

CONFERENCE ABSTRACT

An Independent Service User Evaluation of a Consultant Pharmacist Led. Medicines Optimisation in Older People's Project

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Introduction: In 2012 the Western Health and Social care Trust (WHST) and the Northern Health and Social Care Trust (NHSCT) developed two new consultant pharmacist-led medicines optimisation case management models of care in both the intermediate care and care home settings. These two models have been refined and reproduced in each of the two trusts.

The older people charity '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 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.

Aims: To engage with older service users in both Trusts 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; and reflect the patient journey in the process of medicines optimisation.

Target Population: In 2016 the Medicines Optimisation in Older People project team leads engaged with Age NI to conduct an independent evaluation from the patient perspective of these new pharmacy services. Peer facilitators interviewed patients, carers and nursing staff in intermediate care and care homes to gain an insight into their experiences.

Project Timeline: A Project initiation meeting was held in January 2016 with service users interviewed by Age NI peer facilitators February/March 2016 and a final report produced in May 2016.

Highlights: Age NI reported that this project highlighted the importance of person centred care, and the impact of it on the individual. Each respondent spoke very positively about their personal interaction with the pharmacist, and how this made them feel. The fact that the pharmacist spent time talking to people, getting to know them and their families/carers created an excellent basis on which to open up dialogue and discussion about medication and

health. Accessibility to a pharmacist created a profound sense of reassurance for carers. Having a consultant pharmacist led pharmacy team on hand to look at the individual medicine requirements of each older person ensured more time for the nursing teams to focus on caring for the older person in both the care homes and intermediate care settings.

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

'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.'

The Department of Health in Northern Ireland has since provided permanent funding to roll out this medicines optimisation service from April 2017.

Keywords: medicines optimisation; evaluation; consultant pharmacist
