

# Polypharmacy SMR Patient Resources Clinician Survey

## Summary

This short survey is led by the AHSN Network Polypharmacy Programme and supports our programme evaluation looking at whether patient information materials support better conversations about medicines between patients and their GP or Pharmacist.

You will be asked 10 questions. The survey will take approximately 5 minutes to complete.

[Complete this survey online](#)

**1. If known, approximately how many Structured Medication Reviews have you undertaken since October 2022, using the patient facing resources?**

Write your answer here

**3. The patient materials prompted me to think about how I discuss changing or stopping medicines with my patients:**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**2. Please tell us which patient resources your patients were given to look at as part of their Structured Medication Review (Please tick all that apply):**

- Patient invitation letter for an SMR
- Me and My Medicines flyer
- Are Your Medicines Working information
- Stopping medicines safely leaflet
- Link to the patient animation

**4. I believe the materials increased patients' confidence to discuss how they feel about their medicines with me:**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



5. I would recommend all patients should receive these materials from their practice when having a review or conversation about medicines:

Yes  No  Maybe

6. What impact did these materials have on the time taken to conduct a medication review?

No impact  Shorter  Longer

7. If the consultation length was longer, would you continue to use the materials with patients?

Yes  No  Maybe

8. Do you have any other information to share with us, for example, suggested improvements, barriers or successes when using the resources in practice?

Write your answer here

9. Are you a:

- GP
- PCN Pharmacist
- Community Pharmacist
- Other (Please specify)

Write your answer here

10. To help us understand the geographical spread and use of the patient resources, please share with us:

a) GP practice code, if known:

b) The first part of your work postcode e.g. TN13:

c) Your local AHSN, if known:

d) Your email address if you wish to be contacted to participate in further research:

Please return this survey free of charge (no stamp required) in an envelope addressed to 'FREEPOST Polypharmacy Patient Feedback'. Your survey responses will be stored, processed and reported for our evaluation by Health Innovation Network South London, our evaluation partner.