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.

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) NORTHERN IRELAND


Partners:

Co-funded by the Health Programme of the European Union Health Programme (2014-2020).
Scotland has a well-developed polypharmacy review programme. The National Polypharmacy Guidance (2015) has been adopted by all 14 health boards (100%), with each board developing plans to identify priority patients who have potentially inappropriate elements to their polypharmacy, and to implement reviews for those patients at highest risk of harm. **Introduction of mobile app has sustained acceleration.**

http://www.polypharmacy.scot.nhs.uk/

Management of polypharmacy using the Scottish multi-disciplinary approach helped develop therapeutic partnerships between doctors and pharmacists in primary care that has been integrated into national program of work.

All 14 Scottish Health Boards use the Polypharmacy Guidance.

€20 m is being invested to increase the number of pharmacists working in GP practices Mobile App for clinicians developed

Generating short term wins includes the evidence that on average one or two medicines were stopped at each polypharmacy review. There are approximately 12,000 polypharmacy reviews every year in Scotland. Of those patients identified to be at high risk of hospital admission, pilot work suggested a 40% reduction in hospital admissions following a polypharmacy review. Further reduction in high-risk medication related issues is expected from roll out.

Removing barriers to implementation included successful addition of a contractual requirement for GPs, and recognising the potential role of Pharmacist non-medical prescribers. Design delivery process to enable care to be integrated into existing patient pathway.

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Enlisting the volunteer army was exemplified by NHS Greater Glasgow and Clyde, who serve 25% of the Scottish population, and were able to implement the Polypharmacy Guidance at scale through using established means of implementation through practice pharmacist networks working with GPs.

Building the guiding coalition came from linking the pioneering work by NHS Highland and NHS Tayside with key clinical policy makers. Crucial was the early engagement of clinicians and operational leaders.

Formation of the strategic vision came through refinement of the adoptive work by NHS Lothian and the Scottish Government. Policy leadership was essential with clinical leadership to meet the needs of patients and prescribers.

The sense of urgency was created by highlighting that current prescribing of medicines was not fit to meet the changing needs of an aging population with increasing multiple long term conditions, particularly in terms of the increasing potential to cause harm and risk to financial sustainability of prescribing patterns.