

Engaging service-users and clinicians in piloting a polypharmacy related behaviour change campaign

Dr Victoria Kirkby
Public Health Specialty Registrar



Polypharmacy: 
getting the balance right

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Executive summary

In response to recommendations made in the National Overprescribing Review,¹ the Academic Health Science Network (AHSN) “Polypharmacy Programme: getting the balance right” was launched in April 2022.² The first two pillars of this programme focus on supporting local health systems to identify those at increased risk of problematic polypharmacy and on training the primary care workforce to deal with this complex issue. The third pillar of this programme of work – and the focus of this report – relates to testing and evaluating public-facing campaigns designed to encourage more open conversations about medicines between service-users and clinicians.

Between April and August 2022, UCLPartners engaged with service-users and clinicians to inform the local delivery of this programme of work. Service-users experiencing polypharmacy, and their carers, were invited to provide feedback through remote focus group discussions and an online survey. In addition, clinicians involved in polypharmacy related work were also invited to give their feedback through a remote focus group.

This engagement work has highlighted that problematic polypharmacy is an issue that stakeholders feel strongly about and one which can have a significant impact on quality of life. Local service-users and carers chose the WHO’s “5 Moments for Medication Safety” as their preferred campaign to be piloted by UCLPartners. Service-users, carers and clinicians made many suggestions about how best to deliver and evaluate this behaviour change campaign, which have informed a series of recommendations.

¹Department of Health and Social Care (DHSC). (2021) *Good for you, good for us, good for everybody: A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions*. Available from: <https://www.gov.uk/government/publications/national-overprescribing-review-report>

²AHSN network (2022) *Polypharmacy Programme: getting the balance right*. Available from: <https://www.ahsnnetwork.com/about-academic-health-science-networks/national-programmes-priorities/polypharmacy-programme-getting-the-balance-right>

Recommendations

1. Implementation

1.1. Promotion

- 1.1.1. The campaign should be promoted using a mix of traditional media (such as posters and leaflets) as well as digital channels (such as email and social media).
- 1.1.2. The campaign should be promoted in a range of settings, including non-healthcare sites, such as on public transport.
- 1.1.3. The use of a campaign tagline should be considered, such as *“Your medications, your questions”*; *“Get to know your medications”*; *“Let’s talk about your medications”*; *“Understand your medications better”*; and *“Helping you manage your medicines”*.

1.2. Medication review consultations

Prior to reviews:

- 1.2.1. Eligible service-users should be prepared for what to expect during the appointment through access to videos and *personalised* invitation and reminder letters, which clearly state the benefits of participating and explain why this approach is being taken.
- 1.2.2. Service-users should be provided access to the campaign questions in advance and in a range of formats.
- 1.2.3. Ideally, service-users should also receive an initial phone call from the clinician scheduled to undertake the review in order to facilitate a shared understanding of the appointment and enable both service-users and clinicians to voice their priorities for the review.
- 1.2.4. A mechanism (such as an online form) should be considered that would enable service-users, and their carers, to express their main concerns and priorities *ahead* of the review appointment. This information could be used as the basis for discussion during the review.
- 1.2.5. Clinicians undertaking the review should have access to a variety of education and training resources concerning the campaign, and its intended use in practice, such as e-learning, videos, and/or face-to-face training sessions with local campaign champions.
- 1.2.6. Ahead of medication review appointments, clinicians need allocated time to ensure that service-users’ records and investigations (such as clinic letters and blood tests) are up to date.
- 1.2.7. Consider improving access to medication reviews by offering to hold consultations in alternative settings, such as in community pharmacies.

During reviews:

- 1.2.8. Carers should be able to join the review consultation remotely, if unable to attend in-person.
- 1.2.9. Consider making review appointments shorter but more frequent, so as not to overwhelm service-users with information in a single appointment and to allow for any medication changes to be made gradually.

- 1.2.10. Sufficient and dedicated time should be allocated during the review specifically to answer service-users' questions and address their concerns.
- 1.2.11. Service-users should be encouraged to bring their medications with them to the review appointment, and clinicians should remember to ask about certain types of medicines which may not be visible in service-users' primary care records, such as certain mental health drugs, renal medicines and HIV treatment.
- 1.2.12. If changes to medications are being considered during the review appointment, service-user decision aids could be used to support decision-making.
- 1.2.13. Service-users need to feel supported and encouraged to use the campaign questions in practice. A *personalised*, service-user-centred approach should be taken, with the extent to which the service-user leads the discussion about the campaign questions based on service-users' preferences and agreed at the outset of the review.
- 1.2.14. Consider development and use of a template incorporating the most salient campaign questions to prompt clinicians during the review consultation.
- 1.2.15. Clinicians should consider writing notes contemporaneously during the consultation and providing service-users with a printed or digital copy of the key discussion points.
- 1.2.16. Consider the use of group consultations with service-users taking high-risk medications and/or living with long-term conditions, such as diabetes.

2. Evaluation

2.1. Impacts

- 2.1.1. Possible impacts for service-users as a result of the campaign include:

Short-term

- Improved understanding or awareness about current medications
- Increased confidence to ask questions about medications
- Increased confidence in managing medications
- Increased engagement in health and care
- Improved relationship with clinician, e.g. more comfortable discussing medication and alternative treatment options
- Fewer or more appropriate medications prescribed

Longer-term

- Fewer side-effects from prescribed medications
- Improved quality of life
- Increased self-management
- Improved population health outcomes

- 2.1.2. Other suggested wider impacts include:
- Improved shared decision-making
 - Reduction in the prescribing of unnecessary medications (including reduced prescribing of addictive drugs, drugs of limited clinical value, and over-the-counter medications)
 - Improved quality of medical notes (such as documentation of indication and duration of medication use)

2.2. Measuring impacts

- 2.2.1. Service-user experience and feedback can be captured via short before- and after-review surveys.
- 2.2.2. Surveys can be completed in-person (before the review and immediately after), online, via telephone or by post (NB. logistics of paper survey collection need to be taken into consideration).
- 2.2.3. For in-depth feedback, focus group discussions or interviews could be held with service-users willing to provide a more detailed account of their experience.

3. Suggested campaign improvements

- 3.1. Extra space in the campaign materials should be provided for service-users to document their reflections and record their medications.
- 3.2. Develop a service-user-centred “dos and don’ts” page for common interactions in frequently used medicines.

4. Moving forward with this work

- 4.1. UCLPartners should continue to engage local service-users and clinicians in this work.
- 4.1.1. Continued service-user and clinician input should be sought during the implementation and evaluation of this campaign. Such input could be obtained via regular focus groups with service-users and clinicians during the campaign’s delivery and/or through establishing a campaign steering group.
- 4.1.2. Additional support for, and feedback regarding, this work should be sought from the UCLPartners Polypharmacy Community of Practice.
- 4.1.3. In order to ensure local ownership of this work and a consistent approach to the campaign, pilot practices should be supported to collaborate and share their learning.
- 4.2. UCLPartners’ should continue to share their learning with the national AHSN network.
- 4.3. More work will be necessary to explore whether the campaign is effective in reaching groups at particular risk of exclusion. UCLPartners should seek specific feedback on the campaign from people whose preferred language is not English, people at risk of digital exclusion, and people with learning or other disabilities.

Background

Problematic polypharmacy can be defined as “the prescribing of multiple medications inappropriately, or where the intended benefit of the medication is not realised”.³ Linked to multi-morbidity and ageing populations, problematic polypharmacy is an increasingly common issue in health systems globally and is associated with significant avoidable patient harm.⁴ The causes of problematic polypharmacy are multiple and complex: they include the widespread use of single-condition clinical guidelines; the dominance of a healthcare culture in which medications are preferred to non-pharmaceutical alternatives; and a prescribing culture where service-users’ preferences are not adequately taken into consideration.⁵ Consequently, no simple, “one-size-fits-all” solution exists to address this issue.

The National Overprescribing Review,⁵ published in September 2021, recognised the critical need to change the culture of prescribing in the NHS and to engage service-users in this complex task. The review highlighted the requirement for further research and evaluation to identify behavioural change messages and interventions that are effective in reducing overprescribing and that empower service-users to be more involved in decisions about their care.

Although several campaigns have been developed aiming to encourage more open conversations about medicines, there is a lack of evidence as to whether these are effective. In order to address this gap in our understanding and contribute to the evidence base concerning such interventions, the Academic Health Science Network “Polypharmacy Programme: getting the balance right” was launched in April 2022.⁶ The first two pillars of this programme focus on supporting local health systems to identify those at increased risk of problematic polypharmacy and on training the primary care workforce to deal with this complex issue. The third pillar of this programme of work – and the focus of this report – relates to testing and evaluating public-facing initiatives designed to change perceptions of a “pill for every ill” and to encourage service-users to talk openly about their medication-related concerns and expectations.

UCLPartners have been committed to involving service-users in selecting a suitable campaign to test locally and in decision-making about its implementation and evaluation. The following report provides a descriptive account of UCLPartners’ efforts to engage local stakeholders in this work, which took place from April to August 2022.

³Duerden, M., Avery, T., & Payne, R. (2013) *Polypharmacy and medicines optimisation. Making it safe and sound*. London: The King’s Fund.

⁴World Health Organization (WHO). (2019) *Medication Safety in Polypharmacy*. Geneva: World Health Organization; (WHO/UHC/SDS/2019.11). Licence: CC BY-NC-SA 3.0 IGO.

⁵Department of Health and Social Care (DHSC). (2021) *Good for you, good for us, good for everybody: A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions*. Available from: <https://www.gov.uk/government/publications/national-overprescribing-review-report>

⁶AHSN network (2022) *Polypharmacy Programme: getting the balance right*. Available from: <https://www.ahsnnetwork.com/about-academic-health-science-networks/national-programmes-priorities/polypharmacy-programme-getting-the-balance-right>

Service-user engagement: focus groups



Service-user engagement: focus groups

In order to inform the local delivery of the third pillar of the national Academic Health Science Network (AHSN) Polypharmacy Programme, UCLPartners held two focus groups in May 2022 with service-users at higher risk of experiencing problematic polypharmacy (i.e. those taking five or more regular medications) and/or their carers. Participants were recruited, via email, with support from UCLPartners' Patient and Public Involvement and Engagement Leads. Focus groups were held remotely, one week apart, and participants were asked to attend both meetings.

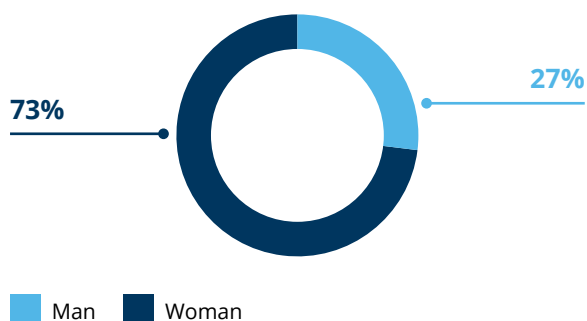
In the first focus group, participants were invited to provide feedback on three behaviour change campaigns (designed to encourage more open conversations about medicines) and were asked to identify their preferred campaign.

In the second focus group, service-users and carers were invited to discuss their chosen campaign in more detail, including how best to implement the campaign and explore and consider how to measure its success.

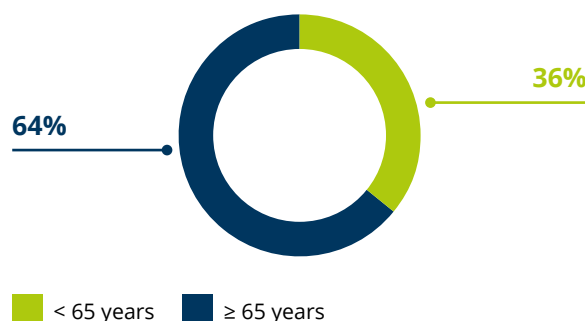
Demographic analysis

Focus group participants were asked to complete a short anonymous demographic survey. Of the 12 participants in the first focus group, 11 completed the demographic survey. Eight participants stated that English was their preferred language. Other participant demographics are summarised in the pie charts below.

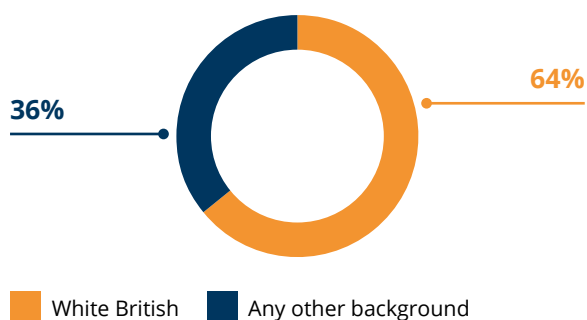
Which of the following best describes your gender?



Age



Ethnic group or background



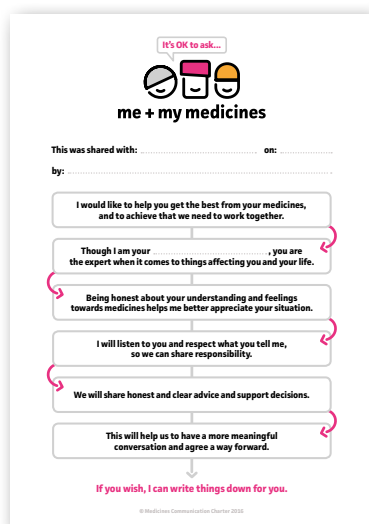
Do you consider yourself to have a disability?



First focus group

A total of 12 service-users and carers took part in the first focus group. Participants were asked for their thoughts on three public-facing behaviour change campaigns.

Participants were given a brief overview of each campaign and asked to provide their feedback. Participants were not given any information in advance about the campaigns' design or how they had been produced.



“Me+My Medicines” campaign⁷

The campaign received positive feedback for its holistic approach. However, there was some confusion over the charter, including that it might be too complicated and that it was not necessarily clear what issue the charter was trying to address. There was also a question over who should lead the conversation (the service-user or the clinician) and it was felt that several aspects of the charter should go without saying, such as the phrase “I will listen to you and respect what you tell me”.

Overall, it was felt that the tool was quite generic and did not explicitly support having difficult conversations about medicines. The charter was not considered suitable for use in the context of medication reviews, mainly due to presumed time constraints and

a belief that it did not set an appropriate standard for what to expect during the medication review consultation.



“Are Your Medicines Working for You?” campaign⁸

The campaign received positive feedback for being clear and focused, as well as how it looked visually. Participants particularly liked the framing of the second question (“When was the last time you didn’t take at least one of your medicines? Why was this?”), which was felt to be especially beneficial if asked by a healthcare professional.

However, there were also some concerns voiced about the campaign questions. In particular, the wording of the first question was considered confusing (“Do you think your medicines are improving your health, or stopping your health from getting worse? If so, in what way are they working?”). In addition, it was felt that clinicians should already be asking these questions routinely and, overall, the questions were not considered sufficiently comprehensive for use as part of a medication review. There were additional fears that clinicians could ask these questions expecting a “yes”/“no” answer, rather than investing time in discussing questions in more detail, and some criticism that the campaign may be interpreted as slightly childish.

⁷Prestwich, G. (2022) *Me+My Medicines*. Available from: <https://meandmymedicines.org.uk/>

⁸Donovan, G. (2022) *Are your Medicines Working for You?* Available from: <https://ahsn-nenc.org.uk/what-we-do/improving-population-health/medicines-optimisation/polypharmacy/are-your-medicines-working-for-you/>



“5 Moments for Medication Safety” campaign⁹

The campaign received positive feedback for being service-user-centred, succinct, clear and structured. In general, the questions were deemed sufficiently comprehensive and were considered a useful prompt for service-users and helpful for clinicians.

However, some concerns were raised over the responsibility for having these conversations. For example, there was some concern that the service-user would have to take responsibility for raising these questions rather than the clinician and, as a result, may get “blamed” for forgetting to ask a question. Some additional concerns were raised over whether service-users would feel able to ask these questions, especially if not adequately supported. The campaign was thought to be particularly well-suited to those who already felt confident in asking questions. In addition, at least one

participant didn’t like the idea that there were only five moments for medication safety and, whilst participants generally liked the infographic, it was suggested that images of older people in the campaign materials would make the campaign more inclusive.

Selecting the preferred campaign

Participants were asked to imagine they were attending a medication review appointment themselves and to vote for the campaign that they would prefer to be used in this context; the results are detailed in the table below.

Preferred campaign	Participant votes
Me+My Medicines	0
Are Your Medications Working for You?	3
5 Moments for Medication Safety	8
Abstained	1

General discussion

In addition, participants provided some further broader feedback for the campaigns. Participants recommended that all campaigns should be promoted as being for the benefit of service-users and having been designed to encourage service-users to take control of their health. Participants emphasised the need to ensure that the language used in the campaigns was clear and straightforward, particularly for service-users where English is not their preferred language. Other groups that participants highlighted as needing consideration when implementing the campaign included: people who have low levels of literacy, people who are at risk of digital exclusion, and people who have colour vision deficiency (colour-blindness).

⁹World Health Organization (WHO) (2019) *5 Moments for Medication Safety*. (WHO/HIS/SDS/2019.4) Available from: <https://www.who.int/publications/i/item/WHO-HIS-SDS-2019.4>

Participants also provided feedback on the structure of medication review appointments. There were some concerns over whether the public were ready to accept the expertise of pharmacists, especially over that of doctors, when carrying out medication reviews and making changes to prescriptions. Participants felt that service-users should be prepared ahead of medication reviews, so that they are aware of what to expect during the appointment, and should be given the opportunity to think about questions that they may want to discuss in advance. In order to improve access to such reviews, it was suggested that medication review consultations could be offered and take place in local community pharmacies.

It is worth noting that many participants had no personal experience of structured medication review appointments and, therefore, were required to imagine this context.

Second focus group

A total of 10 service-users and carers took part in the second remote focus group. Participants were asked to discuss the campaign they had previously chosen in more detail, including its delivery and evaluation.

As participants had chosen the “5 Moments for Medication Safety” campaign, which had been designed by the World Health Organization (WHO), it was unclear to what extent changes to the campaign might be possible. Consequently, the discussion was mainly focused on topics that participants could influence, such as how the campaign might be used in practice locally.

Implementation

Promoting the campaign

In order to increase uptake, participants suggested that campaign messages should be personalised. Participants reiterated the importance of providing clear and accessible campaign materials, especially for people with disabilities, underserved (“vulnerable”) groups, where English is not their preferred language, and those at risk of digital exclusion. At least one participant suggested using the “STARS” key moments acronym (i.e. when Starting, Taking, Adding, Reviewing and Stopping a medication) in advertising the campaign.

Participants recommended that the campaign should be targeted towards the population that are eligible for medication reviews. As the pandemic has changed the way that people use primary care services, it was deemed necessary to consider alternatives to traditional advertising through GP surgery waiting rooms and to consider wider promotion, such as at bus stops and train stations. Also, it was considered important to engage with, and promote the campaign through, community groups.

Use of the campaign as part of medication reviews

Participants recommended that clinicians call service-users ahead of medication review appointments, in order to prepare them for the appointment and clearly explain the benefits of taking part. Participants thought this would increase service-users’ engagement in the process. It was suggested that service-users should additionally receive personalised reminder letters from clinicians, prior to medication reviews, which should include information about what service-users can expect during the appointment. Participants emphasised the need to provide service-users with the campaign questions in advance of the medication review to allow enough time for preparation and reflection.

Participants stressed the need to allocate enough time to go through the relevant questions during the medication review appointment. Participants advocated for service-user choice and suggested that service-users should be able to access the campaign questions in a range of formats, including written, digital and audio versions. As discussed in the first focus group, participants proposed improving access to medication reviews by offering them in places other than GP surgeries, such as in local community pharmacies.

Reasons for non-engagement

Participants suggested several reasons why service-users may not want, or be able, to engage with the campaign and its associated materials. These included: a lack of trust in clinicians and healthcare services; lack of time to attend review appointments; access issues; unclear benefits of participating; and not wanting a review or to have changes made to their medications.

Monitoring and evaluation

Campaign benefits for service-users

Participants were asked to identify potential benefits for service-users that would indicate that the campaign has been successful. Participants' suggestions included:

- Improved understanding of what their medications are for
- Increased awareness of medications
- Increased engagement in health and care
- Increased confidence in managing medicines
- Increased self-management
- Improved quality of life
- Increased savings to the NHS

Measuring success

In terms of how these benefits could be measured, participants suggested the use of before- and after-appointment surveys, which could be administered via a smartphone app, online, in-person by a member of staff, or by post. Participants advocated for keeping surveys short, making use of rating scales, and for capturing whether service-users' expectations were met during the appointment.

Potential challenges

Suggested reasons for why the campaign might not work in practice included the availability of resources and a lack of time (e.g. "If I'm not managing to get to my GP for my actual condition, how do we then use their time for a medication review?"). It was acknowledged that some service-users may not be interested, or feel that the campaign is applicable to them, and may consider medication reviews to be a waste of time. Participants felt that the campaign risked mostly reaching service-users who were already knowledgeable and informed, rather than those who require more support, which may inadvertently worsen inequalities in service-user experience and/or success of the campaign.

In addition, participants highlighted the need for training and education for healthcare professionals who will be required to explain the campaign to their service-users. Participants voiced some concerns that reviews may not be considered effective by the public without specialist input from secondary care.

Campaign improvements and other comments

Some suggested improvements to the campaign resources included providing additional information on what service-users should do when wanting to stop or reduce their medications. Participants thought that extra space should be provided in the campaign materials for service-users to document their own reflections, as well as to record which medications they are taking and how they may interact with other medications or food (e.g. “provide a ‘dos’ and ‘don’ts’ page”). The use of a campaign tagline was also considered helpful and a potentially powerful communication tool (e.g. “I want to help you manage your health” or “Want to know what your medications are for?”).

Participants reiterated the importance of clearly stating the campaign’s benefits to the individual and publicising its relevance to anyone taking one or more medications. Participants highlighted the need to keep service-users informed (e.g. “I always appreciate messages and updates from my GP via letter and text”) and to explain to service-users why this approach/project was being undertaken.



Service-user engagement: online survey



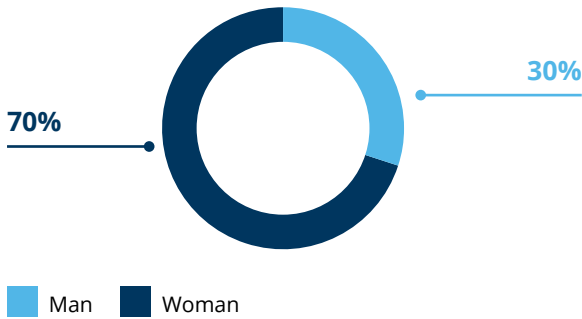
Service-user engagement: online survey

In order to reach and incorporate the views of a wider range of service-users, an online survey about the campaign was created and shared between June and August 2022. The survey was designed for service-users at higher risk of experiencing problematic polypharmacy (i.e. those taking five or more regular medications) and/or their carers. This was advertised online through UCLPartners networks and local voluntary sector organisations, including several branches of Age UK and Healthwatch.

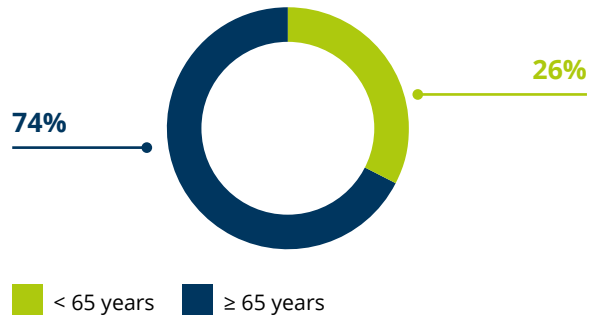
Demographic analysis

A total of 28 service-users took part in the survey, 27 of these completed a short anonymous demographic survey. All demographic survey respondents stated that they used English as their preferred language. 20 respondents took five or more regular medications, 5 respondents identified themselves as caring for someone who takes five or more regular medications, and 2 respondents stated that they both cared for someone, and were themselves, at higher risk of experiencing problematic polypharmacy (i.e. taking five or more regular medications). Other results from the demographic survey are summarised in the pie charts below.

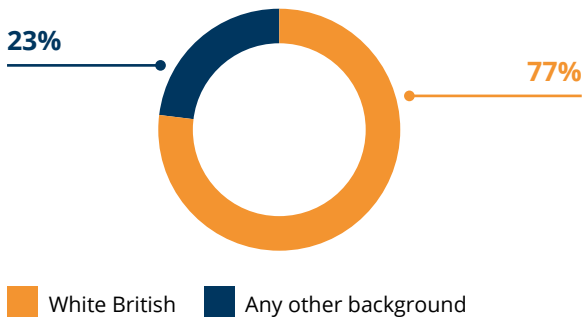
Which of the following best describes your gender?



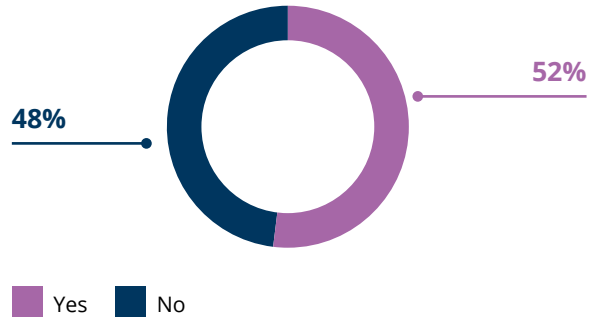
Age



Ethnic group or background



Do you consider yourself to have a disability?



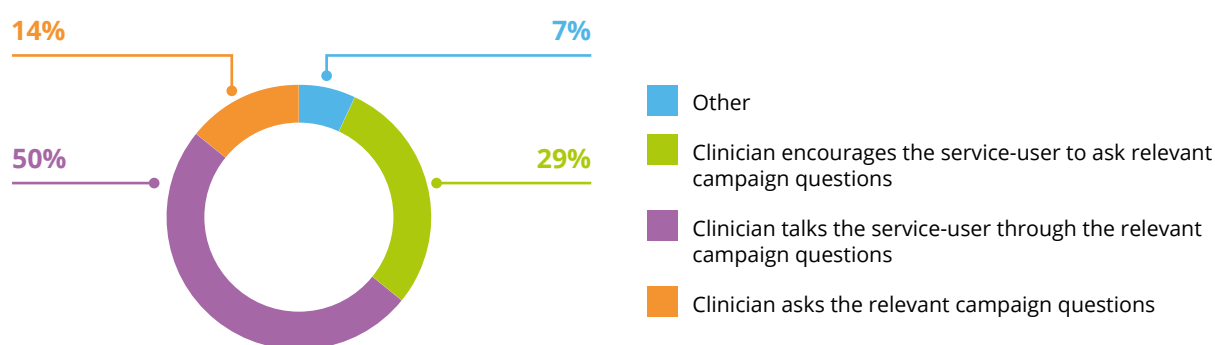
Main survey

Implementation

Use of the campaign as part of medication reviews

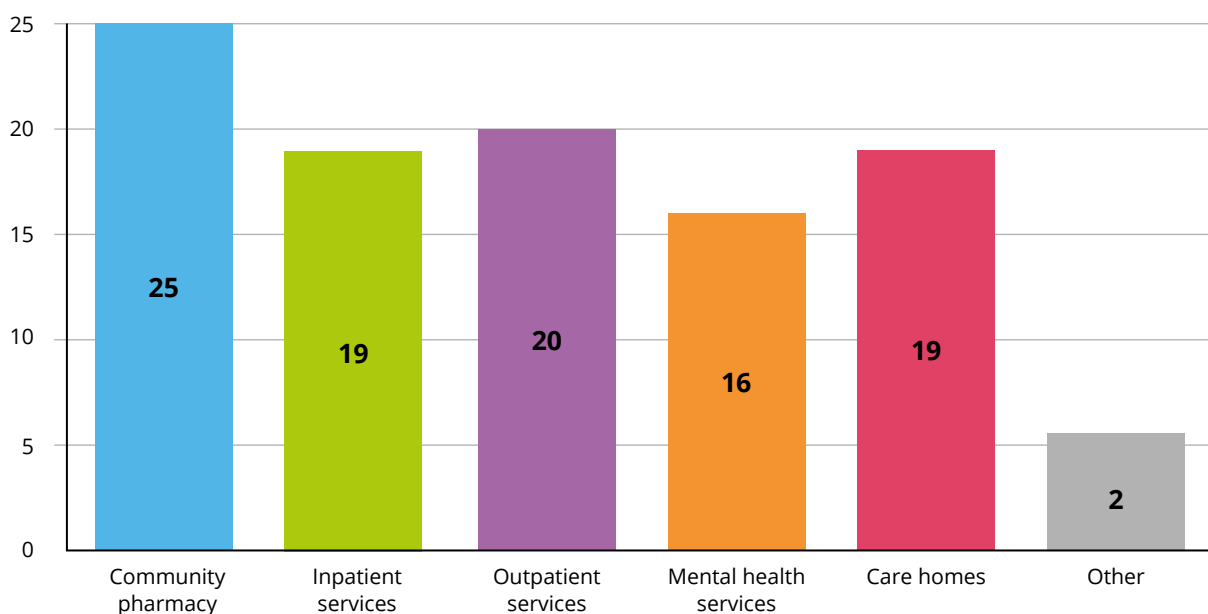
Of the 28 respondents, 26 stated that they would want to see the campaign questions prior to their use in a medication review appointment. Most participants wanted to receive the campaign questions in either email or paper formats, whilst a few participants also wanted to receive the campaign questions via a smartphone app and/or text message. As shown in the pie chart below, most survey respondents wanted the clinician to lead the conversation and talk the service-user through the relevant campaign questions during the medication review. One respondent stated that an individualised approach was needed and should be agreed between the service-user and clinician at the outset of the review.

How should the campaign be used during the medication review?



Respondents were asked about alternative settings other than medication review appointments where the campaign resources could be used; the main results are detailed in the bar chart below. One respondent additionally suggested that the campaign resources should be made available on the central NHS website.

In what other settings would you like these campaign resources to be used? (Please select all that apply)



Monitoring and evaluation

Campaign benefits for service-users

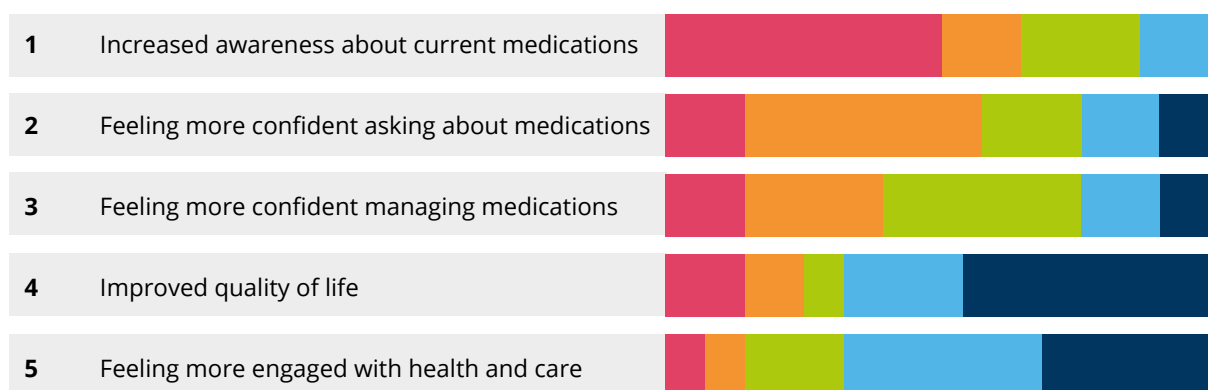
Survey respondents were asked about what would make this a successful campaign if used during a medication review appointment. The below chart summarises how respondents ranked benefits that had been identified in earlier focus groups with service-users.

From a service-user perspective, what would make this a successful campaign?

(Please rank your answers in order of preference with 1 being preferred option, 2 being second preferred option, and so on)

■ 1st choice
 ■ 2nd choice
 ■ 3rd choice
 ■ 4th choice
 ■ 5th choice

Rank Options



Respondents were additionally asked to suggest other benefits that service-users might experience through a successful campaign. Several respondents reiterated the likely improvement in service-users' understanding of why they had been prescribed a particular medication and how to take it correctly. Several respondents suggested that the campaign would lead to service-users taking fewer medications or taking medications which were more appropriate. A couple of respondents suggested that the campaign would result in service-users experiencing fewer side-effects from their medications, and one respondent suggested that the campaign would give service-users greater assurance that their prescribed medications would not interact with one another.

Several respondents highlighted the potential benefits the campaign would bring in improving the relationship between service-users and clinicians. One respondent suggested that service-users may become more comfortable discussing their medications and alternative treatment options with clinicians. It was thought that service-users might become more involved in their own care and feel better equipped to take responsibility for their health, as a result of the campaign. Other benefits included: being given the opportunity to discuss their medications with a professional and leading a generally healthier life.

Measuring success

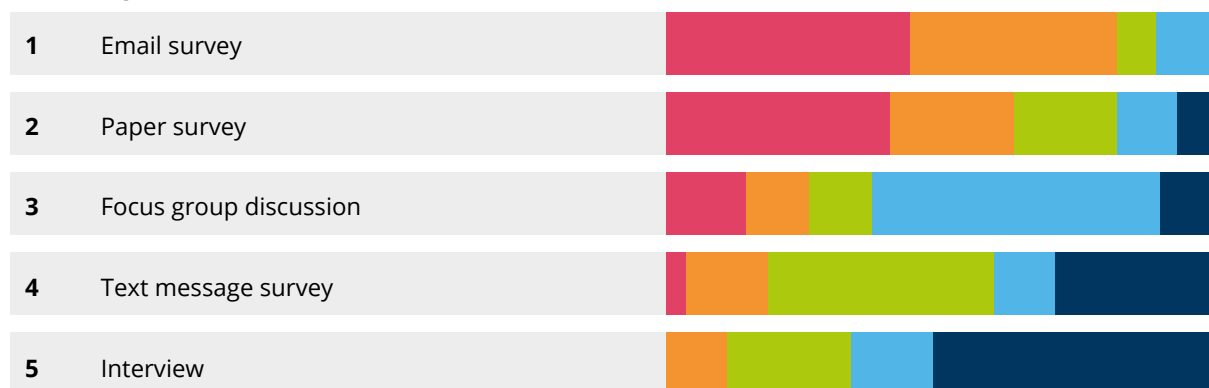
Respondents were next asked how best to capture service-users' feedback on the campaign. The below chart summarises how respondents ranked ways for measuring service-user's experience, which had been identified in earlier focus groups with service-users.

How do you think we should measure success and get feedback on the campaign?

(Please rank your answers in order of preference with 1 being preferred option, 2 being second preferred option, and so on)

■ 1st choice
 ■ 2nd choice
 ■ 3rd choice
 ■ 4th choice
 ■ 5th choice

Rank Options



Survey respondents were also asked for their thoughts on alternative ways to capture service-users' feedback. Several respondents suggested that service-user surveys should be given to them directly and completed at the point of contact. It was suggested that volunteers or clinicians could facilitate distribution and completion of the survey. One respondent suggested that clinicians could note down service-users' responses, and another respondent highlighted the need to also consult healthcare professionals on their experience of using the campaign in practice. One respondent suggested producing and displaying posters about how to provide feedback in key areas. Other suggestions included: collecting feedback via general practice Patient Participation Groups (PPGs); telephone surveys; postal survey (with a stamped and self-addressed envelope); and collecting service-users' feedback through pharmacies. Several respondents thought that a feedback survey could be advertised online, via a specific website or through social media, such as Facebook.

Potential campaign challenges

Survey respondents were asked to identify potential challenges that might make the campaign less effective in practice. Several respondents stressed that time constraints were likely to be an issue and that time constraints may also have cost implications, especially if additional staff are required to deliver the campaign. There were concerns raised that a lack of time during medication review appointments, combined with a long medication list, may result in the service-users' concerns not being addressed. Respondents highlighted that service-users may feel too embarrassed or apathetic to engage with the campaign. There were also fears that service-users may not trust the NHS and might feel suspicious of the campaign. For example, it was suggested that the campaign may be viewed incorrectly as intending to cut costs and replace more expensive medications with cheaper and less effective drugs, particularly in older age groups.

One respondent suggested that reluctance on the part of GPs may prove a barrier to the successful implementation of the campaign, and another respondent felt that the campaign may be viewed incorrectly as pushing vested interests of pharmaceutical companies. Several respondents suggested that language barriers may prevent service-users from being able to use the campaign materials, and one respondent suggested that the campaign involved too many questions, which may be overwhelming. Additional barriers identified by respondents included that service-users may find it difficult to access medication review appointments and may not be given the opportunity to review the campaign materials in advance.

In terms of monitoring and evaluation of the campaign, there were concerns raised that the response rate for feedback surveys might be poor, especially if surveys are long and that service-users were already likely to be experiencing survey fatigue. There were additional fears that service-users might not provide honest feedback and, instead, may report what they thought clinicians wanted to hear (i.e. social desirability bias). Digital exclusion was also identified as a potential barrier for engagement when using both digital campaign materials and digital platforms for feedback.

Additional comments

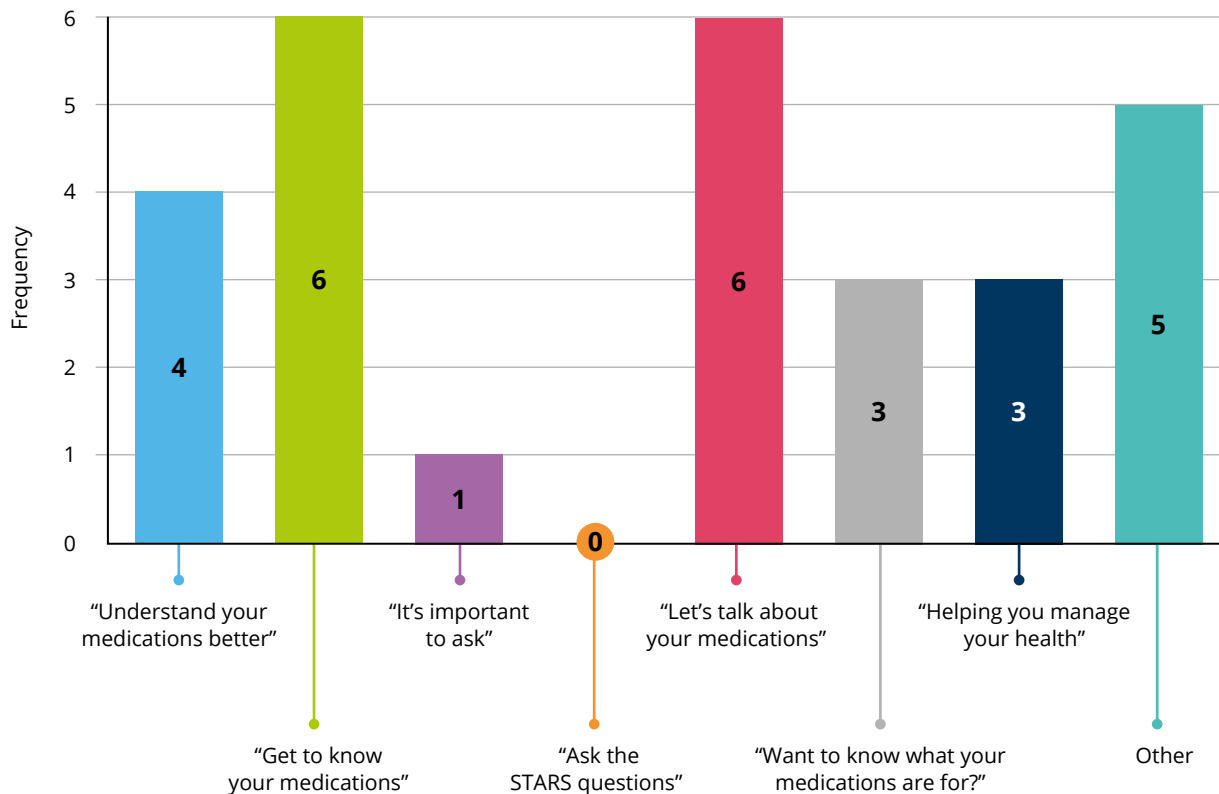
Respondents expressed their support for the use of the proposed campaign; however, one respondent was concerned about whether the campaign represented value for money. One respondent emphasised the need to have the campaign questions introduced by a clinician, ideally face to face, to help maximise service-users' understanding. Another respondent highlighted the need for clinicians to support service-users to ask more questions and provide more comprehensive explanations in other interactions too, such as when receiving test results, to avoid misunderstanding.

Future campaign advertising

Survey respondents were asked several questions regarding how best to advertise the campaign, the results of which are displayed in the charts below.

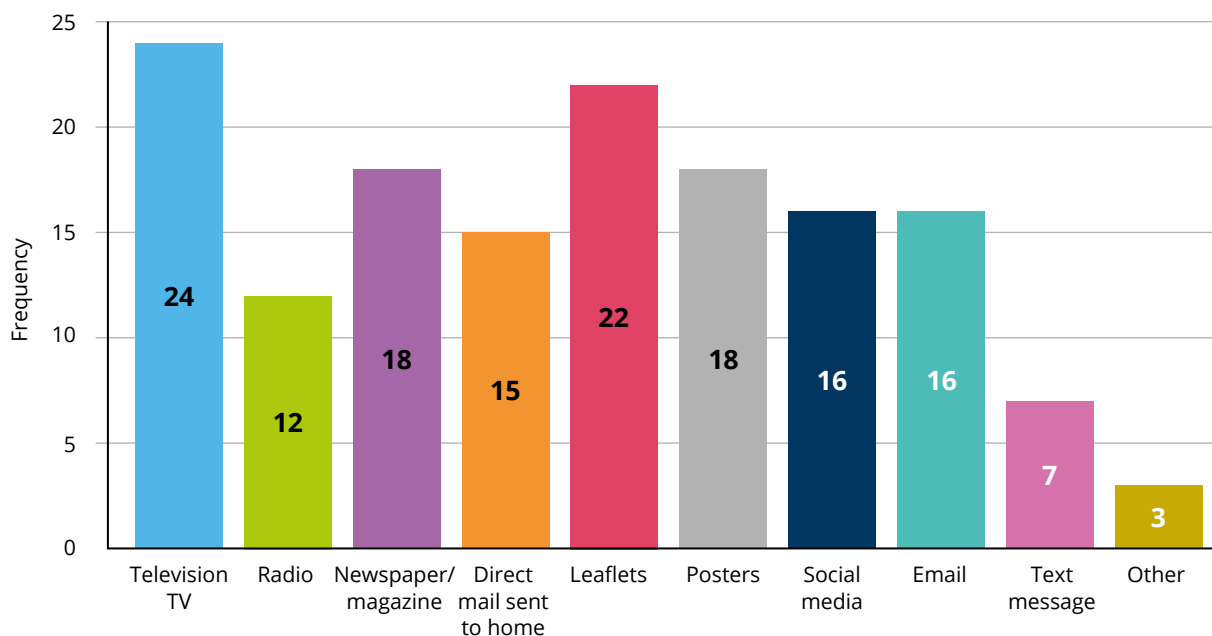
In general, respondents preferred the campaign taglines: “Get to know your medications”; “Let’s talk about your medications”; “helping you manage your health”; and “understand your medications better”. Other taglines suggested by respondents included “Your medication, your questions”, “Helping you manage your medicines”, and “My medicines”.

What do you think is the best tagline or headline for this campaign? (Please select your preferred option)



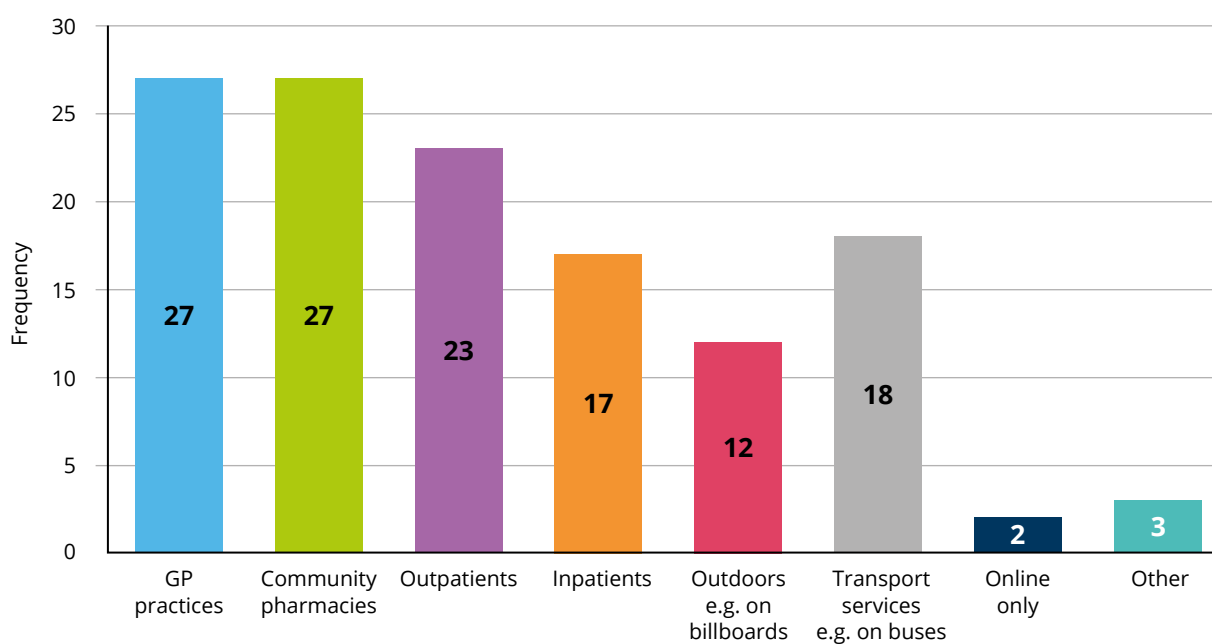
Survey respondents were asked how the campaign should be advertised, with most indicating a preference for traditional media advertising, although digital advertising via email and social media was also popular. It was suggested that the campaign could be mentioned at GP surgeries and during consultations by healthcare professionals.

How should the campaign be advertised? (Please select all that apply)



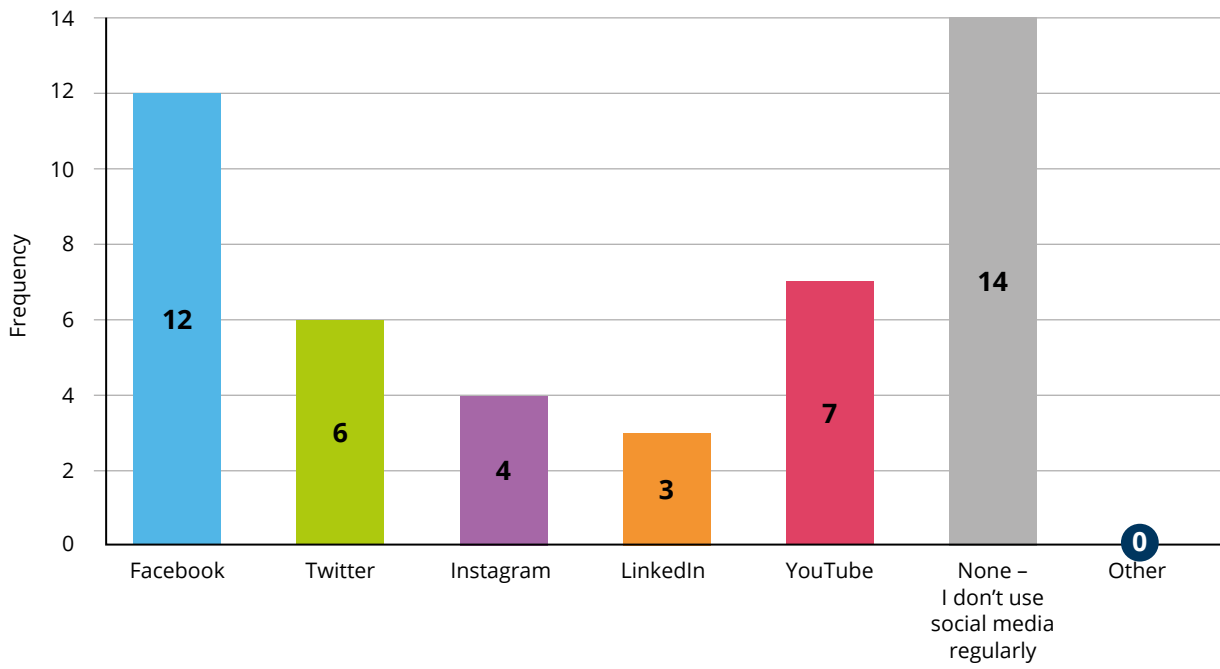
Respondents were next asked where the campaign should be advertised with most preferring a combination of advertising in healthcare settings and in external settings, such as on public transport. Other suggested locations for campaign advertising included in libraries and social centres. Very few respondents thought that the campaign should be advertised online only.

Where should the campaign be advertised? (Please select all that apply)

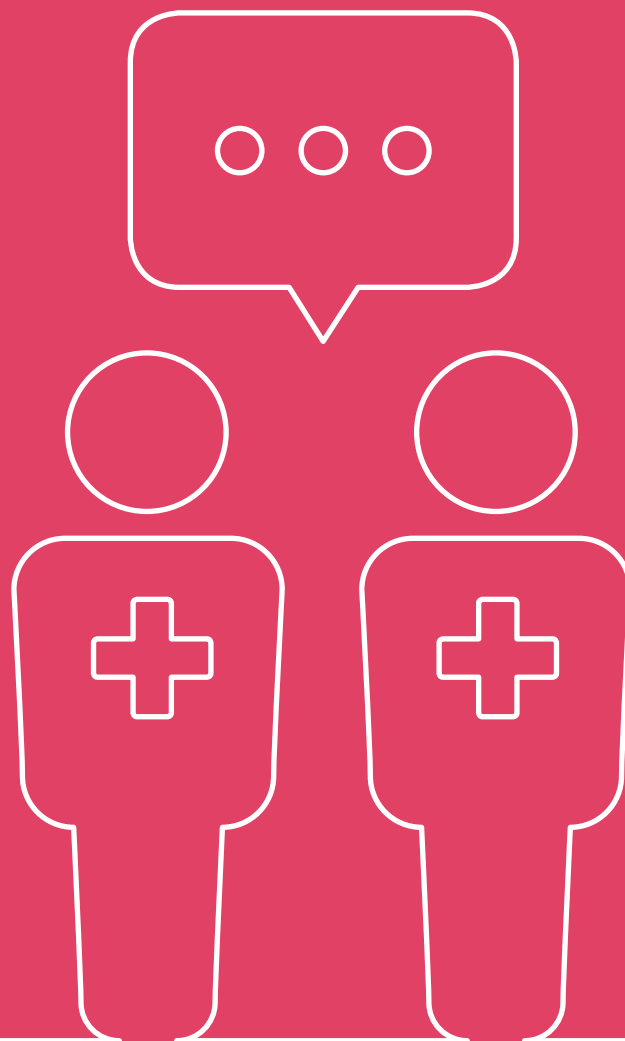


Lastly, survey respondents were asked about their use of social media, with most respondents stating that they did not use social media regularly.

What social media do you regularly use? (Please select all that apply)



Clinician engagement: focus group discussion



Clinician engagement: focus group discussion

In July 2022, a focus group discussion was held with clinicians to capture their perspective on the local implementation and evaluation of the WHO's "5 Moments for Patient Safety" campaign. A total of 11 multi-disciplinary clinicians participated in this event, representing both primary and secondary care, including physical and mental health services.

Implementation

Using the campaign in medication reviews

Ahead of medication review appointments, clinicians suggested the development and use of a tool that service-users could pre-populate, to highlight their personal priorities for the appointment. One clinician suggested sending service-users a message via Accurx (a widely used primary care text messaging service) to identify what service-users wanted to discuss in advance and facilitate a more focused conversation during the review. Clinicians also highlighted the need to involve service-users' carers in providing feedback ahead of medication reviews. This was deemed particularly important for service-users who may have difficulties with articulating their needs, such as people with mental health challenges or learning disabilities. One clinician suggested preparing service-users and managing their expectations ahead of medication review appointments using videos.

Clinicians emphasised the need to encourage open conversations and to inform service-users of their rights to ask about their medications. Open conversations were considered necessary to ensure that service-users had realistic expectations about their prescribed medications. Service-user decision aids were considered particularly helpful in facilitating these types of conversations.

In order to encourage use of the campaign questions during medication reviews, clinicians proposed incorporating the questions into a template which could be used during review appointments to avoid missing key questions. However, participants also stressed that the use of a template should not become a tick-box exercise and that addressing service-users' priorities needed to come first.

Clinicians suggested that service-users should bring their medications with them to the review appointment as this provides an opportunity to physically go through their medications with them and to explore their understanding. One clinician stated that they typically write up their notes during the appointment so they can give their service-users a printed copy at the end. Other additional tools suggested by clinicians included use of the NHS app (where service-users and carers, with consent, can view their medications), and it was highlighted that some organisations such as the Down's Syndrome Association have "My Medicine" or "My Health" booklets which service-users/carers can be asked to bring to the review. It was also suggested that carers could be included in the medication review appointment virtually, if they were unable to attend in-person.

Several clinicians stressed that time was an issue during medication reviews. It was felt important to strike a balance between allocating enough time for a comprehensive review and ensuring that service-users were not overwhelmed with too much new information in a single appointment. Overall, clinicians agreed that shorter, but more frequent, medication review appointments were

likely to be more effective. Clinicians additionally thought that group consultations with service-users may be useful, particularly for high-risk medications and conditions such as diabetes.

Clinician training and education

Prior to using the campaign in practice, it was felt that clinicians would benefit from having access to a range of training resources to suit their potentially diverse needs. Participants suggested the use of e-learning, face-to-face training (including role-playing), and YouTube videos. One clinician suggested introducing the campaign using videos, followed by a face-to-face session, where they could ask questions about the campaign and its use. One participant suggested that the campaign could be trialled with several clinicians who could then act as champions for the campaign. They could also provide feedback from their experience on how best to implement the campaign resources. In addition, it was suggested that learning could be shared from specialist service-user review clinics and services to ensure a consistent approach and to avoid duplication of effort.

Monitoring and evaluation

Campaign benefits

Clinicians thought that the campaign would potentially produce a range of beneficial changes for service-users, clinicians, and the health service more broadly. It was suggested that benefits for service-users might include increased service-user satisfaction, as well as improved understanding of medications and treatment options. It was also suggested that the campaign might increase service-users' confidence in managing both their medications and their long-term conditions (i.e. improved self-management) leading to improved population health benefits in the longer-term. An important outcome identified by clinicians was improved partnership working with service-users. It was additionally thought that the campaign might lead to a reduction in the prescribing of unnecessary medications and an improvement in the quality of medical notes.

Indicators of success

A range of indicators were considered that might capture some of the campaign's effects, including the number of follow-up appointments needed, the use of service-user decision aids, use of blister packs (monitored dosage systems), and whether duration of medication use was documented in prescription notes. As well as changes in the overall number of medications being taken, the campaign was expected to potentially bring about changes in the prescribing of addictive drugs, drugs of limited clinical value, and over-the-counter medications.

Campaign challenges

Clinicians identified challenges that could make the campaign less effective. Participants were particularly concerned about the impact of time constraints on their ability to use the campaign questions in practice. In order to support decision-making, clinicians also highlighted the need to ensure service-users' records and investigations (e.g. clinic letters, blood tests, blood pressure monitoring, etc) were all up to date ahead of medication review appointments. It was also suggested that clinicians conducting the review were made aware that certain types of medication may not be visible in standard general practice notes, such as certain mental health drugs, renal medicines and HIV treatment. In addition, clinicians thought that measuring campaign benefits might be difficult and potentially time-consuming. Overall, it was considered important that clinicians were sufficiently engaged to ensure a consistent approach was taken across the pilot and that practices were aligned.

Campaign improvements and other comments

One clinician recommended changing one of the campaign questions to include a more open question about service-users' experience of side-effects, recognising that service-users taking multiple medications often don't know which symptoms may be due to a particular medicine. It was suggested that the campaign should include the question: *"Do you have any symptoms that you think may be related to your medicines?"*

Other comments about using the campaign in practice related to how information would be recorded and documented for the service-users' benefit. It was highlighted that there was no dedicated space on the campaign smartphone app to record service-users' medications or to document their indications. Moreover, in accordance with NICE guidelines, it was suggested that an 'accountable' person should be named in the campaign materials.



Summary

UCLPartners have employed a variety of approaches to engage service-users, carers, and relevant clinicians, in the third pillar of the national AHSN Polypharmacy Programme: Getting the balance right. Service-users and carers chose the WHO's "5 Moments for Medication Safety" as their preferred campaign to be piloted by UCLPartners. Service-users, carers and clinicians made many suggestions about how best to deliver and evaluate this behaviour change campaign locally. The recommendations in this report reflect the invaluable feedback that was generously provided by these key stakeholders.

This engagement work has highlighted that problematic polypharmacy is an issue that stakeholders feel strongly about and one which can have a significant impact on quality of life. It is hoped that through involving these key stakeholders in the choice of campaign, as well as decision-making regarding its local implementation and evaluation, we will increase the likelihood of delivering a public-facing campaign which is effective in supporting service-users to have more open conversations about their medicines.



