

Increasing population age has increased pressures on the National Health Service (NHS). However, the NHS attempts to meet the demands of its heaviest users – our most vulnerable and elderly. In 2011, the UK government led caring for our future engagement, stated older people felt let down by current National Healthcare Service systems. The increasing age of the population has led to the government acknowledging more needs to be done for the older population. In 2012, the government issued 'Caring for our future: reforming care and support' a white paper with a key message of promoting independence and wellbeing in the older population. Additionally, the paper challenged providers to provide high-quality and integrated services built on the needs of individuals. Currently, 8 out of 10 people aged over 65 will need some care and support in their later years. In Portsmouth, UK there are 31,858 residents over the aged of 65. This projected aimed to promote independence and wellbeing in residents over the age of 65 in Portsmouth city. Working with the Portsmouth clinical commission group, a health initiative was developed to produce a service for older patients in community pharmacies. The service was comprised of several criteria which if met entitled the pharmacy as an 'Elder friendly pharmacy'. The criteria to meet was split into necessary (amber) and additional (green) sections. For example, it is necessary to have at least one pharmacy staff attend a dementia friends session; thus it is additional to have the majority of staff attend a dementia friends session. In February 2014, the service was delivered to over 40 community pharmacies in Portsmouth, UK in a workbook format. The deadline for obtaining the required criteria and returning the workbook was 26th March 2014. Over 75% of community pharmacies in Portsmouth responded and met the required criteria. The individual feedback forms from each pharmacy is yet to be analysed. Therefore, limitations of the project are currently based on study design rather than implementation. The main limitation is in the nature of the project – i.e. a field project – and thus there is a lack of quantitative data needed to establish true outcomes.