**Abstract: Ensuring patient safety in older adult prescribing, Priti Patel, Integrated Care Pharmacist, Guy`s and St. Thomas` NHS Foundation Trust**

A holistic approach is needed when prescribing for patients, whilst considering patient focused outcomes. Other areas to consider as part of prescribing include medication review and medicines reconciliation. These two areas are crucial for safe and effective prescribing and also raises the importance of adherence and support which may be needed for the patient to take their medicines safely. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes (National Institute for Health and Care Excellence, NICE, 2015) provides a good overview where HCPs are new to medication review and prescribing. It details areas such as medicines reconciliation, self- management and medication review.

De-prescribing is also an area which NMPs should consider and develop their skills within as experience grows. Polypharmacy especially in the older more frail population and the risks this poses is also an important when considering prescribing a new medication. Medicines Optimisation, helping patients to make the most of their medicines (Royal Pharmaceutical Society, RPS, 2013) outlines support for healthcare professionals. It includes the four main principles of medicines optimisation with a patient centred approach. Something which can often require time and building rapport with patients, family and carers. Getting our medicines right (RPS) offers best practice guidance for HCPs and what we should all strive towards in our daily practice.

An integral part of developing a new skill within your practice is knowing where to find the right resources and whom to liaise with, when needed. Medications have numerous drug interactions and risks of adverse drug effects, depending on physiological changes within the body. The national overprescribing review report (Department of Health and Social Care, 2021) also details polypharmacy and prescribing issues. It discusses adverse drug effects accounting for 6.5% of hospitalisations rising up to 20% in those over 65 years. It also discusses the time spent by GPs on prescriptions, accounting for 2 hrs of their day to day work, prescribing over 200 medicines. Medicines waste is another key area, estimated at around £90 million for unused medicines in individuals’ homes, £110 million returned to community pharmacies in a year and in care homes: £50 million- unused NHS supplied medicines to be disposed.

There are numerous factors to consider for prescribing in our older population, especially polypharmacy and frailty which can both contribute to adverse effects and patient harm. Using the resources available, along with skills and experience, will support safer and more robust prescribing decisions.