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| **Barrier inductive code** | **Enabler inductive code** | **Theoretical domain** |
| **Theme: Attitudes towards medicines** | | |
| Patient attachment to medication G, P | Patients dislike medication G, P | 6. Social influence |
| Caregiver attachment to medication G, P | Patient informed deprescribing decision-making G, P |
| Patients perceive medications are primary care's remit G | Patient and caregiver deprescribing endorsement G, P |
| Societal perception that medications are always good G | Patient trust in deprescribing practitioner G |
| Prescribing guidelines hinder deprescribing G | Medical team appreciation of pharmacists P |
| Patients are passive to medication decision-making G | Hospital support network P |
| Primary care attachment to medication G | Primary care respect of hospital decision-making P |
| Reactive health system culture G | National campaigns P |
| Deprescribing is not part of the culture outside geriatrics G |  |
| Medical team unwillingness to engage with pharmacists' deprescribing recommendations P |  |
| Patients perceive deprescribing is a cost-cutting measure P |  |
| Historic labelling of medication as 'long term' P |  |
| Caregiver may perceive deprescribing as palliation P |  |
| Lack of confidence to approach others about deprescribing P |  |
| Prescribing by therapeutic area specialists hinders deprescribing P |  |
| **Theme: Consideration of outcomes** | | |
| Deprescribing not followed-up in primary care G, P | No perceived difference in risk between deprescribing and continuing a medication G | 10. Beliefs about consequences |
| Deprescribing may lead to patient or caregiver complaints G | Deprescribing leads to reduced medication expenditure G, P |
| Adverse drug withdrawal events G, P | Failing to deprescribe may lead to adverse drug events G, P |
| Perceived continuing medication presents less risk than deprescribing P | Deprescribing may improve patients' quality of life G, P |
| Patients may incorrectly attribute future adverse events to deprescribing G, P | Deprescribing may lead to reduced workload G, P |
| Deprescribing may cause readmissions G, P | Deprescribing may prevent readmissions G, P |
| Primary care may not adhere to hospital deprescribing P | Deprescribing may reduce the need for acute interventions G, P |
| Patients may not adhere to deprescribing P | Patient involvement in deprescribing decision-making absolves prescriber G |
| Deprescribing is risky P | Deprescribing may lead to improved medication adherence G, P |
| Poor deprescribing outcomes negatively impact on relationships with patients P | Deprescribing reduces medication burden G |
| Deprescribing may lead to increased workload P | Deprescribing is a vehicle for setting realistic patient expectations G |
|  | Deprescribing leads to benefits (general) P |
|  | Deprescribing means patients are prescribed only necessary medication P |
| Fear of deprescribing consequences P | Deprescribing is rewarding emotionally G | 14. Emotion |
| Fear of assuming responsibility for deprescribing P |  |
| **Theme: Role of different healthcare professionals** | | |
| Pharmacists lack confidence in ability to make deprescribing decisions G, P | Confidence in ability to deprescribe G | 10. Beliefs about capabilities |
|  | Pharmacists can make deprescribing recommendations G, P |
| Other's awareness of deprescribing G | Educational sessions G, P | 1. Knowledge |
| Lack of guidance to support deprescribing G, P | Adverse outcomes of drugs in older people G |
| Lack of evidence to support deprescribing G, P | Lack of evidence to support use of medication in older people G, P |
| Deprescribing education is poor G, P | Provision of evidence to support deprescribing G |
| Junior practitioners lack the required knowledge to deprescribe P | Generalists’ knowledge G, P |
|  | Deprescribing practice in Geriatrics is greater compared to other specialities P |
|  | Awareness that deprescribing practice is limited P |
|  | Knowledge and awareness of medicines requiring deprescribing P |
|  | Senior and specialist pharmacists have the required knowledge to recommend deprescribing P |
|  | Broad experience has fostered the required knowledge to deprescribe G |
| Deprescribing perceived to be primary care's remit G, P | Seniors to lead deprescribing G, P | 7. Social/professional Role and Identity |
| Hospital's remit is currently to address acute problems P | Pharmacists have a potential role in deprescribing G, P |
| Pharmacist role is currently to advise and check other's work P | Geriatrician's role is to deprescribe G |
| Therapeutic area specialisation hinders deprescribing P | Geriatricians to oversee deprescribing G, P |
| Junior practitioners not to deprescribe P | Deprescribing is not primary care's role G |
| Deprescribing is not part of current practice P | Someone needs to take ownership of deprescribing G |
| Deprescribing is a doctor's responsibility G, P | Primary care responsible for ongoing monitoring G |
|  | Empowering pharmacists to assume deprescribing roles P |
|  | Generalist care facilitates deprescribing P |
|  | Deprescribing is perceived to be the hospital's role P |
|  | Pharmacists to advise on deprescribing P |
|  | Pharmacists' role currently includes deprescribing P |
|  | Therapeutic area specialists can advise on deprescribing P |
| Pharmacists working patterns inhibits deprescribing G, P | Changing working patterns to support deprescribing P | 5. Environmental context and resources |
| **Theme: The inpatient environment** | | |
| Deprescribing is lower priority than treating acute patient problems G, P | Setting deprescribing goals G, P | 12. Goals |
| Lack of feedback on positive outcomes of deprescribing P | ‘Checkbox’ for deprescribing review G | 13. Reinforcement |
|  | Geriatric prescribing not guided by national payment structures G |
|  | Incentives to deprescribe G, P |
|  | Feedback on outcomes of deprescribing P |
| Poor communication G, P | Primary care is not well resources to deprescribe G, P | 5. Environmental context and resources |
| Patients are not their usual selves in hospital G, P | Patients present to hospital with medications requiring deprescribing G |
| Hospital is an artificial clinical environment G | Opportunity to trial deprescribing G, P |
| Multiple specialities managing patients hinders deprescribing G | Hospital is well resourced to deprescribe G, P |
| Insufficient time G, P | Deprescribing clinic G, P |
| Incomplete medication history G, P | Community of healthcare professionals to support deprescribing G, P |
| Unable to monitor medium-term effects P | Caregivers accessible in hospital G, P |
| Lack of relationship with patients P | Opportunity to discuss deprescribing with patients P |
|  | Improved communication with primary care P |

G Geriatricians expressed inductive code

P Pharmacists expressed inductive code