Case Study Summary Northern Ireland (UK)

Summary

Population projections for Northern Ireland (NI) predict a marked increase in the number of people aged 65 and over which is projected to increase by some 44% in the period 2014 to 2029 and by 74% by 2039. The priority in NI is to embed personalised care into daily healthcare practice for frail older people. The strategic direction includes a focus on: preventing disease progression, providing self-management care, personalised health care, optimising appropriate telehealth, improving prevention, early detection and risk prediction measurements and, importantly, involving older people as partners in care.

Many older patients have multiple co-morbidities, experience polypharmacy and complex social care needs. In NI, an integrated pharmaceutical care service was established, introducing a consultant pharmacist role tasked with case managing older persons. The consultant pharmacist leads a specialist team working at the acute, intermediate and community interfaces where they can act as medicines advocates for the older, vulnerable patient population with complex medicine needs while remaining an integral part of the multi-disciplinary healthcare team.

Characteristics of the case study

Name of the programme

A Regional Model for Medicines Optimisation in Older People

Locality/region and country

NI is a constituent country of the United Kingdom of Great Britain which is situated in the northeast of the island of Ireland. It has a population of approximately 1.8 million people, with two-thirds of these located around the capital city in the Greater Belfast area. NI has a single large commissioning body, the Health and Social Care Board, and five large health and social care trusts (HSC trusts) responsible for the delivery of primary, secondary and community health care. (Figures 1a & 1b)

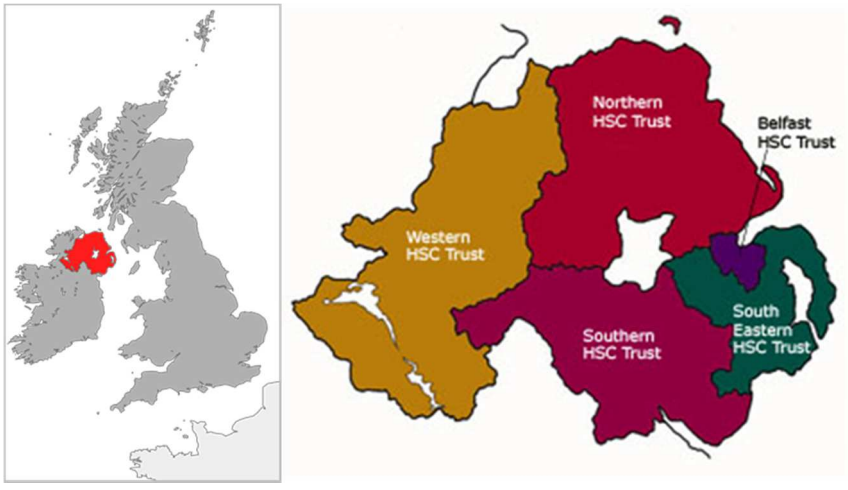

Figure 1a: Map of NI in relation to rest of UK. Figure 1b: Location of HSC Trusts within NI & Ireland

This document is part of the SIMPATHY project (663082) which has received funding from the European Union's Health Programme (2014-2020)

Health care system overview

Northern Ireland (NI) has a single, publicly-funded, integrated health and social care system. The annual budget is in the region of £4.8bn.

The Department of Health (DH)[1] is responsible for promoting an integrated system of health and social care designed to secure improvement in the physical and mental health of people; prevention, diagnosis and treatment of illness; and social wellbeing of people in NI. It endeavours to do so by:

- Leading a major programme of cross-government action to improve the health and well-being of the population and reduce health inequalities within NI Programme for Government. This includes interventions involving health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and well-being. The aim is to support the population to increase their engagement in ensuring its own health and well-being; and
- ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and General Medical Practitioner (GP) surgeries, and in community settings through nursing, social work and other professional services.

The DH under direction of the Minister of Health and the Legislative Assembly (with responsibilities devolved to it from the UK central government) sets policy direction and the legislative framework for the service.

Programme aims and objectives

The ultimate aim of the programme is to develop, test and scale up a Regional Model for Medicines Optimisation in Older People in intermediate care and care home settings within the Northern and Western Trusts of NI. Whilst the primary focus of the work will be to demonstrate similar or further improved outcomes from the current models, reproduced in two Trusts, this project will not work in isolation. The second aim of this work will be mapping out the processes in place for medicines optimisation in older people across all healthcare settings.

Institutions included in case study

Department of Health (DH); Policy and Strategy lead for healthcare in NI

The DH is one of 12 government departments created as part of the NI Executive. It is responsible for health and social care, public health and public safety for the NI population of 1.8m people. It is included as the strategy and policy lead of health and social care in NI.

Western Health & Social Care Trust (WHSCT)

The Trust provides services across 1, 870 square miles of landmass and delivers services from a number of hospitals, community based settings and, in some cases, directly in individuals' homes, to a population of approximately 300,000 people.

Northern Health & Social Care Trust (NHSCT)

The NHSCT provides a comprehensive range of health and social care services to a population of almost 436,000 people across a geographical area of 1,733 square miles.

[1] Department of Health (DH) formerly titled Department of Health, Social Services & Public Safety (DHSSPS)

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Both Trusts were included as they are the main sites for the delivery of the programme of care being considered in the case study.

Managerial and policy highlights of the programme

The consultant pharmacist-led pharmaceutical care service for older patients was originally instigated in 2 Trusts (NHSCT and WHSCT) in NI in 2012. The programme of care is constantly evolving and proving to be reproducible within the Trusts involved. The positive outcomes from the programme mean that it is now likely to be rolled out on a regional level to all 5 Health Trusts, throughout NI between 2016 and 2019.

Moving from importance to urgency

The programme of care was launched as an urgent response to the needs of an increasingly ageing population and the resultant pressures placed on all medical resources. This allied to the evidence that a considerable percentage of hospital admissions were due to medication errors and adverse events meant that a joined up approach with direct access to all stakeholders was important. To maintain the sense of urgency the importance of steering the direction of travel needed to be emphasised. The role of the consultant pharmacist in delivering a specialised service was recognised as an important element in the process as well as including all stakeholders from the outset to ensure that everyone bought into the programme of care being delivered from the beginning and that they influenced the direction of travel.

It is vital that any response is coherent and effective as it must be sufficiently organised and supervised to ensure that all aspects are delivered as core practice. This is the integral sense-making part of the programme where the stakeholders come together to organise the practice to ensure the successful delivery of the programme of care.

Creating teams and strategic vision

The collective vision was that the consultant-led pharmacist pharmaceutical care of older people would be scaled up to become routine practice throughout the specific region of NI. There was a clear need for a strategic vision at the implementation stage of the programme of work.

Communicating the vision became vital to making sure that the team was motivated and able to champion the programme of care. One of the initial goals was the establishment of an impetus to ensure that barriers to the successful implementation of the programme were either removed or reduced to manageable proportions. Staff involved with the programme of change became empowered when successful outcomes and meaningful patient experiences were accomplished.

It became clear that the project had to fully involve all participants within the highly structured organisation represented by each HSCT to ensure that the delivery of the programme of care responded to the identified target group. The fact that the intervention model was likely to be complex should not hinder its chances of success if there was sufficient cognitive participation from all parties. The key informants emphasised the need to engage all stakeholders in the programme of care from the outset and to ensure that all stakeholders were working together to drive the programme forward.

Creating practice models

At this stage, accountability had to be built into the process for confidence to grow in the overall programme of care. It was, therefore, important that the correct allocation of work was made

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amongst the workforce and that correct policies and procedures were in place. The only means by which the project could hope to succeed was through the delivery of a model of practice which collectively defined and organised responses defined by need. For successful delivery of this programme of care, the healthcare team needed to communicate and be cognisant of barriers which might affect their shared direction of travel.

Building sustainability

The programme had to be delivered in such a way as to engender confidence in initial positive feedback. It was of upmost importance to create short term wins to gain momentum and drive the programme of care forward. The programme of care team met regularly and these meetings served not only as a forum to inform the team of progress and outcomes to date but also to brainstorm and overcome emergent barriers. An additional unexpected benefit of these meetings was their value as a motivational tool for sustaining and directing the efforts of the project team.

Monitoring of the programme delivery was a necessity built in as an integral component from the outset. This helped to define and organise the assessment of all aspects of the programme of care from practice to assessed outcomes. It was recognised by all the key informants that a transparent monitoring process was integral to successful implementation of a regional scale-up of the programme of care.

As a direct result of the success of the project to date, the two consultant pharmacists who drive the programme have become recognised as key personnel in the tailoring of care for the target group on a regional and national basis.

All stakeholders recognised and acknowledged that accountability was key to sustainable change in healthcare for the elderly.

Conclusions

As we rise to the challenge of an ever-increasing ageing population taking multiple medications for multiple long-term chronic conditions, we have learned that we can use a structured change model or process theory to assist in achieving sustainable change. As we seek to improve the quality of care received by this population, implementation of a consultant-pharmacist-led pharmaceutical care programme was recognised as a dynamic intervention which could not only improve patient outcomes but also provide financial benefits to the healthcare sector.

Optimising the health benefits from medicines is an important enabler of active and healthy ageing in Northern Ireland. In March 2016, the Department of Health published a Medicines Optimisation Quality Framework (MOQF) to help people to gain the best possible outcomes from medicines[2]. There is a formal policy commitment to implementing the Framework through an innovation and change programme which seeks to develop, test and scale up best practices to support a national medicines optimisation model. The model outlines the activities that people can expect when medicines are included in their treatment in four key settings of hospital, general practice, community pharmacy and social care. Implementation commenced on 1st April 2016 with an immediate focus on supporting appropriate polypharmacy and improved adherence in older people through the scale up of the older person's model featured in the Northern Ireland case study.

[2] https://www.dhsspsni.gov.uk/sites/default/files/consultations/dhssps/medicines-optimisation-quality-framework.pdf

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