

Healthcare Improvement Scotland draft Standards for Ageing and Frailty

How far do you agree that these standards will support early intervention and prevention for older adults who may be at risk of frailty as they age? *

Strongly disagree

Slightly disagree

Neither agree nor disagree

Slightly agree

Strongly agree

Don't know

Please tell us why you think this.

How successful they will be is linked to the extent to which there is engagement with patient groups, staff and organisations to raise awareness of the standards and identify and address any gaps in education and training in order to consistently deliver.

How far do you agree that these standards will ensure that older adults who may be at risk of frailty as they age have choice, autonomy and ownership of their life and their care?

Strongly disagree

Slightly disagree

Neither agree nor disagree

Slightly agree

Strongly agree

Don't know

Please tell us why you think this.

The language in some of the standards remains paternalistic in tone, many criteria informing, rather than involving; and a lack of recognition of respecting patient's wishes and goals within the co-produced care plans.

How far do you agree that these standards will ensure older adults who may be at risk of frailty as they age experience a palliative care approach that helps them to live well with deteriorating health? *

Strongly disagree

Slightly disagree

Neither agree nor disagree

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Slightly agree

Strongly agree

Don't know

Please tell us why you think this.

We agree that this standard is included in these standards however, palliative and end of life care principles are covered more comprehensively in other publications.

Do you have any general comments on the standards? *

Yes

No

If yes, please give details.

The Royal Pharmaceutical Society welcomes the opportunity to provide feedback on the update to these standards. We are the only professional body to represent the pharmacy profession practicing across all settings. To facilitate implementation of the standards it will be important to engage with healthcare professionals, including community pharmacists, who practice in primary care. Community pharmacy teams have positive therapeutic relationships with people in their communities, especially with older people who may also be frail. It will be important to ensure that community pharmacists, who are independent contractors within NHS Scotland, have the necessary training and engagement to make them aware of the standards and how they can implement them. Healthcare Improvement Scotland may wish to engage with pharmacy groups and the Royal Pharmaceutical Society team in Scotland would be delighted to enable those opportunities to take place.

Pharmacists practicing in general practice and in secondary care will contribute to the care of older people and those with frailty, both as part of multidisciplinary teams and as advanced pharmacists caring for case loads of patients, undertaking medication reviews and managing long term conditions.

These standards are on the whole profession agnostic and we believe that pharmacists should be a named professional, providing leadership on the use of medicines within this patient population.

Would you like to give more detailed feedback on any of the individual standards? (select)

All of the standards

None of the standards specifically

Standard 1: Service design

Standard 2: Identification and assessment

Standard 3: Person-led care coordination and future care planning

Standard 4: Support for staff and care partners

Standard 5: Keeping active

Standard 6: Nutrition and hydration

Standard 7: Medicines management

Standard 8: Living and dying well

Standard 9: Care in hospital

~~Standard 10: Delirium, dementia, and cognition~~

~~Standard 11: Mental health~~

Standard 1: Service design

8. Do you agree with Standard 1: Service design?

Strongly disagree

Slightly disagree

Neither agree nor disagree

Slightly agree

Strongly agree

Don't know

Please tell us why you think this.

We are supportive of the ambition for integrated care and believe that this should include care provided by independent contractors to the NHS including community pharmacists.

9. Do you think that there are any necessary changes to Standard 1: Service design that the Development Group should consider?

Yes

No

If yes, please give details.

Standard 1.6 could be further developed into a call for a single digital shared patient record with read and write access for staff across the health and care system.

Standard 4 Support for staff and care partners

8. Do you agree with Standard 4

Strongly disagree

Slightly disagree

Neither agree nor disagree

Slightly agree

Strongly agree

Royal Pharmaceutical Society Consultation Response

Don't know

Please tell us why you think this.

9. Do you think that there are any necessary changes to Standard 4 that the Development Group should consider?

Yes

No

If yes, please give details.

All care staff should have training on medicines management including good practices on safe and secure handling of medicines and safe administration of medicines where appropriate to job role.

Standard 6 Nutrition and hydration

8. Do you agree with Standard 6?

Strongly disagree

Slightly disagree

Neither agree nor disagree

Slightly agree

Strongly agree

Don't know

Please tell us why you think this.

The standard fails to describe the importance of hydration to prevent infections such as urinary tract infection (UTI).

9. Do you think that there are any necessary changes to Standard 6 that the Development Group should consider?

Yes

No

If yes, please give details.

The standard should be adapted to include the necessary details around the importance of hydration to prevent UTI. The Scottish Urinary Tract Infection Network (SUTIN) launched the National Hydration Campaign to convey the public health benefits of hydration in terms of UTI prevention. NHS NSS issued a number of materials which remain available here [National Hydration Campaign Materials](#) | [National Services Scotland \(nhs.scot\)](#) and includes information aimed at preventing UTI in older people. These resources should be referenced within these standards and healthcare professionals signposted to the educational resources.

Standard 7 Medicines management

8. Do you agree with Standard 7?

Strongly disagree

Slightly disagree

Neither agree nor disagree

Slightly agree

Strongly agree

Don't know

Please tell us why you think this.

We strongly agree that a standard on medicines management is an essential inclusion as a vital aspect of healthcare for the older population, with medicines being the most common intervention in healthcare.

9. Do you think that there are any necessary changes to Standard 7 that the Development Group should consider?

Yes

No

If yes, please give details.

There is no reference to polypharmacy within the rationale of Standard 7 though the term is referenced within the meaning for the standard. Addressing harmful polypharmacy in the frail population is a vital public health intervention. The rationale section would benefit from a definition of polypharmacy and the evidence base developed to address the harmful impacts.

Patient preferences and consideration of the patient's treatment goals are not described within Standard 7 and is a fundamental aspect of realistic medicine principles.

In the second to last paragraph, the standard combines a sentence on unwarranted prescribing of antibiotics and then is immediately followed by a sentence stating that unwarranted prescribing reduces harmful effects of climate change. We suggest splitting these sentences into two paragraphs – the first expanding on the necessary messaging surrounding antimicrobial resistance e.g. following local infection management guidelines and careful assessment of symptoms to determine need for antibiotics. Be alert to antibiotic course length, particularly use of antibiotics for UTI prophylaxis. The second paragraph could then briefly expand on the impact of unwarranted prescribing on climate change – one sentence oversimplifies the message and risks being lost within the wider standard.

Criteria 7.1 We suggest that the most appropriate healthcare professional to undertake any annual person-centred medication review is a pharmacist.

Criteria 7.3 We suggest that the standard should be a vehicle to drive improvement and therefore suggest that the single pharmaceutical care plan be hosted within a single digital shared patient health record and that staff across the healthcare system have the ability to read and write to the record.

Criteria 7.5 We agree that pre-operative assessment is an appropriate place to identify patients for polypharmacy review, however we need to be mindful that medication could change post-

operatively, therefore pre-operative assessment may not be the most appropriate setting to undertake a full 7-step polypharmacy review. Referral for the review at a more appropriate point in the patient's recovery may be more beneficial.

Criteria 7.6 We suggest that having an appropriate supply of medicines is not only important at discharge from hospital. Consider amending the wording to reflect that organisations should have systems in place to ensure patients have an appropriate supply of medication at any transition between care settings.

Criteria 7.7 An additional bullet point here should describe the importance of patient goals in determining a treatment plan.

Criteria 7.9 Further clarity on the meaning of this standard is required. Which changes, communicated in which way, to which members of the multidisciplinary team and to achieve which aim?

Criteria 7.12 People who are dying have a medicines review and appropriate decisions are made about stopping treatments and associated monitoring.

Criteria 7.13 Suggest additional bullet: care partners receive appropriate information about the appropriate treatment, including when a non-pharmacological approach is most beneficial.

People meaning: suggest adding a bullet point that a medicines review will also take place if their clinical condition changes.

Organisation meaning: we suggest amending the sentence "Staff have systems and processes in place to identify, undertake and action recommendations from seven-step polypharmacy reviews"

Examples: in line with Criteria 7.3 we suggest amending the line for "electronic pharmacy records accessed across care settings" to read "a single shared electronic patient health record with read and write access across care settings".

Standard 8 Living and dying well

8. Do you agree with Standard 8?

Strongly disagree

Slightly disagree

Neither agree nor disagree

Slightly agree

Strongly agree

Don't know

Please tell us why you think this.

9. Do you think that there are any necessary changes to Standard 8 that the Development Group should consider?

Yes

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No

If yes, please give details.

Inclusion of a bullet point: careful consideration regarding treating infections to prevent unintended adverse effects. Refer to <https://www.sapg.scot/guidance-qc-tools/good-practice-recommendations/antibiotics-towards-the-end-of-life/>

Standard 9 Care in hospital

8. Do you agree with Standard 9?

Strongly disagree

Slightly disagree

Neither agree nor disagree

Slightly agree

Strongly agree

Don't know

Please tell us why you think this.

9. Do you think that there are any necessary changes to Standard 9 that the Development Group should consider?

Yes

No

If yes, please give details.

Criteria 9.4

- Independence (including self administration of medicines where appropriate)

Do you feel that anything is missing from the standards? *

Yes

No

If yes, please give details.

We are the Royal Pharmaceutical Society, the professional membership body for pharmacists and pharmacy.

Our mission is to put pharmacy at the forefront of healthcare.

Our vision is to become the world leader in the safe and effective use of medicines. We promote pharmacy in the media and government, lead the way in medicines information, and support pharmacists in their education and development. We develop professional guidance and standards

to support pharmacists in their professional practice and these may be useful references for the standards or indeed, as support for implementation. These include:

RPS Standards and Guidance [Professional Standards & Guidelines for Pharmacists | RPS \(rpharms.com\)](#):

- Hospital Pharmacy Standards
- Polypharmacy
- Daffodil Standards
- Antimicrobial resistance
- Care Homes
- Medication review
- Transfer of Care