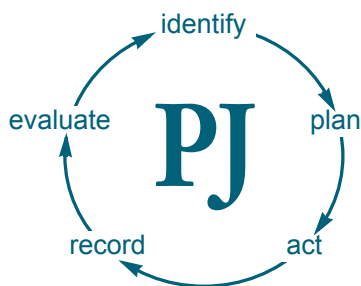


NSF FOR OLDER PEOPLE

(1) WHAT DOES THE NSF FOR OLDER PEOPLE MEAN FOR PHARMACY PRACTICE?

By Susan Livingston, PhD, MRPharmS

This new series looks at the pharmacy aspects of the National Service Framework for Older People. This first article gives a general overview of the NSF and concepts such as the single assessment process and intermediate care



identify gaps in your knowledge

1. List five of the standards of the National Service Framework for Older People.
2. What is the single assessment process?
3. List three key interventions that will help older patients with their medication.

This article relates to the Royal Pharmaceutical Society's core competencies of "issues affecting the profession" and "aspects of the NHS", number 26, July 2002, pp105–6). You should consider how it will be of value to your practice.

National service frameworks are part of Government plans to increase standards and reduce unacceptable variations in health and social services. NSFs set national standards, define service models, put in place programmes to support implementation and establish performance measures to monitor progress. Since a large part of the NSF for Older People describes how the use of medicines for and by older people can be improved, all pharmacists should be aware of the contents of this NSF and decide how they will respond.

Older people are the main users of the national health and social services, but sometimes these services fail to meet their needs. The NSF for Older People¹ was published by the Department of Health in 2001. It has four main aims:

- To make sure that older people are respected as individuals by tackling age discrimination and ensuring that they are treated with respect, according to their individual needs
- To provide a new layer of care ("intermediate care") between primary care and specialist services, to prevent unnecessary hospital admission, support early discharge and reduce or delay the need for long-term residential care
- To provide evidence-based specialist care for older people, eg, specialist stroke services, falls prevention teams and integrated mental health services
- To promote an active and healthy life in older people

Conditions that are significant in older people and associated with older age are specifically addressed. These include stroke, falls and mental health problems. Eight standards for care of older people across health and social services are set out (see Panel 1, p831). These apply wherever the older person is living, whether it is at home, in a residential setting or in hospital. Standard two is based on the concept of person-centred care. This involves making sure that

services meet the assessed need of the older person in a way that values and respects their dignity and privacy. Pharmacists can contribute to person-centred care through identifying and addressing medication issues and getting involved in the single assessment process.

MEDICINES MANAGEMENT

The appropriate use of medicines is a fundamental component of the eight NSF standards and the document "Medicines and older people: implementing medicines-related aspects of the NSF for Older People"² was published alongside the NSF. The document concentrates on medicines-related matters and has two main aims:

- To ensure that older people gain maximum benefit from their medication to maintain or increase their quality and duration of life
- To ensure that older people do not suffer unnecessarily from illness caused by excessive, inappropriate or inadequate consumption of medicines

Panel 2 shows 12 key factors that influence the effective use of medicines in older people as outlined in the document.

The use of medicines increases with age and according to the NSF, four out of five people over 75 take at least one prescribed medicine with 36 per cent taking four or more medicines. The NSF for older people set a milestone that, by 2002, all people over 75 years should normally have their medicines reviewed at least annually and those taking four or more medicines should have a review every six months. The milestone also stated that all hospitals should have "one stop dispensing/dispensing for discharge" schemes. Such schemes encourage a pharmacist to take a drug history on admission, use of patients' own medicines wherever possible, and dispensing of 28 days' medication suitably labelled for discharge. In turn, this can then form a suitable platform for self-administration. Furthermore, by 2004, every primary care group or trust should have schemes in place so that older people get more help from pharmacists in using their medicines.

Dr Livingston is a freelance pharmaceutical writer from London

PANEL 1: STANDARDS OF THE NSF FOR OLDER PEOPLE

Standard one: Rooting out age discrimination NHS services will be provided, regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies to restrict access to available services.

Standard two: Person-centred care NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.

Standard three: Intermediate care Older people will have access to a new range of intermediate care services at home or in designated care settings to promote their independence. National Health Service and local council services will be enhanced to prevent unnecessary hospital admission and effective rehabilitation services will be put in place to enable early discharge from hospital and to prevent premature or unnecessary admission to long-term residential care.

Standard four: General hospital care Older people's care in hospital is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.

Standard five: Stroke The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate. People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service and, subsequently, with their carers, participate in a multi-disciplinary programme of secondary prevention and rehabilitation.

Standard six: Falls The NHS, working in partnership with local councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people. Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through a specialised falls service.

Standard seven: Mental health in older people Older people who have mental health problems have access to integrated mental health services, provided by the NHS and local councils to ensure effective diagnosis, treatment and support, for them and for their carers.

Standard eight: The promotion of health and active life in older age The health and well being of older people is promoted through a co-ordinated programme of action led by the NHS with support from local councils.

The medicines management document outlines five types of intervention that will help support patients and carers in taking medicines: prescribing advice and support, active monitoring of treatment, review of repeat prescribing systems, medication review and education and training.

THE SINGLE ASSESSMENT PROCESS

An important part of delivering the right service to an older person is assessing the range and complexity of their needs. The NSF highlights the fact that assessments of older people are often duplicated by health and social care services. Both the NSF for Older People and the NHS Plan advocate that a single assessment process (SAP) should be in place to standardise assessment procedures. This process is being introduced via NSF implementation teams. It will partly involve assessing use of medicines and, in many cases, pharmacists will be the most suitable professionals to carry out this specialised assessment.

Older people should expect that assessments of their needs begin with their perspective and also focus on their strengths and abilities. The assessment process will also take into account the sup-

port older people receive from their family, friends and neighbours and whether these carers have needs in their own right. After assessment, all older people who receive services will have a care plan which should include the reasons for providing help, the aims and a review date. More information and guidance on the single assessment process can be obtained from the Department of Health website.

INTERMEDIATE CARE

The Government believes that too many older people are admitted to hospital for want of community-based services that would better meet their needs. The concept of intermediate care aims to allow older people to live independently in their own homes. The NSF points out that an essential component of intermediate care services is that they should be integrated within a whole system of care including primary and secondary health care, health and social care and the statutory and independent sectors. It recognises that this new way of working will be challenging to those commissioning and providing the care and will involve complex multi-sectoral work.

A typical intermediate care episode should last no more than six weeks. Many episodes will be shorter and may last only one or two weeks, for example, following acute treatment or a condition such as pneumonia. In certain cases, for example, following a stroke, patients may require intermediate care for longer than six weeks. The individual care plan will usually involve a review within the six-week period.

One of the key ideas behind the intermediate care concept is to encourage cross-professional working, within the framework of the single assessment process, using a single professional record and shared protocols. One important aspect of intermediate care is ensuring medicines are used safely and effectively. According to the NSF, intermediate care providers should "assess and meet the medicines-related needs of older people in rehabilitation services". The SAP can be carried out in any situation to assess the needs of the older person. However, the situation of intermediate care can highlight the problems of cross-professional working — duplication, etc. So, it is important that the care is provided within the framework of the SAP.

This is an area in which pharmacists can get involved. Already pharmacists are becoming part of the multidisciplinary intermediate care team. For example, at Parkside Health in Brent, London, the community rehabilitation team includes a pharmacist who is

PANEL 2: FACTORS INFLUENCING THE EFFECTIVE USE OF MEDICINES IN OLDER PEOPLE

- Many adverse reactions to medicines in older people could be prevented
- Some medicines are under-used in older people
- Medicines are not being taken by many older people
- There is wastage due to inequivalence of repeat prescribing
- Changes in medication are occurring following hospital discharge
- There is poor two-way communication between hospitals and primary care
- Repeat prescribing systems need improvement
- Many medicine labels have inadequate dosage instructions
- Access to the doctor's surgery or pharmacy can be difficult
- The needs of carers are often not properly addressed
- Medication review can minimise drug costs in older people
- Some long term treatments can be successfully withdrawn

involved in ensuring the safe, effective and appropriate use of medicines in the patient's home. Information from medication review visits by the pharmacist is shared with other members of the team as part of patient-centred goal planning.

FUNDING

The NSF describes how the Government is introducing new legislation to allow a new form of agreement between the NHS, pharmacists and pharmacy owners. Local pharmaceutical services (LPS) will be run in a similar way to personal medical services and personal dental services. According to "Pharmacy in the future: implementing the national plan — a programme for pharmacy in the NHS", this will allow pharmaceutical services to be provided under locally tailored arrangements, which will be free from the current restrictions of a rigid remuneration system and terms of service.

Some LPS pilot schemes have already been approved and many involve services for older people. One example is a scheme in Salford, which includes a structured medicines management service for patients over 75 years of age or who are otherwise at risk.

Other innovative schemes have been introduced as additions to the national arrangements such as the Barking and Havering medicines management project for the elderly, where £500,000 of funding was negotiated directly with Barking and Havering Health Authority.

HOW PHARMACISTS ARE INVOLVED

The NSF for Older People highlights many roles for pharmacists in its implementation, as experts in drug management. Detailed medication review by a pharmacist will usually result in a reduction in the number of prescribed medicines. For example, one study showed that for every £1 spent on employing a pharmacist to review patients' medication there was a £2 cost saving.

Many older people obtain their medicines by repeat prescription and this is a particular area where problems can occur. Therefore, review of repeat prescribing is an important target area for pharmacist input. The problems associated with repeat prescribing are also highlighted by the large amounts of unwanted medicines returned to pharmacies. The inequivalence in quantities on repeat prescriptions often means that patients order different items at different times and can easily receive the same medicine on separate prescriptions.

Another common problem is that medicines are often inadequately labelled. A recent audit of prescribing in older people found that a staggering 25 per cent of medicines were prescribed with the dosage instructions "as required" and it is believed that as many as 50 per cent of older people may not be taking their medicines properly. Pharmacists are ideally placed to be involved in making sure that older people and their carers receive more information about the benefits and risks of treatment.

The problems of access to health professionals can become magnified in some older people. Some older people have difficulty getting to the doctors' surgery or pharmacy. These people will also have great difficulty in accessing advice and information about their medicines. Pharmacists could help these patients by providing a domiciliary service.

Another key area for pharmacist input is ensuring that there is better communication between hospitals and primary care. Hospital medication discharge schemes or "one stop dispensing" for discharge schemes are currently being developed and will help to facilitate seamless transition. There is evidence to show that following discharge from hospital changes to medication are frequently made by patients and GPs, and often these changes are unintentional.

The next article in this series concentrates on the pharmacokinetic changes that occur in the ageing body and which can affect drug therapy.

action: practice points

1. Find out what is already happening in your area with respect to helping older patients — are there any relevant health improvement programs (HIIPs) or other local plans in your area which relate to older people?
2. Think about how you could benefit older people in your community. For example, you could organise an event for older people to find out what they want from their community pharmacist.
3. Find out how extended role initiatives are currently funded in your area.

evaluate

How could your learning have been more effective?
What will you do now and how will this be achieved?

REFERENCES

1. National Service Framework for Older People. London: Department of Health; 2001. Available at: www.doh.gov.uk/nsf/olderpeople.index.htm (accessed on 28 May 2003).
2. Medicines and Older People: Implementing medicines-related aspects of the NSF for Older People. London: Department of Health; 2001. Available at: www.doh.gov.uk/nsf/medicinesop/ (accessed on 28 May 2003).

RESOURCES

- For an excellent resource for finding out what is currently going on in your area you can log on to the Pharmacy in the Future website at www.pharmacyinthefuture.org.uk (accessed on 28 May 2003).
- Another helpful and practical source of information is a guide for community pharmacists on implementing the National Service Framework for Older people published by the Pharmaceutical Services Negotiating Committee, in collaboration with the Company Chemists' Association, the National Pharmaceutical Association and the Royal Pharmaceutical Society. The guide is available at the PSNC website (www.psnc.org.uk). The PSNC also provides a web-based database giving examples of extended role initiatives.
- Guidance on the single assessment process. Health Service Circular/Local Authority Circular HSC 2002/001;LAC 2002 (1). Available at: www.doh.gov.uk/scg/sap/hsc200201.htm (accessed on 28 May 2003).