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.

Polypharmacy Programmes
Northern Irish Case study
Successful implementation needs all aspects of change management

To learn more about Project SIMPATHY and polypharmacy and adherence in the elderly across Europe contact:
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Other case studies GERMANY · GREECE · ITALY · POLAND · PORTUGAL · (SPAIN) CATALONIA · SWEDEN · (UNITED KINGDOM) SCOTLAND


Co-funded by the Health Programme of the European Union (2014-2020).
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 Framework\(^1\) (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.

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**Key facilitators of change**

- **8. Institute Change**
  - Ongoing funding from annual budgets

- **7. Sustain Acceleration**
  - Monthly steering group meetings

- **6. Generate Short Term Wins**
  - Reduction in medicines
  - Potential for scale-up

- **5. Enable Action by Removing Barriers**
  - Education
  - Clinical pharmacists in healthcare team

- **4. Communicating Change Vision**
  - Highly motivated staff
  - Sense of enthusiasm

- **3. Form Strategic Vision & Initiatives**
  - Scale up on regional level to become routine practice

- **2. Build Guiding Coalition**
  - Collaboration between key individuals and institutions

- **1. Create Sense of Urgency**
  - Aging population
  - Consultant pharmacist

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**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.

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**Data sources**

Desk Review:
Legislation, policies & publications at the government, regional & institutional level

Four key informant interviews
with representatives from:

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

**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.