

Mixed-method case studies were conducted in 9 sites, Germany, Greece, Italy, Poland, Portugal, (Spain) Catalonia, Sweden and (United Kingdom) Scotland and Northern Ireland, mapping the structures, processes, and outcomes of policies and practices at the institutional, regional, and local level.

Phase I Desk Review	Evaluating economic, political, and cultural context; Checklist of complex interventions.
Phase II Key Informant Interviews	Assessing development and implementation strategies. Participants included: Primary care and hospital pharmacists, hospital geriatricians, primary care and hospital managers, health system administrators.
Phase III Focus Groups	Validating interim report findings with focus group of primary care pharmacists, hospital and primary care geriatricians, hospital manager and health system administrator.

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Other case studies GERMANY · GREECE · ITALY · POLAND · PORTUGAL · (SPAIN) CATALONIA · SWEDEN · (UNITED KINGDOM) SCOTLAND

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Polypharmacy Programmes

Northern Irish Case study

Successful implementation needs *all* aspects of change management



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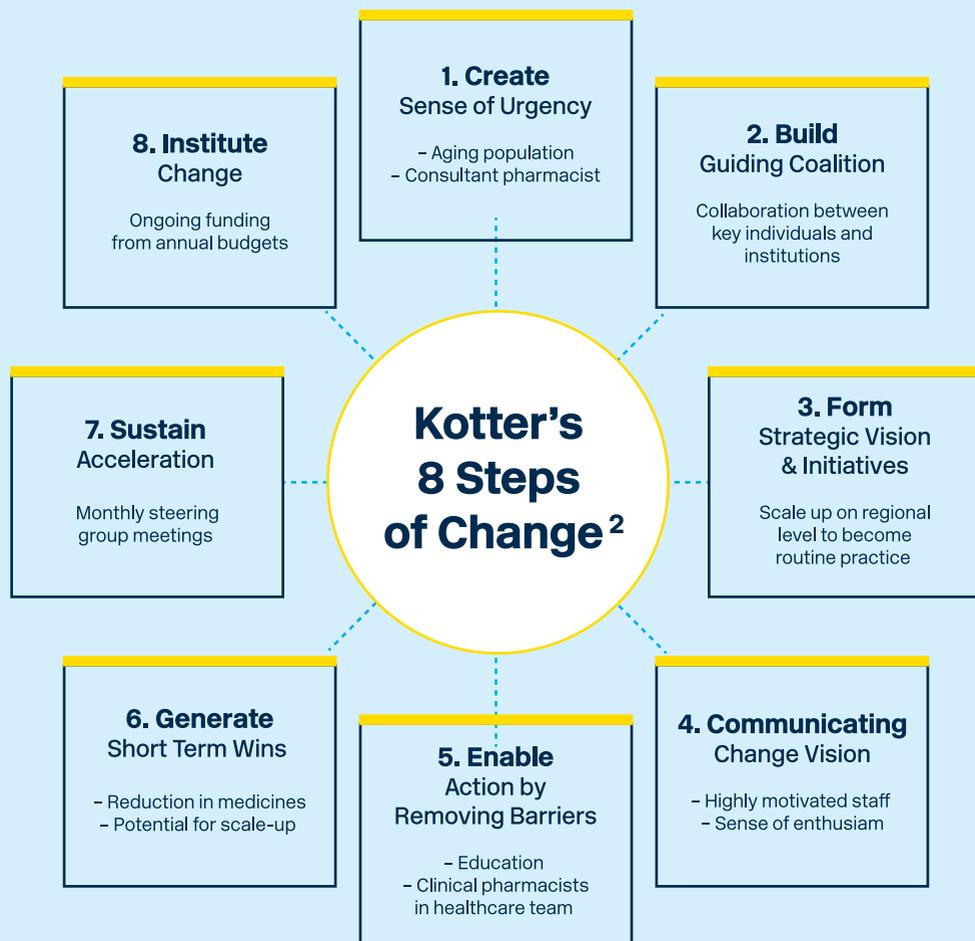
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Northern Ireland has developed a regional model for medicines optimisation support by quality standards, best practices, outcome measures and innovation focus for all members of the HSC.

The Medicines Optimisation Quality Framework¹ (MOQF) supports better health and well being for all people in NI through improvements in the appropriate, safe and effective use of medicines, which specifically details the problems faced by older people.

Key facilitators of change



¹ <https://www.dhsspsni.gov.uk/sites/default/files/consultations/dhssps/medicines-optimisation-quality-framework.pdf>

² Kotter, John P. Leading Change. United States: Harvard Business Review Press, 2012

Data sources



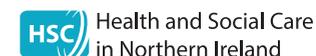
- Belfast HSC Trust
- Northern HSC Trust
- South Eastern HSC Trust
- Southern HSC Trust
- Western HSC Trust

Desk Review:

Legislation, policies & publications at the government, regional & institutional level

Four key informant interviews

with representatives from:



Key barriers of change

- Incomplete access to a fully implemented electronic health record system working across the healthcare interfaces;

- Incomplete General Practitioner (GP) engagement;

- A community pharmacy payment model based on prescription supply.

Conclusion

A structured change model or process theory can be utilized to rise to the challenge of an-ever increasing aging population.

Optimising the health benefits from medicines is an important enabler of active and healthy aging in Northern Ireland.