

Supporting family carers of older people in community pharmacy: a review of guidelines and qualitative study

Principal investigator: Felicity Smith; **Lead researcher:** Liz Jamieson; **Review team:** Richard O'Neill, Jill Craigie, Sarah Edwards; **Other collaborators:** Ashok Soni, Nina Barnett, Asha Katwa, Sharleen Rudolf

KEY FINDINGS AND RECOMMENDATIONS – February 2016

Aims and Methods:

Our aim was to improve understanding of the current and potential roles of local community pharmacy services in supporting carers who assist older people with their medicines. Stage 1 was a review and analysis of legal and ethical documents that might provide guidance for pharmacists when supporting carers of older people. For stage 2, interviews were conducted with 18 family carers, and 12 pharmacists and other health/social care professionals, in order to obtain carers' understanding and experience of pharmacy services and to find out how professionals interpret the law and professional guidance.

Key Findings:

The review found a lack of policy guidance on how community pharmacists should involve carers, particularly when there might be conflicting responsibilities to both patients and carers. People who help others with medicines do not always see themselves as carers and pharmacists do not always know who helps patients with medicines. Identification protocols for carers were not in place in pharmacies nor did pharmacies have a systematic method of recording carer status. This is compounded by the fact that pharmacists work in isolation from the health care team and do not have access to healthcare systems. More guidance exists for GP surgeries.

Community pharmacists often see the carer but not the patient, and the interview data showed that consent was not being obtained routinely from patients to share medicines information with carers. Policy guidance does not cover how pharmacists should obtain or record consent. Carers may use several pharmacies and patients may have multiple carers. Most pharmacists said they were 'vaguely familiar' with the guidance, and reported no recent training. Patient confidentiality and capacity were not well understood. There was a general lack of awareness by patients and carers of the role of pharmacy services.

Recommendations:

A definition of carer is required that is helpful for pharmacy staff such as "a person who assists someone else with their medicines in any way". This definition may also encourage people to seek help and advice even if they do not identify themselves as a carer. Pharmacies could also collaborate, and possibly share records, with GP practices, where systems and approaches to identify carers are being developed. In the pharmacy, one method might be to formulate triage questions. Community and hospital pharmacy IT systems could include a field for recording details of people who have medicines responsibilities.

Raising awareness of how pharmacies could help those who help others with medicines could be aided by increasing self-identification using local and national campaigns, voluntary organisations, libraries, local council websites and social media. Pharmacists could be more proactive in offering support to people who help others with medicines.

Further research is needed to develop feasible methods and a suitable tool for **pharmacists to obtain consent to share information when the patient is not present.**

Pharmacists would benefit from more detailed **guidance** as part of the code of ethics as to how they can support people who help others with medicines. This could be developed with the RPS and GPhC. **Bespoke training programmes** for pharmacists could be developed using existing programmes where possible. Subjects could include consent, confidentiality, information sharing and capacity. Training could be online, face to face or run as a CPPE workshop, in the form of case studies or scenario-based. **Peer mentoring groups** could be developed.