
Project website:	https://ihi-readi.org/
Social media:	https://www.linkedin.com/company/readi-project/

CHALLENGE

The general challenge addressed by the **READI project** is **the persistent lack of representativeness and inclusivity in clinical research across Europe**.

Despite growing recognition of patient and public involvement (PPI) as a way to improve health research, it remains hard to operationalise beyond tokenism, and structural barriers continue to exclude groups such as older adults, people with disabilities, lower socioeconomic or educational groups, and migrants from clinical studies.

The concrete challenge of this research is the scarcity of documented, replicable examples of how to implement deliberative PPI processes in practice. The study addressed this by running a **mini-public–inspired participatory process** (a pilot in La Granda and a final event in Madrid, October 2025) around three questions—who is excluded from clinical research, what barriers they face, and what values should guide it—to produce a replicable methodology and actionable insights for READI's work packages.

APPROACH & METHODOLOGY

Our approach was a deliberative public-involvement process modelled on the mini-public methodology (Leruth, 2013), run in two phases across Spain:

a pilot in La Granda (Asturias, August 2025) to test and refine the questions, then the main mini-public in Madrid (October 2025), where approximately 25 participants took part in facilitated deliberation sessions, recruited via a DPO-approved form benchmarked against Spanish EUROSTAT data.



RESULTS

The mini-public mapped who is excluded from clinical research and why, and how registrants compare with the Spanish population — evidence now shaping READI's recruitment strategy.

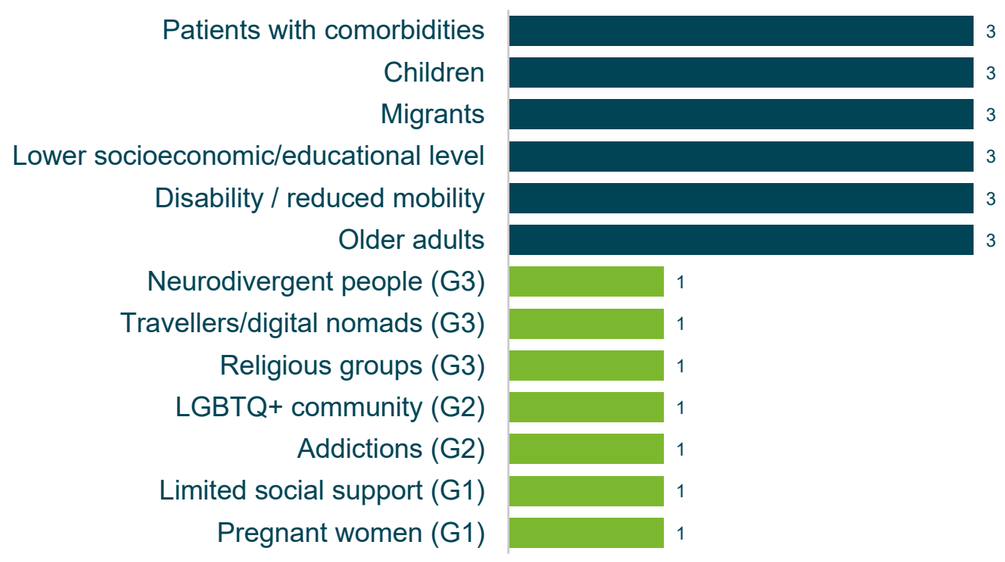


Table 1. Mini-public feedback of who is excluded from clinical research and the reasons
Dark teal = mentioned by all 3 groups (consensus) · Green = raised by a single group

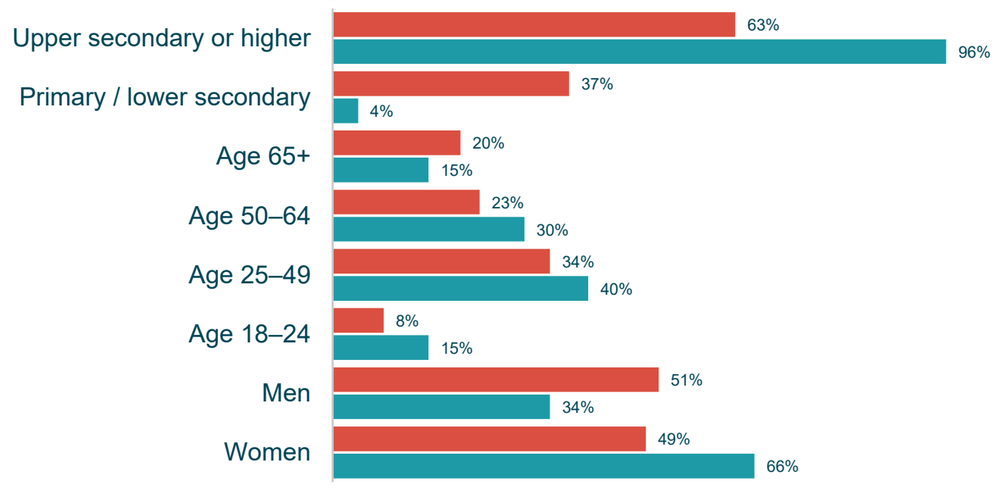


Table 2. Comparison between the registrants and the Spanish population
Teal = mini-public registrants (n=47) · Red = Spain (EUROSTAT)

VALUE OF IHI COLLABORATION

As SERMAS — the Madrid regional health service that coordinates READI through Hospital Universitario La Paz — IHI's public–private partnership model made possible what neither a purely academic nor a purely industry-led project could: running this citizen deliberation inside an 80-organisation, 18-country consortium, so its findings feed directly into pharmaceutical companies designing real trials, READI's own ethics and site-capability work, and regulators such as MHRA and NICE.

It also put our team in direct, sustained collaboration with people we would rarely work with as a public health service alone: deliberative-democracy specialists, patient organisations including EUPATI, and industry recruitment experts — plus access to shared consortium resources built for this purpose, from READI's digital platform matching underserved populations to studies to a dissemination network carrying our results into practice.

CAREER IMPACT

Coordinating READI's participatory work package taught our team to bridge deliberative democracy and pharmaceutical drug development, running a public deliberation from recruitment to consent to actionable evidence — skills our clinical research unit had never needed before. Negotiating consensus across a consortium of 80 organisations, and channelling our findings into READI's own site-capability and community-connectivity work packages, has opened doors to lead patient-engagement work in future European consortia.

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