

Evaluation of the Polypharmacy Action Learning Set Foundation course

**Final report** 







#### **Evaluation team**

Andrew Sibley, Programme Manager andrew.sibley@hiwessex.net

Julia Wilson, Programme Coordinator julia.wilson@hiwessex.net

#### **Disclaimer**

The final report presents findings from an evaluation of the Polypharmacy Action Learning Sets (ALS) Foundation course developed and conducted by Health Innovation Wessex (HIW). The evaluation was completed by the Insight team within HIW. The conclusions in this evaluation are those of the authors and may not represent the views of other stakeholders.

This evaluation was completed before the announcement on 13 March 2025 that the management of the NHS would be brought back into the Department of Health and Social Care (DHSC). The description of the innovation, its deployment, and the evaluation findings were accurate at the time of publication. The government decision may, in the future, alter how the report's findings and recommendations are received in this new context. We raise this issue for the reader to note.

#### **Declaration of interest statement**

On occasion, we evaluate innovations that we have also supported. Whilst these evaluations are independent, for transparency we disclose our dual role where applicable. The Health Innovation Network (HIN) polypharmacy programme developed the course. The evaluation was undertaken by the HIW Insight team.

#### **Acknowledgements**

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#### **Health Innovation Wessex Data retention statement**

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Evaluation of the Polypharmacy Action Learning Set Foundation course

**Executive summary** 





### Introduction

The Polypharmacy Action Learning Set (ALS) Foundation Course was developed by Health Innovation Wessex (HIW) as part of the Health Innovation Network's (HIN) polypharmacy programme, Getting the Balance Right. The course is designed to enhance the confidence and capability of pharmacists and pharmacy technicians with limited experience in polypharmacy management. This evaluation, conducted by the HIW Insight team, assesses the course's impact on participants, organisational processes, and broader healthcare outcomes.

### **Evaluation methods**

- The evaluation took place between August 2024 and March 2025, using a mixed-methods approach to capture participant experiences. Data was collected through:
  - Pre-course survey (59 respondents)
  - Immediate post-course survey (47 respondents)
  - Follow-up interviews (21 in total, conducted approximately three months after course completion).
- Thematic analysis was used to synthesise qualitative insights from interviews.





### **Key findings**

### Impact of the course on confidence

- Confidence in deprescribing and managing polypharmacy increased significantly for many participants.
- 46.8% reported making changes in their approach to shared decision-making with patients about stopping medications.
- Many reported increased confidence in raising concerns and engaging in multidisciplinary team discussions.

### Course acceptability

- 100% of post-course survey participants recommended the ALS Foundation course to colleagues.
- Some variation was reported in whether participants' expectations met. 48.9% felt the course fully met their expectations, 38.3% felt it almost met expectations, and 12.8% were unsure.
- Participants appreciated the networking opportunities, practical insights, and discussions about shared decision-making, however, highlighted challenges with role relevance and course content balance (too advanced for some, too basic for others).





### Impact on organisational processes

- Before the course, many participants lacked organisational support for managing polypharmacy.
- 23.4% felt better supported after the course, with 68.1% reporting no change, largely due to role limitations (e.g. non-prescribing positions).
- Structural barriers, including lack of prescribing authority and organisational workflows, limited the impact of the learning in the workplace for many participants.

### Use of tools and resources

- Before the course, 45.8% of participants lacked access to structured medication review tools.
- After the course, many found STOPP/START<sup>1</sup> and ePACT2<sup>2</sup> Polypharmacy Comparators Data useful.
- However, technical access issues and limited time capacity prevented some from fully utilising these tools.



O'Mahony D, O'Sullivan D, Byrne S, et al. (2015) STOPP/START criteria for potentially inappropriate prescribing in older people: Version 2. Age and Ageing. 44(2): 213-218.

<sup>&</sup>lt;sup>2</sup> https://www.nhsbsa.nhs.uk/access-our-data-products/epact2



**Overall conclusion:** The Polypharmacy ALS Foundation course is valuable and serves a diverse group of staff engaged in polypharmacy management whose confidence improved as a result. The evaluation also identified areas for consideration to optimise its impact in the future.

### **Considerations**

- The Polypharmacy ALS Foundation course is valuable and serves a diverse group of staff engaged in polypharmacy management whose confidence improved as a result.
- In light of the findings, the following considerations are offered to inform future course design and delivery, in order to enhance its impact further and maximise the benefits for participants and the wider healthcare system:
  - 1. Differentiated learning pathways or tiered course levels to cater for different experience levels, perhaps with separate modules for pharmacists and technicians
  - 2. Expanded case-based learning and ongoing support mechanisms to maximise benefits for participants and the wider healthcare system.
  - 3. Participants are encouraged to proactively seek support after the course (e.g. by using ePACT2, STOPP/START, and other provided resources), utilising tools, engaging in peer learning, and advocating for further training opportunities.
  - 4. Organisations ensure: (i) alignment between course content and job roles and (ii) that participants are support and authorised to integrate learning into operational practices.



Evaluation of the Polypharmacy Action Learning Set Foundation course

**Full report** 





- The Polypharmacy Action Learning Set (ALS) are part of the Health Innovation Network (HIN) polypharmacy programme, Getting the Balance Right.
   <a href="https://thehealthinnovationnetwork.co.uk/programmes/medicines/polypharmacy/">https://thehealthinnovationnetwork.co.uk/programmes/medicines/polypharmacy/</a>
- In response to a high demand to provide training for more junior staff that did not meet the Polypharmacy Action Learning Set delegate criteria, The Polypharmacy ALS Foundation Course was developed to cater for non-prescribing pharmacists and pharmacy technicians
- The ALS are primarily aimed at GPs and prescribing practice pharmacists. Participants must work in primary care or within the community (e.g. home visits), have been an independent prescriber for a minimum 12 months, work with patients with multi morbidity, and work with patients whose multiple medications can be problematic. These eligibility criteria were refined and tightened in response to learning during the pandemic.
- In lockdown, the course moved to virtual delivery (from face to face) and the delegate criteria were relaxed. This
  affected the level of discussion during group work and may have reduced the impact on the outcomes that GPs
  were able to attain with the original criteria, and so the original criteria were reviewed and reinstated. A diverse
  group of pharmacy staff attended the training, including both senior members with greater access and authority
  to implement changes, and other, more junior staff members.





- The Polypharmacy ALS Foundation Course, the subject of this evaluation, has different delegate inclusion criteria. It is designed for pharmacists with less than 2 years' experience in primary care or less than 12 months as a prescriber (i.e. not eligible for the original ALS course). It includes pharmacy technicians at AfC Band 5 and above, who have completed or are currently participating in the primary care pharmacy education pathway (PCPEP) programme and with at least 2 years primary care experience. Participants' current role must be in primary care, patient-facing and in a generalist role (i.e. not a single speciality such as respiratory).
- The Polypharmacy ALS Foundation course aims to provide delegates with training (two half days) to:
  - Explore with participants how they fit into the GP practice team and how important this is to developing safe and effective multimorbidity structured medication reviews (SMR)
  - Ensure that participants understand the importance of data driven care and managing the capacity of the team with the demand of the number of patients who may benefit from an SMR
  - Explore the range of tools available to help with effective SMR and reduce problematic polypharmacy
  - Develop participants' confidence to tackle problematic polypharmacy.
- The Insight team at Health Innovation Wessex was asked to evaluate the Polypharmacy ALS Foundation course to understand the value and impact of the course. Insights gathered are expected to inform the design and delivery of future training sessions and the value proposition for commissioning decisions.





## **Evaluation questions**

- 1. Is the Polypharmacy ALS Foundation course acceptable to staff?
- 2. Has the Polypharmacy ALS Foundation course helped to obtain support (e.g. from pharmacy, general practice, multidisciplinary teams, primary care network) to manage polypharmacy?
- 3. Has the Polypharmacy ALS Foundation course affected participants' confidence to manage polypharmacy situations?
- 4. Has the Polypharmacy ALS Foundation course helped participants to understand how their role fits within a multidisciplinary approach to managing polypharmacy?
- 5. Has the Polypharmacy ALS Foundation course affected organisational processes to identify, prioritise, and make decisions about patients for SMR?
- 6. How has the Polypharmacy ALS Foundation course affected individual participants' polypharmacy practice and in what way(s)?
- 7. Are there any wider impacts from participation in the Polypharmacy ALS Foundation course?
- 8. Are there any potential improvements to the Polypharmacy ALS Foundation course?





## **Evaluation methodology**

- Data collection for the evaluation took place between August 2024 and March 2025.
- The evaluation took sought multiple perspectives and used a mixed methods survey design with nested qualitative interviews to answer the evaluation questions.
- 1. Survey 1: Pre-course survey\*.
- 2. Survey 2: Immediate post-course survey\*.
- 3. Interviews with course participants approximately three months after they completed the course (up to 21 in total across cohorts). Thematic analysis was used to describe the findings.
- Staff were recruited if they had completed the Polypharmacy ALS Foundation course. Data collection was supported by the course developers Clare Howard (Clinical Lead for Polypharmacy) and Fiona Robertson (Programme Manager, Innovation Adoption Team), both working for Health Innovation Wessex.
- All sources of data were synthesised to develop robust conclusions and recommendations.

<sup>\*</sup>Survey designed and administered by the course organisers. HIW Insight team undertook the analysis of available data.





# Synthesised findings

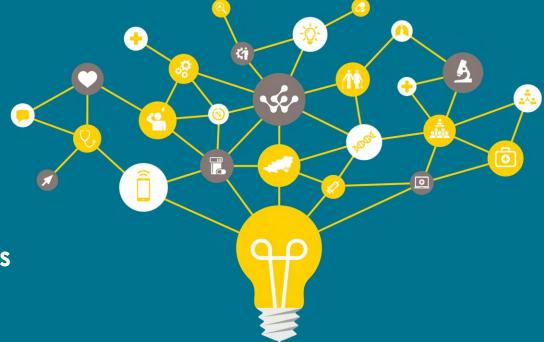
Findings from both surveys and the interviews are presented in these areas:

- 1. Participant demographics
- 2. Acceptability of the Foundation course
- 3. Impact on participant confidence
- 4. Impact on staff medicines discussions
- 5. Impact on patient medicines discussions
- 6. Impact on individual decision making
- 7. Impact of tools and resources
- 8. Contextual capacity and capabilities
- 9. Improvements to the course



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Participant demographics



# Participant demographics

### Training attendance:

- 59 in total, cohort 1: 12 people, cohort 2: 25 people, cohort 3: 22 people (participants were based all over England)
- Almost a third of the course attendees were in roles that did not involve regular polypharmacy discussions.

### Surveys:

## Evaluation participation:

- 59 completed the pre-course survey (cohort 1 n=12, cohort 2 n=25, cohort 3 n=22); 100% of those who attended the course)
- 47 completed the post-course survey (cohort 1 n=7, cohort 2 n=18, cohort 3 n=22; 79% of those who attended the course).

Roles of course survey respondents	N=59	%
Pharmacy technician	21	35.6
Pharmacist (PCN)	12	20.3
Clinical pharmacist	12	20.3
Pharmacist	10	16.9
Pharmacist (GP surgery)	1	1.7
Mental health specialist pharmacist	1	1.7
Medicines advice at home pharmacist	1	1.7
Frailty specialist clinician	1	1.7

#### Interviews:

- 21 course attendees participated in interviews
- 3 from cohort 1, 9 from cohort 2, 9 from cohort 3.

Roles of interview participants	N	%	
Clinical pharmacist		6	38.6
Pharmacy technician		11	52.0
Pharmacist (PCN)		2	9.5
Pharmacist		2	9.5







Acceptability of the Foundation course



# Mixed acceptability: Survey findings

- Whilst 100% of attending participants (n=47 in post-course survey) recommended the ALS Foundation course to their colleagues, there were more mixed findings when considering participant expectations of the course.
- 48.9% (n=23) post-course survey participants stated the course 'fully' met their expectations, 38.3% (n=18) stated it 'almost fully' met them, and 12.8% (n=6) were not sure, indicating a moderate level of acceptability overall.
- Most helpful elements of the Action Learning Set Foundation course:

ALS Foundation course elements		% of total responses	Of the 47 post-course survey participants, % agreeing element is helpful
Shared decision making	35	17.2	74.5
Practical tools and resources	34	16.7	72.3
Use of language in shared decision making	27	13.2	57.4
Polypharmacy pathways discussion	26	12.7	55.3
GP – what do we want from a pharmacist?	22	10.8	46.8
Breakout room discussions	21	10.3	44.7
Facilitator discussion and guidance	16	7.8	34.0
Polypharmacy 'setting the scene'	16	7.8	34.0
Homework	7	3.4	14.9
Total	204	100.0	

"I signed up to it because my colleagues that have done the full course said how useful it was and thought-provoking." (PCN pharmacist)





# Mixed acceptability: Interview findings

To understand the mixed views on expectations, interview theme 2 (see Appendix) revealed the reasons for positive and negative views toward the course.

- Firstly, some participants found **the course informative** (theme 2c), as described here: "The course is really interesting and informative and I actually learnt a lot about how PCN pharmacists access data to do their work." (ALSF10)
- Secondly, some participants were **satisfied with the course** (theme 2d), as described here: "I liked absolutely everything. There was nothing to dislike at all. It was it was really informative. It was absolutely excellent. The networking opportunities were brilliant." (ALSF12)

"So that was very supportive to understand how primary care networks work and the importance of building those relationships with your GP practice." (ALSF12)

"I thought the layout was really good. It was engaging. It wasn't like it was just somebody just sort of reading off slides. It was, there was a mix. So it kept you engaged." (ALSF10)

• Furthermore, many participants were **able to attend without any issues** (theme 2e):

"No, I think the team that I'm in at the moment have a really good focus on learning and make sure that you have time to attend things. I think that's really good and I didn't have any technical issues." (ALSF21)

"We were given the free rein to book our own courses." (ALSF9)





# Mixed acceptability: Interview findings - continued

On the other hand, some participants reported practical challenges with attending the course (theme 2f), as described here:

"If you want to attend any learning event that **must be during your lunch break**, if it's outside we need to arrange in advance and they might even say well, I don't think it's worth the value to do." (ALSF19)

"It's quite difficult to get course time approved." (ALSF19)

"Make sure that your diary's booked out so someone doesn't try and squeeze things in and you've got that protected time."
(ALSF1)

"I guess it was just the position being in a room with my line manager...I didn't really feel that I could speak openly." (ALSF5)



# Mixed acceptability: Interview findings - continued

 To understand some of the less positive feedback around the acceptability of the course, theme 1b (see Appendix) uncovered some issues around suitability of the participants for the course:

"The course is more for prescribers...and not suitable for a technician...! think we tend to try and badge pharmacists and technicians into the same...but it can go a little bit too clinical for a technician." (ALSF11)

"It just doesn't fit our particular service, if we did medication reviews in house it would be perfect, but unfortunately we just don't." (ALSF10)

"My role is not patient facing. It's more...prescribing monitoring and support with the prescribing incentive scheme." (ALSF4)

 Furthermore, the interviews also uncovered that some participants felt the course content was too familiar (theme 2a, see Appendix):

"The level of medication review that I'm doing myself...is of a much higher level than the majority of pharmacy technicians in the country at the moment, so the level of the course that I attended was a little bit too low for somebody like me, so I particularly want to join the other one [original ALS course] that the prescribers can join." (ALSF12)



# Mixed acceptability: Interview findings - continued

• Some specific elements of the course had low levels of acceptability, namely the discussions in breakout rooms (44.7% of participants) and the facilitator discussion and guidance (34.0% of participants). The interview findings further expand on these findings and some participants suggested improvements (theme 3c, see Appendix):

"One of the [course trainer] in particular...who was obviously very experienced...perhaps having a single lecture from [course trainer] utilising the resources they have used in primary care, how they interact with the team, how they're implementing polypharmacy as well..." (ALSF15)

"We went into groups and talked about our roles and then when we went back into the main group, we explained what we did in our day-to-day and I didn't particularly see the point of that bit...I just wasn't sure that it was terribly relevant...I didn't really see the link with polypharmacy." (ALSF15)

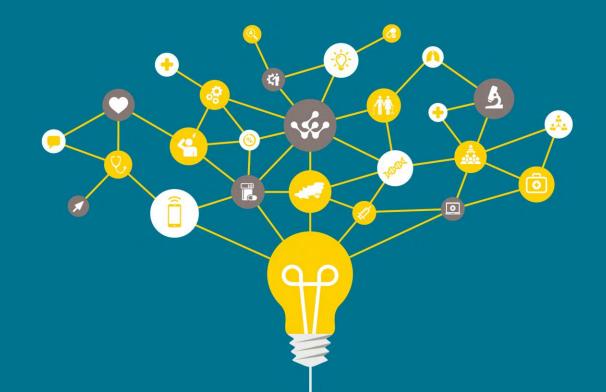
"More case studies and a comprehensive assessment where you have to do an assessment where you actually use the tool and you come to a decision, I think that would have been really helpful for me and maybe for the team. Also, we were told where the tools are to do deprescribing but in terms of actually doing it, I think there was one case example that was presented to the team...so after attending the course, I still wouldn't feel confident in deprescribing." (ALSF10)

In summary, the survey and interviews revealed mixed views. Some participants found the course informative and engaging, appreciating the networking opportunities and practical insights into primary care networks. However, others faced practical challenges in attending and felt the course content was either too familiar or too challenging. A key issue was the suitability of participants for the course content and intended course outcomes.





Impact on participant confidence





# Impact on participant confidence: Interview findings

• Theme 4 (see Appendix) highlighted the course had positively impacted participants' confidence.

"It gives you the confidence to do these sort of things...it's having the confidence to have these discussions with colleagues and patients." (ALSF1)

"I'm now more confident when I talk to people about why I feel that [medicines] might be need reviewing...I have confidence in being able to justify my reasoning for why I think it needs reviewing." (ALSF20)

"As a technician, we don't really have the confidence to stop medication, but it's given me the confidence to not ignore it but bring it up with the GP." (ALSF18)

"It has built my confidence to enhance my role, to suggest deprescribing." (ALSF14)

"[the course] has given me that passion, if you like, in terms of how to reduce polypharmacy." (ALSF9)

"I'm more aware of how I can contribute as a non-prescriber...on how I can contribute to my team of pharmacist prescribers when looking at polypharmacy." (ALSF21)





Impact on staff medicines discussions



## Impact on staff medicines discussions

- In the immediate weeks after the course, 25.5% (12 of 47 survey respondents) of participants had made changes related to making shared decisions with colleagues to stop medicines.
- The majority reported they had not yet had a chance to apply the learning. However, some provided good examples of applied learning:

"This came as a very timely workshop. It has re-energised and re-focused my plans at practice level. Very important to go through the session 1 groundwork before any chalk/talk technical tools. The biggest issue is pharmacy fighting its corner and finding its place. This is no longer a key focus of [ICB name] unfortunately in my opinion since the change to ICB / ICS." (Survey participant 4)

"I spoke to a patient who wanted to stop taking amantadine for MS. She had tried before but felt terrible. I discussed her wishes with her GP and how we could try tapering the dose, and the GP said my suggestion seemed reasonable." (Survey participant 6)

"I've spoken to my lead pharmacist and the clinical supervisor to support me with more complex patients." (Survey participant 15)





## Impact on staff medicines discussions

The interviews uncovered further evidence of impact on medicines discussions with colleagues (theme 5, see Appendix):

"It did increase the confidence in prescribers and day one was really good at increasing the technician [confidence] to see if they think something isn't in line with the basics of an SMR. It would prompt them to actually say something to their pharmacist." (ALSF2)

"I do now feel empowered to, perhaps at my next one to one where I have oversight of my clinical work, maybe raise the question...it has empowered me now to have those conversations." (ALSF7)

"It does it helps with job satisfaction and knowing that when I'm unsure on things to go and check it out, discuss with your peers or other colleagues within the within the team." (ALSF1)

"I've increased in confidence, in making those decisions and in explaining those decisions to my multidisciplinary team." (ALSF8)

• These findings highlight that participants applied the learning from the course about initiating medication discussions with colleagues, through a sense of empowerment to raise concerns and engage in multidisciplinary medicines discussions.







Impact on patient medicines discussions



## Impact on patient discussions

The interviews uncovered further evidence of individual decision making with patients (theme 6, see Appendix):

"Having the confidence to speak to patients to initially ask what they want out of this [consultation] and you can always guarantee they want to reduce the medication burden...so it's given me more confidence to speak to the patient with regards to that." (ALSF3)

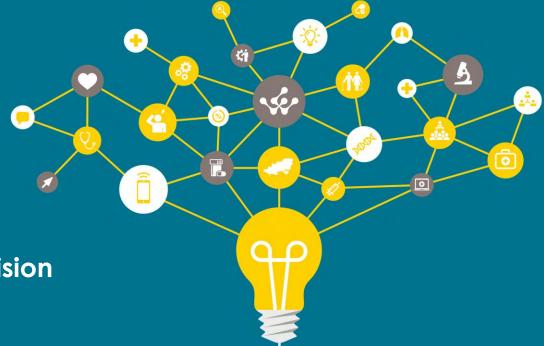
"It's having knowledge and with my other course, the counselling, the knowledge of the course and counselling to teach patients and family members the risks and benefits about taking and not taking medications." (ALSF15)

"It has empowered me to have that conversation. It has let me think about when I'm looking at someone with ten or more medications, do they need to be on every single one? How effective is each medication for these individuals and do they have the desire to have less medicines? Then you can work on that." (ALSF7)

• These findings highlight that participants felt more assured in discussing mediation burdens, benefits and risks with patients. The course empowered them to question the necessity of multiple medications and explore safer alternatives.







Impact on individual decision making



# Impact on individual decision making: Survey findings

#### Before the course:

- A large number of course participants were unsure (40.7%) or not confident (22.0%) about deciding when it is appropriate to advise stopping medicines.
- Before the course, 86.4% (combining strongly agree and agree responses) of course participants stated they were **confident in using** shared decision making with patients to reach agreement about medicines.

#### After the course:

• In the immediate weeks after the course, 46.8% of participants (22 of 47 survey respondents) had made changes related to **making shared decisions with patients to stop medicines.** 53.2% of participants had not had the time to make any changes. Several examples of applied learning were noted:

"I have not conducted any SMRs but knowing the resources that are available to me to aid decision making is invaluable."

"I must remember that when I speak to patients, they are more than just their medication list."

"[The course has] given me a greater focus on providing patient resources and making sure I use them."

"[The value of] stopping bendroflumethiazide in worsening gout symptoms and normal blood pressure reading and no history of oedema."

"I'm more confident to suggest and action deprescribing, ensuring a comprehensive documentation in notes."





# Impact on individual decision making: Interview findings

• The interview findings provide further evidence of the **impact on individual decision making** (theme 7, see Appendix):

"It's [the course] quite thought provoking and gives you the tools and the confidence to sort of make some of those tricky decisions." (ALSF1)

"Having confidence in being able to justify my reasoning for why I think it [the situation] needs to be reviewed. I'm aware of the medications and can take into account the holistic side of things as well with the falls and appetites, if there's any appetite suppressant medication." (ALSF14)

"[the course] has helped prioritise the ones [medicines discussions] that should be done first." (ALSF14)

"[the course] has influenced the way I think about things...the way I recommend certain treatments or medications." (ALSF8)



# No impact on decision making

On the other hand, some participants reported no impact on decision making in the interviews (theme 8, see Appendix):

"It wasn't really relevant to my particular role...I can't say anything's really changed in terms of our practice." (ALSF10)

"It hasn't changed anything because we're working at that level already." (ALSF12)

"It didn't improve my decision-making because I'm already doing it if that makes sense." (ALSF17)

"Pharmacists are meant to be doing the SMRs of patients on ten or more drugs, so it's kind of not something I would specifically look at because that's something they're meant to be doing for us." (ALSF3)

- These findings highlight that after the course, nearly half of participants made changes related to individual decision making. Furthermore, those participants had increased confidence to make complex decisions and prioritise tasks.
- Some reported no impact on decision making and this is explained by existing well-established processes in their place of work or the course not being relevant to their specific roles.





Part of the Health Innovation Network



# Impact of tools and resources: Non-patient facing tools

- **Before the course**, a significant percentage of participants (45.8%) indicated a lack of necessary tools to routinely identify and prioritise patients for a structured medication review, as they either strongly disagreed, slightly disagreed, or neither agreed nor disagreed with the statement 'I have PCN tools that we routinely use to identify and prioritise patients for a structured medication review'.
- After the course, 29.8% of participants (14 of 47 survey respondents) had accessed the ePACT2 Polypharmacy Comparators Data.
- Additionally, after the course, STOPP START was considered the most helpful information source and 'Are your medicines working
  for you?' the most helpful patient facing material.

In the immediate weeks after the course, the most helpful information sources were:	Responses	% of total responses (102)	Of the 47 survey participants, % agreeing information source is helpful
STOPP/START	32	31.4	68.1
GP Evidence	20	19.6	42.6
Scottish Polypharmacy Tool	11	10.8	23.4
MedStopper	10	9.8	21.3
Antipsychotic Deprescribing Toolkit	10	9.8	21.3
FRAIL	9	8.8	19.1
IMPACT	6	5.9	12.8
None yet	3	2.9	6.4
PrescQIPP Tool	1	1.0	2.1
Total	102	100.0	





# Impact of tools and resources: Non-patient facing tools

• The interviews highlighted **participants did use various non-patient facing tools** after attending the course (theme 9a, see Appendix):

"They also shared some great resources, the **seven steps**, **PrescQIPP and IMPACT** document will help people begin to do a medication review." (ALSF12)

"I think the tools that we were provided with are very, very useful...things like **STOPP-START** was useful for me to revisit...the seven steps of the **Scottish Polypharmacy Review** was very good to revisit...so that certainly has had an impact...and the **Tasmania deprescribing** I think they might have mentioned that as well." (ALSF15)

"I think **PrescQIPP tool** helped me to put all the medications together and show you the priority of deprescribing." (ALSF19)

"The **SPS website** actually breaks it down quite nicely with licensed and unlicensed options for a patient. It definitely speeds up an inquiry as well and the patient was a lot happier to have almost an instant answer to their query rather than waiting for a week to five days before they hear back." (ALSF8)

"I've used **MedStopper** quite a lot...I've used that for discussing opioids or gabapentin for a patient, which was quite helpful." (ALSF8)





# Impact of tools and resources: Patient facing tools

In the immediate weeks after the course, the most helpful patient facing materials were:	Responses	% of total responses (48)	Of the 47 participants, % agreeing patient facing material is helpful
Are your medicines working for you?	21	43.8	44.7
Me and My Medicines	10	20.8	21.3
None used yet	7	14.6	14.9
BRAN (Benefits, Risks, Alternatives, (do) Nothing)	7	14.6	14.9
WHO 5 Moments of Medication Safety	2	4.2	4.3
NICE patient decision aids	1	2.1	2.1
Total	48	100.0	





## Impact of tools and resources: General issues

• Some issues around the use of tools were uncovered in the interviews (theme 9b, 9c and 9d, see Appendix). These included **generally not using the tools** and these are explained by **technical issues or limited capacity**:

"I can't say that I've used any of the tools consistently." (ALSF9)

"It said that my password had expired and then it just went round and round in circles to try and reset the password so in all honesty I just gave up." (ALSF11)

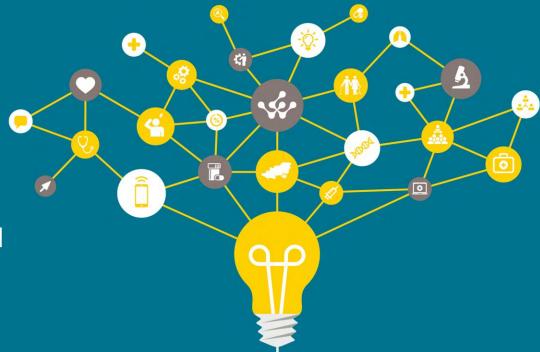
"I think probably because it did require login, I just haven't been able to do that yet." (ALSF15)

"I support fifty care homes, so I'm so busy all the time, you know, you forget about things." (ALSF17)

• Before the Polypharmacy ALS Foundation course, almost half of participants lacked the necessary tools for medication reviews. The interviews revealed the impact of patient facing and non-patient facing tools after the course, with many participants mentioning using non-patient facing tools since the course. The interviews provide insights into reasons why some participants might have not used the tools, such as technical issues or limited participant capacity.



Contextual capacity and capabilities



Health Innovation Network



# Contextual capacity and capabilities: Survey findings

Regarding evaluation question 2 'Has Polypharmacy ALS Foundation course helped to obtain support (e.g. from pharmacy, general practice, MDTs, PCN) to manage polypharmacy?'

#### Before the course:

- 39.0% stated they were not embedded in the primary care team or have the pharmacy support to manage polypharmacy
- 42.4% stated they did not have GP support to manage polypharmacy
- 44.1% stated they did not have PCN support to manage polypharmacy
- 52.5% stated their practice/ PCN did not have a robust process to find patients for an SMR
- 37.3% stated they did not have external MDT support to manage complex patients.

#### After the course:

- 68.1% said change in organisation support was not applicable as they were not able to prescribe, or complete SMRs, or not confident to initiate discussions about change
- 23.4% felt better supported in their workplace, to make decisions about stopping medicines, compared to before the course
- · 8.5% stated no change in organisational support had occurred because of attending the course
- 23.4% reported organisational change.





# Contextual capacity and capabilities: Interview findings

- The survey findings can be explained by the interview findings (theme 1b, see Appendix), where many participants provide explanations of barriers to capacity and capability, and examples on how they were not in professional roles to action learning from the course.
- The main reasons were not being able to prescribe or deprescribe, or not being in a role involving SMRs or patient facing:

"We are a group of pharmacists that work for a service called the [team], so we don't work in GP practices, we don't have the autonomy to make decisions about stopping or starting medication. We don't do structured medication reviews in our role." (ALSF10)

"I'm not a prescriber, because pharmacy technicians can't be prescribers...even though we complete the structured medication review template." (ALSF17)

"The Trust is not keen for us to expand role by doing the independent prescribing course, so that we can upskill and are able to do this work."

"The main barrier for me is a poor relationship with the GPs at the practices I work and an over-worked lead pharmacist. Sometimes I struggle to get the support from them when I think it's needed and my confidence with stopping medicines is low."

• Before the Polypharmacy ALS Foundation course, many participants reported lacking support to manage polypharmacy. After the course, most found changes in organisational support inapplicable due to their inability to prescribe, complete SMRs, or initiate changes. Only a few felt better supported in making decisions about stopping medicines. Interviews highlighted barriers such as not being able to prescribe, roles not involving SMRs, and not being patient facing, which limited the applicability of the course content.







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## Improvements: Overview

- A mixed picture on the need for improvements was obtained from the survey and interview findings. In the immediate weeks after the course, 59.5% of survey respondents indicated no improvements to the course were required.
- Three months after the course, some interview participants in the interviews also shared **there was no need for improvements** (theme 3e, see Appendix).
- However, 40.5% of survey respondents (immediately after course) and some interview participants (three months after course) did indicate the need for improvements (theme 3a to 3d, see Appendix). Improvements included course content and delivery, marketing of the course, accessing the tools and wanting a refresher.





### Improvements to the course content and delivery:

- More case studies with worked examples: "I would love to see more case studies and patient examples, and linking any deprescribing to the available tools." (ALSF10)
- Ideas on how to manage data and what data to collect ahead of SMRs: "More content on what information we can gather for the pharmacist to prepare. Help us invent a template for pharmacy technicians to use when collecting data/preparing for SMR."
- More clinical pharmaceutical content: "It would have been better to do an actual deprescribing session. I
  was at the point of nearly not coming back for the second day." (ALSF14)
- More time discussing the application of tools: "For me it would be here's a real patient...and having real life examples, but also not to rush through things." (ALSF5)
- Better accessibility of the resources shared during the course included: "If [resource] was just like a PDF...then that probably would be easier and more accessible....I think that would have been better." (ALSF15)





**Improvements to marketing and promotion** of the course were also shared (theme 3b, see Appendix):

"Coordinate with the ICB medicines teams to make sure that this message, polypharmacy groundwork for a good pharmacy service, is out there."

"The only reason that I knew about this was from X, from Twitter, and that's because I follow [course lead]...if I hadn't have followed [course lead] on X, I don't believe I would have known about these workshops...the marketing might need to get looked at to let more people know about it." (ALSF12)

"I don't know how it's advertised to other colleagues that may benefit from it that haven't heard of it yet, whether it's promoted." (ALSF1)





• Some participants also shared suggestions of a **refresher course and follow-up updates** (theme 3d, see Appendix):

"Some sort of refresher would be useful. I think you get bombarded with so much going on."

"I almost feel like I'd like to do the course again because I feel like I would be in a better position to make the most of it now."

- Based on the survey and interview findings, over half of the participants felt no improvements were needed for the ALS
  Foundation course in the immediately weeks after the course. However, 40.5% of survey participants and wide range of
  interview participants, three months after the course, suggested various improvements.
- Improvements included enhancing course content and delivery with more case studies, worked examples, and practical guidance on using tools. Participants also recommended more clinical pharmaceutical content.
- Suggestions for better marketing and promotion of the course were noted, as well as the need for easier access to resources and tools. Some participants expressed a desire for refresher courses and follow-up updates to reinforce learning. Additionally, there were calls for more detailed guidance on data collection and management ahead of SMRs.





# Conclusions



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**Overall conclusion:** The Polypharmacy ALS Foundation course is valuable and serves a diverse group of staff engaged in polypharmacy management whose confidence improved as a result. The evaluation also identified areas for consideration to optimise its impact in the future.

The following sets out the conclusions in response to each of the eight evaluation questions.

#### Acceptability of the Polypharmacy ALS Foundation course (Evaluation question 1)

- While all surveyed participants recommended it to colleagues, just under half felt it fully met their expectations. Some
  found it informative and engaging, with valuable networking opportunities, while others faced practical challenges in
  attending or found the content too familiar or too advanced. Some participants also felt that the course was not
  suitable for their roles.
- Some participants indicated the course partially met their expectations and this can be explained by some pharmacy technicians querying if the whole course was relevant for them. Some requested more focus on technician operational activities that surround polypharmacy discussions.
- The most useful parts of the Foundation course were the 'shared decision making and use of language during medicines discussions', 'practical tools', and 'polypharmacy pathways discussion' elements.





#### Has the course helped to obtain local support to manage polypharmacy (Evaluation question 2)

The course had limited impact on generating new organisational support. While some participants (23%) felt better
supported in de-prescribing decision-making, a majority (68%) reported that changes in support were not applicable to
their roles. Many participants lacked prescribing authority or were in roles where SMRs were not a key responsibility, limiting
their ability to act on course learnings.

#### Effect on participants' confidence to manage polypharmacy (Evaluation question 3)

- Before the course, only a third of course participants were confident about deciding when it is appropriate to advise stopping medicines.
- In the immediate weeks after the course, almost half of participants had made changes related to making shared decisions with patients to stop medicines. This suggested a very positive increase in course participants' confidence to discuss and stop medicines if appropriate.
- Some pharmacy technicians reported no improvement in their confidence. This was usually related to limited clinical experience or requirement for greater support from their workplace.

#### Understanding how participants' role fit within a multi-disciplinary approach to polypharmacy (Evaluation question 4)

• The course provided valuable insights into multidisciplinary collaboration, particularly for participants less familiar with primary care networks. Some participants felt that certain aspects of the course were not fully relevant to their roles or that they lacked the agency to influence multidisciplinary decision-making.



### Effect on organisational processes (Evaluation question 5)

• There was limited evidence of participants having the agency and ability to enact organisational change as a direct result of the course. While some participants reported an increased awareness of SMR processes, only 23.4% felt their workplace support for deprescribing had improved. Barriers such as lack of prescribing authority and existing organisational workflows, limited the impact of the course.

#### Effect on individuals' polypharmacy activities (Evaluation question 6)

• The course positively influenced individual practice for some participants, particularly by increasing awareness of deprescribing opportunities and practical tools to support deprescribing. Those who reported no change attributed this to established workflows, role limitations, or a perceived lack of relevance to their specific job functions.

#### Wider impacts of the ALS Foundation course (Evaluation question 7)

• The course helped reinforce the importance of polypharmacy management and provided participants with useful tools and frameworks. However, wider impacts were constrained by workplace limitations, technical issues in accessing resources, and variations in role applicability.

#### Improvements to the ALS Foundation course (Evaluation question 8)

While over half of participants felt no improvements were necessary, 40.5% suggested enhancements. These included more
practical case studies, step-by-step guidance on deprescribing, increased mentoring support, and improved marketing of
the course. Participants also requested easier access to course materials and refresher sessions.



### **Considerations**

- The Polypharmacy ALS Foundation course is valuable and serves a diverse group of staff engaged in polypharmacy management whose confidence improved as a result.
- In light of the findings, the following considerations are offered to inform future course design and delivery, in order to enhance its impact further and maximise the benefits for participants and the wider healthcare system:
  - 1. Differentiated learning pathways or tiered course levels to cater for different experience levels, perhaps with separate modules for pharmacists and technicians
  - 2. Expanded case-based learning and ongoing support mechanisms to maximise benefits for participants and the wider healthcare system.
  - 3. Course participants could have taken more proactive steps to seek support after the course (e.g. by using ePACT2, STOPP/START, and other provided resources), utilising tools, engaging in peer learning, and advocating for further training opportunities.
  - 4. Organisations ensure: (i) alignment between course content and job roles and (ii) that participants are support and authorised to integrate learning into operational practices.





**Appendix** 



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# Summary table of themes from staff interviews

Themes	Sub-themes
Pre-course considerations	1a. Pre-course preparation
	1b. Consideration of participants' role & responsibilities
2. Mixed acceptability of the course	2a. Much course content was familiar
	2b. Course content was aimed at prescribers
	2c. Found the course informative
	2d. Satisfied with the course
	2e. Able to attend without issues
	2f. Practical challenges
3. Suggested improvements	3a. Accessing the tools
	3b. Marketing & promotion
	3c. Course content & delivery
	3d. Refresher
	3e. No improvements required
4. Impact on course participant confidence	-
5. Impact on staff-to-staff discussions	-
6. Impact on patient discussions	-
7. Impact on decision-making	-
8. No impacts observed	-
9. Impact of tools & resources	9a. Using the tools
	9b. Not using the tools and resources
	9c. Technical issues
	9d. Limited course participant capacity





Health Innovation Wessex Innovation Centre Southampton Science Park 2 Venture Road Chilworth Southampton S016 7NP

E: enquiries@hiwessex.net @HIWessex T: 023 8202 0840

healthinnovationwessex.org.uk

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