Pharmaceutical Needs Assessment Potential Pharmaceutical Needs across the Lifecourse

Appendix D



Potential Pharmaceutical Needs Across the Lifecourse

Part 1 - All Ages

The public health issues of dental health and healthy weight extend right across the lifecourse.

Everyone will experience minor illness at some time of their life, and the pharmacy has been promoted as the 'first port of call'.

A long-term condition may be diagnosed at any age; although more prevalent in later life, the effects are profound on individuals and families at any stage of life.

Sadly, some conditions in childhood may also be life-limiting and so end-of-life care should also be a priority across the lifecourse.

Age group	Need	Relevant Pharmacy Service/s
All ages	Dental health Management of long-term conditions	 Sale of dental health aids e.g. toothpaste, floss, mouthwash Advice about sugar-free medicines Screening services Medicines Use Review New Medicines Service Prescription intervention Condition-specific services e.g. inhaler technique Repeat dispensing service Influenza vaccination
	Treatment of minor ailments	Minor ailments servicesSale of non-prescription medicines
	Healthy weight	Weight management
	End of life care	Palliative therapy services

Part 2 - Pre-Conception & Pregnancy

Possibly the first time that a previously healthy young woman has interacted with the health services. An anxious time where fertility or an unplanned pregnancy may equally be the issue. A crucial time for making connections and supporting new parents (mothers <u>and</u> fathers). Parental health behaviours have a profound effect on their children (e.g. research on smoking).

There is some research to suggest that once a young woman becomes pregnant, less attention is paid to future unsafe sex and the risk of STI transmission so these are important ongoing messages. The risk of a further quick unplanned pregnancy is also there, so ongoing contraceptive needs should be assessed if this is not desired.

Pregnancy in the context of a long-term condition, especially where potentially teratogenic medicines are being taken (e.g. epilepsies), need specialist advice and the pharmacist can make that link.

Pharmacies sell many pregnancy and early childhood-linked products, so there are many opportunities for contact about broader health issues.

Age group	Need	Relevant Pharmacy Service/s
	Pre-conception health	 Sale of folic acid Weight management Alcohol IBA / referral to services Smoking cessation Advice for drug misusers – referral to specialist services STI testing
Pre- conception and Pregnancy	Pregnancy confirmation	 Sale of pregnancy tests Pregnancy test service Referral to midwife STI testing
	Effects of long-term medicines taken by the mother	 Clinical medication review Medicines Use Review New Medicines Service Prescription Intervention Advice for drug misusers – referral to specialist services and supervised consumption
	Vaccination (e.g. whooping cough)	Vaccination services
	Birth planning	 Hire of TENS machines Sale of complementary therapies Signposting to antenatal classes

Part 3 - Childhood (Birth – 11 years)

An anxious time for new parents. Self-medication for minor ailments, and distinguishing between the minor and major is a new and onerous task. Research has shown that parents can be vague about the correct dosage of basic children's medicines like paracetamol, and that they may not engage with dosage changes as the child grows. Dosing for children who were premature babies should also be carefully calculated.

Having a child diagnosed early with a long-term condition is also stressful, and support from the pharmacist could be appreciated alongside specialist care.

Early health behaviours could set a pattern for life, so healthy teeth and healthy weight are good areas of discussion during this stage.

There is an intensive vaccination schedule associated with childhood, and pharmacy may be able to provide information and encourage uptake.

Parental mental and physical health should also be monitored as the relationship allows.

Pharmacies sell many early childhood-linked products, so there are many opportunities for contact about broader health issues.

Age group	Need	Relevant Pharmacy Service/s	Need across Childhood	Relevant Pharmacy Service/s
	Breastfeeding / Nutrition	 Sale of infant formula Sale of treatments for breastfeeding side-effects Signposting to groups and advice Healthy Start Vitamins 	Accidental injury	 Medicines disposal Needle exchange Sale of child safety aids Minor ailments services Sale of non-prescription medicines
Birth-12 months	Infant deaths / Stillbirth	Minor ailments serviceAdvice about SIDS (sleeping position, smoking)	Family Smoking	Smoking cessation
	Prematurity	Advice on medicines use in pre-term babies, including non-prescription medicines	Growth and Development Healthy weight (parents)	Signposting to adviceWeight management
	Contraceptive advice for mother	Emergency contraceptionContraception adviceSale of condoms	Parenting support	 Signposting to community resources Advice about non-prescription medicines
	Parental mental health (e.g. postnatal depression)	 Signposting from sale of relevant non- prescription medicines (sleep aids, complementary therapies) Referral to specialist services 	Vaccination	Influenza vaccination servicesSignposting
Preschool Up to 5 years	Nutrition Sports injuries	 Healthy Start Vitamins Minor ailments services Sale of non-prescription medicines 		
Primary School 5-11 years	Sports injuries	Minor ailments servicesSale of non-prescription medicines		

Part 4 – Adulthood (12-59 years)

Adolescence - most young people thrive and take on adult responsibilities but some have more health service needs due to:

- Unintentional Injury (principally road traffic accidents)
- Diagnosis of a long-term condition
- Development/emergence of a mental health problem
- Adoption of health risk behaviours (which often cluster) e.g. smoking, alcohol use, unsafe sex

Young Adulthood – major transitions into work, new relationships and parenthood – but more young adults now stay with parents for longer, and adolescence may be prolonged

Middle Adulthood – consolidation of families, new parenting challenges as children move through adolescence and young adulthood, and middle adult's own health risk behaviours or hereditary risk factors may start to manifest in long-term conditions e.g. high cholesterol, smoking-related disease, hypertension

Age group	Need	Relevant Pharmacy Service/s	Need across Adulthood	Relevant Pharmacy Service/s
	Accidental injury	 Signposting Medicines Use Review (medicines and driving) 	Alcohol use	Alcohol IBAReferral to specialist treatmentSignposting and advice
Adolescence 12-19 years	Sports injuries	Minor ailments servicesSale of non-prescription medicines	Drug misuse	Advice and signpostingNeedle exchangeSupervised consumption
	Transfer of responsibility for medicine-taking	Medicines Use ReviewNew Medicines Service	Exercise	Signposting to community resources
	Vaccination	Signposting for boostersHPV vaccination	Mental health	Signposting from sale of relevant non-prescription medicines
Young Adulthood 20-35 years	Accidental injury	SignpostingMedicines Use Review (medicines and driving)		(sleep aids, complementary therapies)Referral to specialist services
Middle Adulthood	Healthy families	For parents – drug misuse, smoking, alcohol advice	Sexual Health / Pregnancy	Emergency ContraceptionSTI testing (including chlamydia)
36-59 years	Sexual health	 STI testing (including chlamydia Contraceptive advice Sale of condoms Erectile dysfunction counselling 		 Sale of Folic Acid Sale of pregnancy tests Pregnancy test service Referral to midwife
	Cardiovascular risk	Menopause counselling Signposting and counselling	Smoking	Smoking cessation

Part 5 – Older Adulthood (over 60 years)

The chance of managing multiple long-term conditions and polypharmacy increases. The maintenance of independence and continued home living may depend on creating a manageable medication regimen and paying close attention to side-effects (thus e.g. preventing falls). Carers in all settings must be included as partners in care.

Visits to hospital are more likely. End-of-life care is a concern.

The challenges of medication administration in care homes are well documented, and pharmacists could provide advice and systems to optimise this.

Age group	Need	Relevant Pharmacy Service/s
Older	Care home	Pharmacist advice (medicines storage etc.)
Adulthood	engagement	Independent prescribing
60+ years		Medicines Use Review
		Clinical Medication Review
	Carer engagement	Medicines Use Review
		Clinical Medication Review
		Signposting to services
	Dementia screening	Medicines Use Review
	& management	Clinical Medication Review
		Signposting to services
	Falls prevention	Medicines Use Review
		Clinical Medication Review
		New Medicine Service
	Maintaining	Home delivery service
	independence	Hosiery fitting service
		Sale of incontinence aids
		Sale of mobility aids
		Minor ailments service
	Medication	Home delivery service
	adherence	Compliance aids e.g. Monitored Dosage Systems (care home or
		community)
		Medicines Use Review
		Clinical Medication Review
		New Medicine Service
	Sexual health	STI testing
		Sale of condoms
		Erectile dysfunction counselling
	Smoking	Smoking cessation

References:

PHE plan of work for children and young people

https://publichealthmatters.blog.gov.uk/wp-content/uploads/sites/33/2014/01/life-course-approach.png

Healthy Child Programme 0-5 (DH England, 2009)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

National Service Framework for Older People (DH England 2001)

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod consum dh/groups/dh digitalassets/@dh/@en/documents/digitalasset/dh 4 071283.pdf

National Service Framework for Children, Young People and Maternity Services (DH England and DfES 2004)

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4 090523.pdf