

# Pharmacists can help improve older people's medicines management

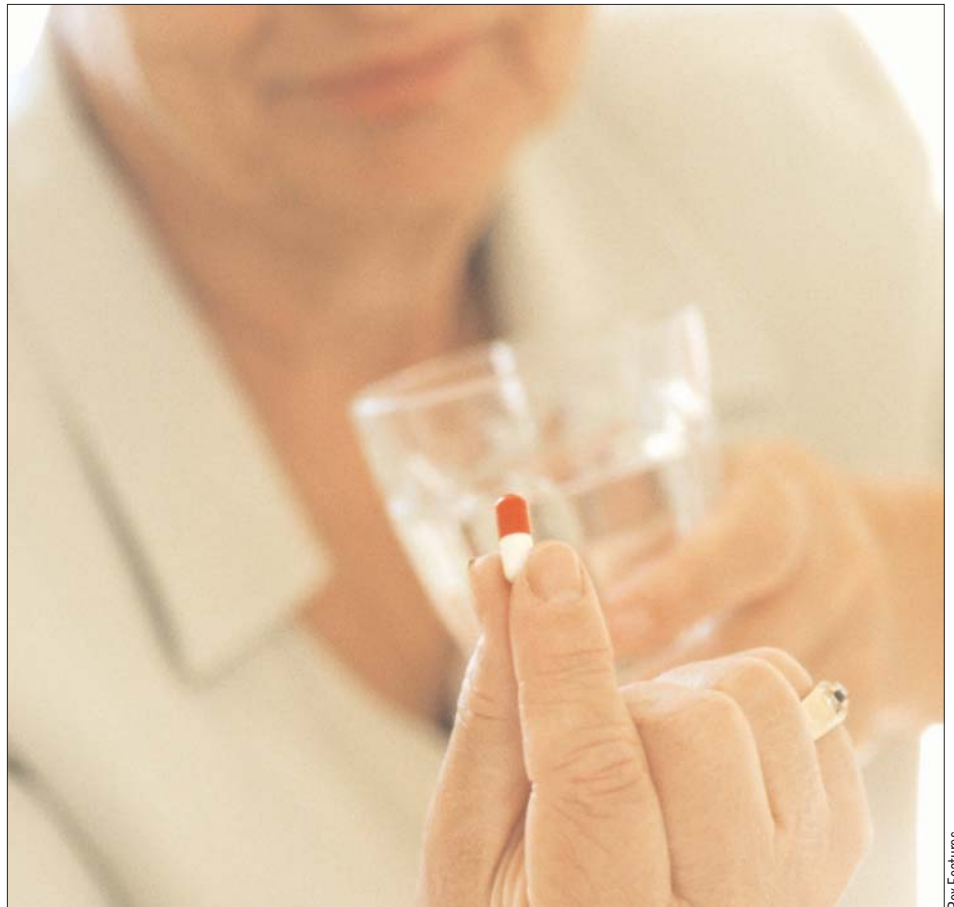
In this article, **Lelly Oboh** aims to provoke thoughts and stimulate discussion about how to co-ordinate existing and new medicines management services and initiatives to improve the quality of pharmaceutical care provided to older people

Older people are high users of NHS and pharmaceutical resources, and effective implementation of the NHS plan, including better use of medicines, will improve the quality of care they receive and will have a positive impact on their well-being. National and local medicines management schemes have shown that services such as medication assessments and medication reviews improve the use of medicines, improve health outcomes and reduce waste.<sup>1</sup> Both are also important components of the national service frameworks, particularly those for older people and for long-term conditions, as well as the primary care contracts.

Some financial and clinical risks associated with inappropriate use of medicines in older people are shown in Panel 1.

Waste campaign schemes have shown that returned medicines are primarily due to non-compliance and inequivalence. The cost of wasted drugs could be reinvested in evidence-based care such as hip replacements to improve the health care of older people. Interventions that reduce the risk of adverse drug effects will help achieve Government targets to reduce inappropriate hospital admissions and unscheduled care as well as drive forward the agenda to care for patients in the least intensive setting.

The 2001 National Service Framework for Older People sets out a programme of action and reform to address failure to meet the needs of older people and deliver high quality services. The medicines management-related document aims to ensure that older people gain the maximum benefits from their medicines and do not suffer unnecessarily from illness caused by their excessive, inappropriate or inadequate use. This should be the overall goal of any medicines management service that is delivered to older people. Primary care targets in the NSF were (i) that, by 2002, all over-75s taking medicines would have a medication review annually and those on four or more medicines every six months and (ii) that, by 2004, primary care organisations would have schemes in place so that older people get more help from pharmacists in using their medicines.



Rex Features

A medication review is a structured, critical examination of a patient's medicines with the objective of reaching an agreement with the patient about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste. It can be carried out at different levels (levels 0, 1, 2 and 3) as a stand-alone service or as part of medication assessment. Medication reviews often start with current medicines and prescriptions. The NSF does not state the level of review needed to meet the target, but it is generally acknowledged that although all patients may not need the level 3 review it is the gold standard. However, all levels of medication review may be of value. Medication reviews are routinely carried out by GPs and in some cases nurses. Many successful models using primary care and community pharmacists have been tested in community-based settings, eg, patients' homes, intermediate care centres, GP practices, community pharmacies, care homes, day centres etc.

## Panel 1: Risks associated with inappropriate use of medicines in older people

- Three out of four people aged over 75 years take at least one prescribed medicine
- 36 per cent of older people take four or more different medicines regularly
- 50 per cent of the total NHS drugs bill is spent on prescribing for older people
- 6 to 10 per cent of total prescribing costs is lost from wasted medicine
- Up to 50 per cent of those with long-term conditions (many of whom are older people) fail to take their medicines correctly
- 5 to 17 per cent of hospital admissions are due to adverse drug reactions, 80 per cent of which are predictable and preventable
- 10 per cent of hospital admissions may be due to older people's inability to cope with their medicines

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## Single assessment process

Standard 2 of the older people NSF requires the NHS and social care to treat older people as individuals and enable them to make choices about their own care. This may be achieved through the single assessment process (SAP), integrating commissioning arrangements and integrated provision of services. The SAP is now the main way used to identify and assess older people's needs. As with any other assessment, a key component of the SAP is the development of a care plan followed by commissioning or provision of services to meet the identified needs.

An assessment within the SAP can be defined as the overall process for identifying and recording the health and social care risks and needs of an individual and evaluating their impact on daily living and quality of life, so that appropriate action can be planned. By this definition, a medication assessment will, therefore, identify and record pharmaceutical care needs and risks, and evaluate their impact so that the appropriate medicines management service and support can be planned. Medication assessments (eg, medicines use reviews and SAP specialist medication assessments) usually start with the patient's needs and it is a means to the end, which is improved outcome for the patient.

All services for older people, including medicines management services, must link into and feed into the SAP to ensure a whole systems approach to care. There is a chance that services provided in isolation will be missed at the care planning stage and adversely affect commissioning of future services.

Medicines are important components in the care of older people and the SAP presents an opportunity to ensure better integration of medication-related needs within overall care plans and service delivery. To achieve this the right triggers to identify medicines management needs must be incorporated into the overall assessment process, supported by a robust formal referral pathway for those identified as needing support. Trigger questions to highlight potential needs in four areas were developed by researchers commissioned by the London Specialists Pharmacy Services and tested by the London Older People Service Development Programme medicines pilot (see Panel 2).

It will be advantageous if all medication assessments incorporate the principles behind these four trigger questions to ensure consistency and standardisation. The questions are already built into the most widely used SAP overview assessment tool. The technique and depth to which they are applied will depend on the expertise and skills of the assessor and the needs of the older person. For example, patients or carers can assess their needs by answering the questions, trained social and health personnel can use prompts to guide their assessment of the patient's needs in the four areas of access, compliance and concordance, day-to-day management and clinical issues. Community pharmacists can assess how patients use their medicines by exploring one

## Panel 2: Four medicines trigger questions

1. Do you need help getting a regular supply of your medicines? — **Access issues**
2. Do you always take all of your medicines the way that your doctor wants you to? — **Compliance and concordance issues**
3. Can you swallow and use all of your medicines and get all of your medicines out of their containers? — **Day-to-day management issues**
4. Do you think that some of your medicines could work better? — **Clinical issues**

or more of areas in more depth (eg, MURs). Specialist older people pharmacists can carry out an in-depth assessment of all areas as part of an SAP for patients with more complex needs. This ensures a structured and uniform approach to pharmaceutical care assessment that is in proportion to the level of need.

## Long-term conditions

The 2005 long-term conditions NSF 2005 aims to transform the way health and social care services support people to live with long-term conditions by improving their health and quality of life, preventing premature death, and reducing the number of emergency visits to hospital. Seventy-five per cent of over 75s suffer from a long-term condition so many older people will benefit from this NSF. The key themes are similar to those in the SAP and include:

- Promotion of independent living
- Care planned around the needs and choices of individuals
- Easier and timely access to services
- Joint working across all disciplines
- Using multidisciplinary teams
- Integrating specialist and generalist advice as well as care across boundaries
- Providing care in the least intensive setting and minimising unnecessary visits and admissions

Supporting people with long-term conditions is a national priority and there are targets to increase the proportion of older people supported to live in their own homes in 2007 and 2008 and to reduce emergency bed days by 5 per cent by 2008. This will be achieved by offering a personalised care plan for people most at risk and improving care in primary care and community settings.

Case finding and case management are care models designed to achieve the standards in the long-term conditions NSF. Case finding is a proactive approach to identifying needs among vulnerable older people who may not be in touch with health and social services. A simple questionnaire or list of criteria is used to assess the risk of functional decline and those at risk are referred for support before deterioration. Such targeted screening

may play an important role in preventive strategies, early identification of problems and appropriate intervention, and help in demand management and service planning. Applied to pharmaceutical care it would involve proactively seeking those older people who may have medicines management needs or associated risks. eg, using the four trigger questions and referring them for required support. Community pharmacists are well placed to find cases of older people who are at risk.

Case management is a proactive, community-based approach to optimise care for older people and ensure the provision of co-ordinated care. High users of health and social care services are targeted, offered comprehensive assessment and short intensive intervention to streamline care and optimise outcomes. It involves the use of a key worker (eg, a community matron or other case manager) to manage and co-ordinate patient care.

For older people with complex social and health care needs, many individuals are involved with medicines support so there is a need for appropriate co-ordination of pharmaceutical care. This may involve having a medicines management "co-ordinator" or case manager to help the patient navigate the system to ensure they can access the service or support appropriate to their needs and enable the right referrals to be made. Pharmacists have the knowledge and expertise to co-ordinate aspects of pharmaceutical support and to be part of multidisciplinary care planning teams advising others such as community matrons and case managers on the appropriate use of medicines. Some primary care trusts are beginning to pilot the use of pharmacists as case managers in cases where medicines management has been identified as the main area of need.

## Conclusion

With increasing new developments in drug therapy to improve health, it is important that older people are supported to use their medicines in the best way to maximise benefits and reduce the risk of harm and wastage. Medication reviews and assessments will help to facilitate this support. However they should not be provided in isolation but should be fully integrated within local care pathways through SAP and case management. This will enable pharmacists to work in partnership with other health and social care personnel and share information appropriately to ensure that older people receive the support and care they need to remain independent in the community.

In the changing NHS, it is vital that the pharmacy workforce embraces these new ways of working, develops new roles and is seen to be making a valued contribution to health care of older people.

## Reference

1. National Prescribing Centre. Medicines management services — why are they so important? *MeReC Bulletin* 2002;12:21–23.