Increasing life expectancy should be celebrated, but with it comes the likelihood of multiple health conditions. The knowledge required to understand the interdependency of the biological, social and psychological needs of older people is wide and diverse.

The Health Service Ombudsman’s report about the care of older people shows the complexities involved in their care, the distress that can result from poor care and the many emotions that are embedded in such clinical episodes (see page 12).

Nurses have a vital role to play in older people’s care. We are at the front of this – we see, we hear, we do. But are we prepared and supported, and are there enough of us?

Last year, the Royal College of Nursing found that in NHS wards for older people, just 48% of staff were nurses, and often there was just one nurse to every 11 patients. Staffing levels are unlikely to improve.

Over half – 52% – of consultant nurses for older people, responding to a recent survey of the British Geriatric Society, felt their role was secure for the next 12 months only. Three per cent were the only non-medical specialist in their area, and 11% had been approached about redundancy.

Care of older people demands specialist skills and expertise. Addressing hygiene, nutrition and toilet needs – which are so important for making us feel cared for – is not straightforward when a person has arthritis, osteoporosis, sensory issues and/or dementia.

Place yourself in a ward with 24 people, frail and ill. There are three other staff. Six patients have dementia and three are post-fracture hip repair. Each patient needs two people to help them to stand to go to the toilet. It is supper time and the drug round has started. The relatives of a patient nearing the end of life have travelled 400 miles to visit. Another person has just returned from theatre.

There are so many priorities for nurses on these wards. They need to respond to relatives’ questions and fears, offering emotional and practical support. They will need to pair up with colleagues to ensure that people needing the toilet are able to use it in a supported and unrushed manner. They must undertake the medication round, understanding that medications are time-specific and needed to ensure that patients are not left in pain. They will also need to spend 20 minutes or more on each of the three individuals who need support to eat and drink to make it an enjoyable experience, and they will need to receive the patient from theatre, ensuring their comfort and safety. Good care is about nurses doing all of these things.

Much can be done to improve the care of older people but it starts by accepting it is not basic or simple. The skills and knowledge of the nursing workforce needs to reflect the patient population.

It is vital is for commissioners to recognise that a must in caring for older people is about having time – to listen, to share, to give. And that can only be provided by having enough of the right staff.

The first rule of nursing is to do the patient no harm, yet simply administering medicines is often a harmful intervention. Even correctly prescribed and administered drugs can have harmful side-effects that must be balanced against their benefits. Drug errors can have a disastrous effect on patients and NHS finances – as well as on the careers of health professionals if they are judged to be at fault. It is little wonder that drug administration is one of the most frequently searched terms on the Nursing Times website.

This week we focus on medicines management, with articles to support nurses in different aspects of this key responsibility. Our innovation (page 20) reports on an initiative in which a nurse and pharmacist collaborated to offer a more coordinated approach to medication for patients with long-term conditions. This cut costs and improved safety. We also consider compliance and concordance and the splitting of tablets – is there a safe way to do this?