

Report:	Your Views on Reducing or Stopping Medicines (Deprescribing) Survey Summary Feedback Report
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Background

This report summarises key findings from a public survey carried out in May 2025 that aimed to better understand public awareness and experience of deprescribing.

The survey was developed by the NHS Greater Glasgow and Clyde (NHSGGC) Overprescribing Steering Group in collaboration with the Patient Experience Public Involvement Team (PEPI Team). It follows on from earlier public engagement activity to understand how people currently order and manage medicines, and their awareness of the financial and environmental impact of overprescribing and medicines waste. Insights from previous engagement helped inform an NHSGGC communications campaign in 2024, and a further public survey to measure the impact and effectiveness of the campaign was carried out in March 2025. Following a survey of NHSGGC clinicians in 2024 around their attitudes to deprescribing, this survey sought to understand the public viewpoint in more detail.

Scope

A key area of feedback from previous engagement relates to people's experience of medication review and highlighted the importance of this process in supporting

meaningful conversations with a healthcare professional about current medicines and options for reducing or stopping medicines if appropriate. The May 2025 survey was adapted from the [Revised Patients' Attitudes Towards Deprescribing Toolⁱ](#) (rPADT) designed to explore the principle of deprescribing in more depth, with questions focussed on understanding:

- How satisfied people are with their current medicines use
- Whether people have concerns about their current medicines use
- How people feel about having a deprescribing conversation with a healthcare professional
- Whether people had any existing experience of deprescribing
- What actions the NHS could take to support people to consider deprescribing where appropriate

Communication, collation and analysis

The survey was promoted through the NHSGGC Involving People Network (IPN) which is an email distribution network of approx. 66K subscribers using a weblink and a QR code to a secure online form. Options to receive the survey in an alternative format were provided. The survey link was also shared on social media and the NHSGGC website. People were redirected to our Equalities Monitoring Form at the end of the survey; completing this form is optional but we encouraged respondents to do so in the accompanying text. Survey responses were analysed using a combination of digital and manual analysis methods by staff from the PEPI Team and Pharmacy Prescribing Support Team.

Demographics of respondents

1072 people completed the survey and 234 completed the Equalities Monitoring Form. A link to the full Equalities Monitoring Form data can be found here: [Equalities Monitoring Form - Deprescribing Survey.xlsx](#).

Key demographics:

- 71% of respondents identified as female – underrepresentation of male participants
- 98% of respondents identified as white, and 87% identified as White Scottish –
- 71% of people who responded were aged 55 years and over, with 31% of those being aged +75 years

The lack of diversity compared to the population is noted as a limitation. NHS GGC is the most ethnically diverse Health Board in Scotland with 20% of Glaswegians from a BME backgroundⁱⁱ. Although the e-survey was available in alternative formats on request digital exclusion is also recognised as a barrier.

As part of the survey, we asked people to contact the PEPI Team if they were interested in taking part in further engagement opportunities in relation to deprescribing. A total of 51 people shared their details with the team, and several engagement opportunities are currently being planned.

Key Survey Findings

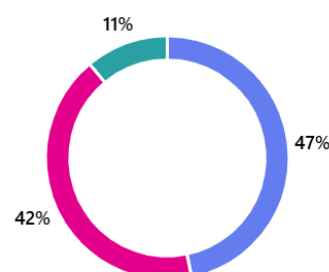
Key findings from the core questions are summarised below. Some less relevant questions have been omitted and others combined under key themes for the purposes of presenting in this summary report. Note that the survey contained a mandatory consent box that respondents understood that should anyone have questions or concerns about their medicines they should speak directly to their health care professional.

Respondents' current experience of medicines

We asked respondents to tell us how many medicines they currently receive; this information better helps us understand the degree of experience people have with medicines use. Just over half (53%) of people told us they were taking 5 or more medicines, with 11% taking more than 10 medicines.

13% of respondents told us that someone else helps them to manage their medicines (a family member or carer).

● 1-4 medicines	472
● 5-9 medicines	426
● More than 10 medicines	111



Satisfaction with current medicines

We asked several questions on how satisfied people were with their current medicines. These questions scored consistently highly, with 92% of respondents telling us they slightly agreed or strongly agreed with the statement, 'overall I'm satisfied with my current medicines'. Of those in receipt of 10 or more medicines the overwhelming majority said they were satisfied with their current medicines.

98% of people agreed that had a high level of understanding of why they were prescribed medicines. 95% agreed that they liked to be given information on their medicines and 96% be involved in decisions about their medicines.

Concerns about current medicines

Despite the reported high levels of overall satisfaction with current medicines the survey revealed that people did have some concerns. The degree of concern varied, depending on the number of medicines people told us they were taking. A breakdown of those who responded 'strongly agree' or 'agree' to statements about medicines concerns is provided below:

Area of concern	Taking 1-4 medicines	Taking 5-9 medicines	Taking + 10 medicines
Feel I am taking too many medicines	14%	37%	36%
Feel I am taking medicines I may no longer need	11%	20%	12%
Feel one or medicines is no longer working for me	13%	20%	13%
Feel one or more medicines may be giving me side effects	24%	38%	38%

People taking 1-4 medicines were least likely to report concerns about their medicines. This is perhaps unsurprising, as the relatively low number of medicines is possibly less likely to have a negative impact or create problems with medicines ordering and management.

Those taking 10 or more medicines were also less likely to report being concerned about their medicines, except for equal numbers reporting concerns about medicines potentially giving them side effects. These responses are enlightening, as they could suggest people expect, or have learned to live with medicines that are no longer optimal for them. Those taking 10 or more medicines may have more complex health needs and therefore a higher degree of concern about any changes to well establish medication regime is to be expected.

People taking between 5-9 medicines were more likely to tell us they had concerns. This is worth exploring further, as it's possible that this group may benefit most from targeted communications and/or opportunities for a deprescribing conversation with a healthcare professional.

It is of interest that overall, 75% of all respondents said they would be willing to reduce or stop one or more medicines if a doctor or health care professional said it was an option for them. This suggests a high level of trust in the opinion and recommendations of a health care professional in supporting people to manage their medicines.

Views on deprescribing

We asked participants on a scale of 1-10, (where one is 'not at all' and 10 is 'a lot') how concerned would they feel if their doctor, pharmacist or other health care professional suggested changing or stopping a medicine.

If your doctor, pharmacist or other health care professional suggested changing or stopping a medicine, on a scale of 1-10, how concerned would you feel?	Taking 1-4 medicines	Taking 5-9 medicines	Taking + 10 medicines
Scored 1-3 (Not at all to not very concerned)	41%	38%	31%
Scored 4-7 (Slightly to moderately concerned)	28%	29%	31%
Scored 8-10 (Concerned to very concerned)	31%	33%	38%
	100%	100%	100%

Those taking 1-4 medicines were least likely to report feelings of worry or concern about a healthcare professional suggesting a change or stopping a medicine. Those taking 10 or more medicines were more likely to report feeling worried or concerned; this reflects the previous figure that shows the same group were least likely to report having issues or concerns with their medicines.

We asked all respondents to tell us why they scored their answer in the way they did. The most common reported themes were:

Key Theme	Direct Quotes/Examples of feedback
Trust in health care professional	"I trust the medical profession" "I trust my GP and if they said that I needed to change the medication I would accept that they knew best"
Concerns about stopping medication	"I feel confused about medicines and sometimes angry that I have to take them to be healthy" "I would need to know the reasons were valid" "I think the medicines I take now work well. With some it has been a process or trial and error to get just the right medication for me. I would be

	reluctant to stop these medications without careful consideration of effect of any change."
Importance of communication	<p>"As long as there was a discussion about the change and I fully understood this sometimes the healthcare professionals assume that you know why and how to take medications."</p> <p>"I would want to know the reason for this change"</p>
Belief in medication efficacy	<p>"I believe that I am on optimal medication to manage my conditions"</p> <p>"I need my medication to keep my condition under control and I would be miserable without medication"</p>
Medication stabilisation/continuity	<p>"I have been on the same medication for 11ish years, and my medication together helps me to try and get out and talking with people again. My medication has completely turned my life from bad to good. I can't imagine not having my medication."</p> <p>"I have uncontrolled epilepsy and frequently change meds and doses. I need to keep trying to find the best combination with the least side effects."</p>
Monitoring & follow up	<p>"I have annual blood tests to check my meds are at the correct dose."</p> <p>"When changes have been made on previous occasions the GP or nurse has explained the reason, answered questions and sought my agreement. When a change has taken place I usually provide a blood and urine sample about 3 months later to evaluate the effectiveness of the change."</p>

Trust with their GP/health care professional was noted to be the strongest theme and the importance of communication with shared decision making was also strongly mentioned.

Actions to support people to consider deprescribing (where appropriate)

We asked respondents to think about changes that would support them to consider reducing or stopping any unnecessary medicines, and the top priority for change. We received 849 responses and the most reported themes are summarised below:

Key Theme	Direct Quotes/Examples of feedback
Importance of medication review	"More regular reviews and blood tests, possibly yearly to ensure meds are still appropriate and not causing any side effects. Dosage may require adjusting dependant on findings." "A mandatory review of prescribed meds after a set period of time."
Communication with healthcare professional	"Discussion of side effects of reducing medication and support available during that timescale". "Having more face-to-face appointments and not conduct these important daunting changes over the telephone. Ensure new prescriptions are available same day and not 48-72 hours after the change"
Monitoring and side effects	"Monitor side effects closely." "Discussion of side effects of reducing medication and support available during that timescale."
Trust in healthcare providers	"I've always had brilliant support from the NHS, and I trust the health care professionals who have kept me going past my sell by date." "I trust my doctor that he would best advise me about changing or stopping any of my meds. Letting me know the advantages of the change in person."
Over-prescribing and waste	"Doctors over prescribe. I work in pharmacy and see it every day. It needs to start here. Dr's need to pay attention to how often medication is getting prescribed" "Too many just order all repeat medication whether needed or not" "I stopped having mine sent to the pharmacy because of this and just order a prescription from my doctor when needed"

Access to healthcare services	<p>"A face-to-face GP appointment to explain why this action should be taken and what effect this will have on me"</p> <p>"Regular reviews of medication by doctor or pharmacist"</p> <p>"More time allocated to discussing medications with a Doctor and/or Specialist. It is so difficult to get appointments, and one always feels under pressure of time whatever the reason for an appointment"</p>
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The strongest theme of medication reviews emerged from the respondents with face-to-face communication with them. Though face to face reviews may not be feasible or necessary for every review. Respondents were aware of minimising waste and overprescribing and expressed desires for this to be reduced.

It is noted that 200 people did not respond to this question and some responses indicated a lack of understanding of the question.

Lived experience of deprescribing

We wanted to understand how many respondents had experience of deprescribing (reducing or stopping any unnecessary medicines). Just under half told us they had and shared where it worked well, and where it could have been better:

Q. Have you had any direct experience of deprescribing (reducing or stopping medicines waste)



Key themes are summarised below:

Key Theme	Direct Quotes/Examples of feedback
Medication adjustments and side effects	"During the pandemic I was advised to stop taking my immunosuppressants, which had the effect that

	<p>my immune system went into overdrive, with the obvious consequences."</p> <p>"Stopped taking omeprazole, reduced statins, reduced opiate prescription."</p>
Communication with health care professionals	<p>"Morphine and Severedol - started reducing it slowly with help of pharmacist. Only needed for breakthrough pain, if severe."</p> <p>"I discussed side effects and agreement with my medical team to make amendments."</p>
Self-management and decision-making	<p>"Being unhappy about taking regular painkillers, I referred myself to physiotherapist at the health centre who gave me exercises to try. It took a few months, but I was able to stop taking all painkillers."</p> <p>"If I no longer need something, I stop ordering and inform my Dr straightaway."</p>
Medication reviews and recommendations	<p>"I think everyone should have a meds review at least once every two years. I believe a lot of drugs are prescribed and once they are set up for repeat, they are never checked again."</p> <p>"Recent review where GP recommended stopping some medications."</p> <p>"I have been taking medication for migraines and discussed with consultant reducing or stopping to see if I needed to take them all the time. Only got down to half the dosage before symptoms recurred. Glad to be taking half the dose though."</p>

A wide variety of examples of deprescribing were provided including medication being discontinued or doses being adjusted to meet patient's' needs. The importance of communication, utilising other services and medication reviews were noted to be actors in supporting deprescribing.

Summary of Key Insights

Factors influencing decision to reduce or stop medicines:

- Overwhelmingly high level of feedback indicated trust in professional re: decision to reduce/stop medicines
- More likely to consider if involved in decision with health care professional and if process was gradual
- Those who expressed the highest level of concern were more likely to a) be on medicines for lifelong/serious conditions and b) share feedback about a previous negative experience of reducing/stopping medicines

Ideas/suggestions to support people to consider reducing or stopping medicines:

- Top suggestion was having regular medicines review
- Patient-centred discussions on reasons for having discussion about changes to medicines
- Clear explanation of benefits versus possible harms/risk
- Support with other aspects of health that impact on medicines use (mental health, physio support, weight management etc.)
- Remove medicines that are available to purchase over the counter from prescriptions (Ibuprofen, antihistamines etc.)

The findings contained in this report will be used by NHSGGC Overprescribing Group to inform future planning, design and delivery of campaigns and initiatives to support public awareness and facilitating planned conversations around deprescribing and reducing or stopping unnecessary medicines. The need to consider the views of underrepresented groups is noted.

References

^[i] Reeve, DER (nd) Patients' Attitudes Towards Deprescribing (PATD), revised PATD (older adults and caregivers versions) and the rPATDcog (version for people with cognitive impairment) questionnaires. Australian Deprescribing Network 2013-1019. Available at: www.australiandeprescribingnetwork.com.au

^[ii] [Know your population | Right Decisions](#)

ⁱ Reeve, DER (nd) Patients' Attitudes Towards Deprescribing (PATD), revised PATD (older adults and caregivers versions) and the rPATDcog (version for people with cognitive impairment) questionnaires. Australian Deprescribing Network 2013-1019. Available at: www.australiandeprescribingnetwork.com.au

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