

# review of circulars and OFFICIAL PUBLICATIONS

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*The review this month discusses the National Service Framework for older people, a compendium of clinical evidence, and guidance on consent for examination or treatment*

**T**he National Service Framework (NSF) for older people was issued as HSC 2001/007 on March 27. It sets out a programme of action and reform to deliver higher quality services for older people. This is done through a series of eight standards covering:

- elimination of age discrimination
- person-centred care
- intermediate care
- general hospital care
- stroke
- falls
- mental health in older people
- promotion of health and active life in older age

The document will have a high priority in all National Health Service organisations and is important reading for hospital pharmacy managers who wish to identify service trends as a prelude to developing pharmacy services in response. Specific references to the need to include pharmacists in specialist old age teams, specialist mental health services for older people, “falls” services and stroke teams should be noted. Pharmacists should, however, pay special attention to the accompanying booklet to the NSF, entitled “Medicines and older people — implementing medicines-related aspects of the NSF for older people.” This is a “dream ticket” for the profession and may well prove to be one of the most crucial documents in the development of pharmacy services since the

inception of the NHS. Its strength does not so much lie in the content and issues raised, which will generally be familiar to pharmacists, but in the profile now given to them and the potential role of pharmacists in delivering improved care for the client group concerned. Pharmacy is now well and truly on the general management agenda and the profession must take the opportunity to respond.

The document recognises that almost half the NHS drugs bill is spent on medicines for older people and that adverse drug reactions, many of which are preventable, are implicated in 5 to 17 per cent of hospital admissions, with 6 to 17 per cent of older inpatients experiencing an adverse drug reaction during their stay. The document also notes that as many as 50 per cent of older people may not be taking their medicines as intended and estimates that, for every £1 spent on employing pharmacists to review patients' medication, a cost saving of £2 will result.

Five main types of interventions are recommended to ensure that medicines are prescribed and used appropriately. These are:

- prescribing advice and support to individual prescribers, primary care groups (PCGs) and primary care trusts (PCTs)
- active monitoring of treatment. The potential role of joint health and social care assessments in identifying medicine related problems is noted
- review of repeat prescribing systems
- medication review with individual clients and their carers
- education and training. This includes educating patients, carers, social care staff and health professionals about medication issues

A section on service models sets out programmes of action which should be taken by health authorities, PCGs and PCTs. This document is essential reading for all hospital pharmacy managers.

“Clinical Evidence” is a compendium of evidence on what works in health care. The fourth edition should have been distributed widely to all NHS trusts, health authorities and general practitioners in February. Heads of pharmacy should have received a copy via their chief executive. The fifth edition of the compendium, which is produced by the BMJ publishing group, will be issued in the summer. It is a good reference work on the prevention and clinical treatment of a wide range of clinical conditions. An electronic version is available through NHS net ([www.nelh.nhs.uk](http://www.nelh.nhs.uk)).

“Reference guide to consent for examination or treatment” was issued by the Department of Health on March 30. Guidance on English law concerning consent to physical interventions on patients is provided. These range from major surgery, administering or prescribing of drugs, and assistance with dressing. The guide contains sections on seeking consent, adults without capacity, children and young people, withdrawing and withholding life-prolonging treatment and various exceptions. The guidance relates to consent for physical interventions on living patients and does not cover participation in observational studies, use of personal information or the use of organs or tissues after death. The guide will be of interest to all hospital pharmacists but particularly to those who sit on ethical committees.

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