

NSF FOR OLDER PEOPLE — *a starting point to improve care*

■ By A. B. EWING, MSc, MRPharmS

At last the Government has recognised the importance of medicines management as a fundamental component for the National Service Frameworks (NSFs). The aims of the *NSF for Older People* are to ensure that older people “Gain maximum benefit from their medication to maintain or increase their quality and duration of life” and “Do not suffer unnecessarily from illnesses caused by excessive, inappropriate or inadequate consumption of medicines.”

There is one unique addition to this NSF that further endorses the commitment to quality medicines management, that is, the supplement *Medicines for Older People* in which many pertinent issues are addressed, including:

- increasing the prescribing of under-used medicines (for example, those to prevent stroke or for depression)
- changes to medication following hospital discharge
- poor communication between hospitals and primary care
- medicines not being taken as intended
- preventing adverse reaction to medicines, particularly those resulting in avoidable hospital admission

The supplement also discusses the types of intervention to improve medicines management for older people, such as, prescribing advice and support, active treatment monitoring, reviews of repeat prescribing, and education and training not only for patients but also for carers and health staff. About 5 to 17 per cent of

elderly patients seen in hospitals are admitted as a result of the medication they take. It would be best, as one rationale for the NSF states, to prevent these admissions.

There are three key milestones to be achieved for medicines management.

- 1 By 2002 all people aged 75 or over should have their medicines reviewed annually. Those on four or more medicines should have a six-monthly review.
- 2 By 2002, all hospitals should have a one stop “dispensing for discharge” scheme and, where appropriate, self-medication schemes for older people.
- 3 By 2004, every primary care trust will have schemes so that older people get more help from pharmacists in using their medicines.

Who better to contribute to these aims than pharmacists? Although much of the NSF looks at issues outside the hospital environment, there is a unique opportunity for hospital pharmacists to contribute to the improvement in standards for older people. Together with the aims and objectives of the *NHS Plan — Pharmacy in the Future*, we now have a mandate to reinvent services for older people in a way that has not been possible before.

The NSF states that “*In patients taking medicines known to contribute to falls, medication review can play an important part in falls prevention. Where a patient has fallen, medication review and subsequent prescribing changes have been shown to reduce further falls.*”

Although the NSF specifically highlights several areas of concern, the above is a good example of where hospital pharmacists could contribute more to patient care. The NSF points out that polypharmacy is

a risk factor for falls. This is often overlooked as a cause of a fall. Usually, organic causes are considered first before looking at the possibility of medication being implicated.

Before hospital admission, patients may have purchased medication from their local pharmacy and do not admit this to the ward staff as they do not perceive it to be relevant. This is where ward pharmacists taking detailed medication histories can often uncover problems with medication that have not been considered. Recent changes to regimens, whether this be an addition or the stopping of a medication, can be important.

Detailed medication review is often easier with the patient on a ward. The whole picture of care is available to the pharmacist and the patient can be visited easily on several occasions. Elderly patients are treated in many different parts of a hospital — unlike the opposite end of life where paediatric patients have specialist units for both surgery and medicine. This makes the co-ordination of pharmaceutical care harder. We need specialist pharmacists who can draw together the patients who need the specialist care.

For hospital care to be completely effective, it is vital that all clinical information is passed on to the relevant health care professionals. The NSF highlights that there is an issue about the communication between hospitals and primary care. For years, there have been problems with informing GPs about changes made to medication during a hospital stay. In the 21st century, we should have found an information technology (IT) solution to this. Many hospitals, including my own in Chester, have opted for a single electronic patient record that

will hold all the information about each patient.

This information can be transferred easily to primary care health professionals who have access to the NHS net. This is all very well for doctors and nurses who have ready access to the secure transfer system and can act promptly on the outcomes of the outpatient appointment, diagnostic test or hospital admission. But what is the situation for community pharmacists? Why are they not included in the proposals for the expansion of the NHS Net? This would make routine transfer of pharmaceutical data more secure and much more user-friendly. Many older people use the same community pharmacist regularly and depend on them not only for medication dispensing, but for other information and sometimes for delivery of prescriptions. The post-discharge information about an elderly person’s medication could be sent out to the patient’s usual pharmacy to ensure that the prescriptions issued were in accordance with the agreed changes to medication made during a hospital visit or stay.

We welcome the NSF for older people, but it seems a great shame that now, when we have a framework to help improve the care of older people, and hospitals are expanding their IT services, that these cannot be used to help improve the communication with community pharmacists. The NSF is a good starting point to improve care for older people. We need to build on this with an integrated IT strategy that includes the needs of pharmacists to transfer information across the interface. Hospital pharmacists have an enormous role to play in implementing the NSF for older people — but it will be a challenge!

Miss Ewing is director of pharmacy, Countess of Chester Hospital, and also a member of the Society’s council