

# Improving prescribing for young and old

Two topics relevant to very different ends of the age spectrum are discussed in articles in this month's *Prescriber*.

## Declining vaccine uptake

The mainstream media has drawn public attention to increasing concerns around the re-emergence of measles, driven by a drop in childhood immunisation rates. The US is currently experiencing its worst outbreak for 25 years – a particularly depressing figure given that the disease was declared eliminated in 2000. And here in the UK, we have seen a four-fold increase in laboratory-recorded cases from 2017 to 2018.

Of course, the rates are tiny compared to the pre-vaccination era – there were roughly 400,000 cases per year prior to a vaccine being introduced in 1968 – but the increases are nevertheless of considerable concern.

On page 34, Angela Dowden discusses why the drop off is occurring, and strategies for dealing with it. Importantly, it is highlighted that the anti-vax lobby is not a particularly strong driving factor, lack of confidence in vaccine safety does not appear to translate to poor uptake, and making immunisations compulsory may lead to mistrust as well as other negative, unforeseen consequences.

Rather, there needs to be a focus on facilitating access to vaccinations, and

basic measures such as simply sending patients reminders.

## Medicines in care homes

Addressing the other age extreme, Kayt Blythin and Elizabeth Harries discuss the role of clinical pharmacists in optimising medicines delivery for older patients in care homes (page 18). They draw on their experience in the East Sussex area and provide some useful observations that others may well wish to incorporate into their own services. This includes summarising the roles of both pharmacist and pharmacy technician in the review process, describing performance indicators and potential cost savings, and presenting a bespoke review template that the service employs in practice.

I was particularly taken by two things. Firstly, the recognition that there is a need to measure whether the contribution their team makes has a beneficial effect on patients' lives rather than simply saving money. And secondly, that the time required for the whole review cycle is in the order of two hours. It is important that those commissioning similar services recognise the potential workload involved, and also set performance targets that reflect patient outcomes rather than solely budgetary requirements.

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