

Group identified priorities for change	Current situation	Ways in which these could be addressed
<p>1. Raising awareness of the needs of people over 65 yrs</p>	<ul style="list-style-type: none"> Lack of recognition of drug and alcohol problems in the over 65's 	<p>DAAT information group to be asked to consider ways of awareness raising for the over 65's and the general public. These could include</p> <ul style="list-style-type: none"> Producing an alcohol and medicines information resource - leaflet / web page - need to define Distribute widely - not just public sector Resources i.e. residential homes, Age Concern Luncheon clubs, WI centres. Produce an information sheet for carers Look at adding to falls prevention information Perhaps a wet house for long term use.
<p>2. Access to Services</p>	<ul style="list-style-type: none"> Lack of awareness of current services, are there age barriers? 	<ul style="list-style-type: none"> This could be addressed in developing a care pathway see no 6. To be included in the work of the DAAT group
<p>3. Develop Preventative Services -</p>	<ul style="list-style-type: none"> Trigger factors not always recognised - Leads to crisis management? 	<p>Develop preventative services which could include: -</p> <ul style="list-style-type: none"> Assessment - Identifying reasons why a person is drinking alcohol to excess and identify trigger factors Training issue for staff? - include knowledge of services and what can be offered Harm reduction Volunteers in the community - will need training Falls prevention Look at better labelling for warning of contra - indications, regarding alcohol and medication <p>*See no 5 - role of pharmacist Could be taken to the NWMHP NHS Trust intermediate care.</p>

		Liaison with the N & N Hospital and other acute Trusts?
4. role of GP	Do responses vary? -	Engage with GP's with a special interest in Alcohol to extend role to look at prescription medicines and the over 65's to consider: - <ul style="list-style-type: none"> • Are there issues around prescribing & computerised repeat prescriptions – could develop protocols • Alternatives to prescribing medicines Explore positive measures i.e. group therapy, exercise and special interests • Awareness raising of the needs of this group • Develop a protocol for referral to specialist services • Consider link workers in surgeries- their role and the support they offer.
5. Role of the Pharmacist		Community pharmacists group could be asked to consider the use of alcohol and prescription medicines for people over 65yrs in the following areas: - <ul style="list-style-type: none"> • Pharmacists could possibly take on more of a Health promotion role • Community pharmacists may have a contribution to make in 'Falls Incident' reports. • *Look at better labelling for warning of contra - indications, regarding alcohol and medication • Promote the use of MARL charts - is everybody using them? • Use of dossett boxes for medication and assistive technology equipment re: medication - A Wright Carrow House.
6.. Develop a care pathway - to	Does not exist	Discuss with J Paget Hospital?

complement the single assessment process		ASDD ? Need to include preventative services
7. Develop a domiciliary specialist workers team		<ul style="list-style-type: none"> • May be able to link into the work regarding the 'Generic worker' to develop a specialist worker? Mary High will take this to the 'Generic Worker' group.