

Evaluation of the Consultant Pharmacist Led Medicines Optimisation in Older People's Project: Engagement with Older People, Carers and Staff

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Background

In line with Transforming Your Care¹, between 2012 and 2014 the NHSCT and WHSCT developed and evaluated two new consultant pharmacist led case management medicines optimisation models of care in care homes and intermediate care respectively^{2,3}. In 2015 the DHSSPSNI Change Fund supported rollout of these models across the two trusts to test their robustness and reproducibility. Whilst substantial data were collected on clinical and economic outcomes, there was only a small amount of qualitative service user information. In 2015, Age NI was commissioned to evaluate the patient, carer and staff experience of the Medicines Optimisation in Older People service.

Aims

To engage with older service users in both Trusts who are under the care of the consultant pharmacist led pharmacy teams, so as to:

- gain insight into their experience of this approach
- add value to ongoing evaluations being carried out by the project team
- reflect the patient journey in the process of medicines optimisation

Age NI Peer Facilitators

Age NI has designed and developed a unique programme where older people are recruited and trained in facilitation, listening skills, and report delivery. Once trained, facilitators are engaged in carrying out bespoke, facilitated sessions with older people on key issues including health and social care, poverty and citizenship so that their voices can be heard, and their views and experiences can be used to influence and shape policy and practice on ageing issues.



PATIENTS	CARER	NURSING STAFF
<ul style="list-style-type: none"> • "I didn't know the pharmacist could prescribe medicines but I have often heard it said that pharmacists are supposed to know more than doctors!" • "The pharmacist is a very nice man and I would have confidence in him" • "The pharmacist was always on time and polite, although I may not have been as polite when my medication was being changed" • "It's a very good scheme and everyone should have access to it" • "I definitely know more now about the medicines and what they do...I stopped taking one tablet and this has made a difference because I don't feel faint anymore when I stand up...I feel better in myself" • "Intermediate care is a great place to have everything looked at and sorted before you go home" 	<ul style="list-style-type: none"> • Mum was first admitted just before Christmas and that's when we met the pharmacist. As well as talking in the hospital, she also rang me at home to discuss mum's medication. This was just fantastic – I found it very reassuring to have things confirmed and I know mum did too, even if she wasn't aware of all the detail." • ...would definitely welcome a follow-up call... "It would be very reassuring because if you have any issues you can bring them forward. With mum on 25-30 different medicines reassurance is very important, very much so" 	<ul style="list-style-type: none"> • I have learned a lot from the pharmacist myself, and it is good to be able to look out for side effects of different medications on the residents" (care home) • "It is important for the residents that we all work together to deliver the best service to them as individuals" (care home) • "should have happened ages ago", because of the change in the quality of life she witnessed in the residents." (care home) • "The nursing staff regularly admit patients who definitely need their medications reviewed. Because the pharmacist is on site they can review that patient straight away. The pharmacist also has access to the GP and is able to discuss the patient's prescription with him/her" (IC)

Figure 1: Peer Facilitator Interview Findings

Project Timeline

- ✓ JAN '16: Project Initiation Meeting
- ✓ FEB'16: Peer Facilitation Briefing
- ✓ FEB'16: Preparation of brief for service users and carers
- ✓ FEB/MAR '16: Facilitation of engagement sessions with service users and carers
- ✓ APR '16: Analysis of findings and compilation of report

Table 1: Numbers of Service Users Interviewed by Peer Facilitators

	WHSCT	NHSCT
Patients	12	4
Carers	0	1
Staff	9	2
Total	21	7



Age NI Recommendations

Age NI made the following recommendations based on their engagement with older people, carers and nursing staff in this project:

- ✓ Age NI supports the person centred approach demonstrated by the consultant pharmacist led pharmacy teams in the medicines optimisation project, and believes this to be a fundamental aspect in the delivery of excellent care to older people. The role of the specialist pharmacist in care homes and community hospitals should be adequately funded and provided in healthcare settings throughout Northern Ireland.
- ✓ Older people and those caring for them should be included in discussions about their medicines, and information and support provided to make sure they are fully aware of the medicines they are taking, including side effects, so that any issues can be raised easily, and at an early stage.
- ✓ It is crucial that participation and engagement are factored into any project from the beginning. The use of the peer facilitator model of engagement has ensured that the voices of older people who are in care homes or on hospital wards can be heard, and can influence decisions about their care.
- ✓ Systems should be in place to ensure that the medical and pharmaceutical needs of older people are regularly reviewed and are appropriate for them at any given time.

REFERENCES

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