

## Exploring the Perceived and Potential Medicines Optimisation Role of Pharmacy for Young People with Long-Term Conditions, Through the Case Study of Juvenile Arthritis

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### KEY FINDINGS AND RECOMMENDATIONS – MAY 2016

#### Aim and Methods:

The aim of this project was to explore the current role, the potential role, and the needs of pharmacists to deliver services to young people with juvenile arthritis. We have considered the needs of young people aged 10-24. A sequential consensus-building study design was employed. Eighteen community and hospital pharmacists took part in four idea-generating focus groups across Great Britain. Fifteen stakeholders from the pharmacy and rheumatology community who took part in semi-structured telephone interviews. Thirteen pharmacists and 13 rheumatology staff members took part in three final discussion groups, where members individually - and as small multi-professional groups – rated and prioritized the ideas of the focus group pharmacists and stakeholder interviewees. Two advisory young people’s group meetings were convened towards the end of the project; they commented on the preliminary thematic analysis, and reported their broader experiences of their engagement with pharmacists.

#### Key Findings:

A strong theme was the need for pharmacists to **develop skills in talking to young people and parents**. These skills included: gauging the level of engagement of the young person with conversations about medicines; managing the input of parents without excluding them, and tailoring information in a developmentally-appropriate way. **Better information flow between community and hospital pharmacists** was needed. One area often cited was the sourcing of ‘specials’ by community pharmacy. **Development of specialist expertise among pharmacists** was discussed. Participants felt that it was more workable to develop the specialist role of the hospital pharmacist and then for community colleagues to be able to call on them for advice. Despite service pressures, participants agreed that the **hospital pharmacist should be better integrated within the rheumatology MDT**. Some rheumatology stakeholders described innovative examples of working, including a move to pharmacist prescribing in a rheumatology clinic. **Pharmacists could help to co-ordinate supplies of medicines**. Many young people might be accessing medicines for their juvenile arthritis through several channels; good communication was needed. All the rheumatology teams prioritised **the role of community pharmacy in developing ‘general healthcare system’ skills**, whilst none of the pharmacy groups did so. There was also significant discussion about the challenge of facilitating self-management.

#### Recommendations:

##### **Pharmacists should:**

- Build communication skills and confidence with young people and their families
- Understand the specific demands for a young person in the context of their health and health care and everyday life
- Recognise that information from specialist teams may be needed as part of the clinical check
- Build confidence in taking consent from young people in order to properly offer services like Medicines Use Review, and revise policies to allow collection of prescription medicines by ‘expert’ young people who have the necessary skills
- Adopt the principles of ‘young people friendly services’ like ‘You’re Welcome’ (England) and Walk the Talk (Scotland)
- Involve the whole pharmacy team in this process

##### **The Wider Healthcare Team should:**

- Meaningfully integrate the pharmacist within your culture and processes
- Routinely document a nominated community pharmacy where copies of information can be channelled, with YP consent
- Ensure that information flows to the nominated community pharmacist about specialist medicines
- Ensure that community pharmacists have a point of contact in the hospital MDT for medication queries
- Raise awareness with young people and families in transition programmes that the pharmacist is available to them, and can help them with general health system skills and their medicine queries

##### **Pharmacy and Healthcare Policymakers should:**

- Improve education for pharmacists (at undergraduate and post-qualification stages) about young people’s health, and how adolescent development impacts upon medicine-taking and decision-making
- Include young people’s health in foundation and advanced practice frameworks
- Give further guidance about consent for medicine-related activities to facilitate more engagement

##### **Young People and Families should:**

- Think about pharmacy as a medicines information resource
- Build a relationship with a local community pharmacist who can help you with your medicines
- Agree a process for independent prescription ordering and collection with your pharmacy team