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**ALL COMMUNITY PHARMACISTS
IN NHS LANARKSHIRE
PLEASE SHARE WITH ALL LOCUMS
AND SUPPORT STAFF AS
APPROPRIATE**

Date 1 September 2010
Your Ref
Our Ref GL/AB
Enquiries to George Lindsay
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Dear Colleague,

CHRONIC MEDICATION SERVICE UPDATE NO 3

Although the Chronic Medication Service has been with us since May it was officially launched on Monday 30th August by Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing, at A & I Crawfords Pharmacy in Shotts. Laura McGregor hosted the launch and was instrumental in demonstrating the service to Ms Sturgeon. By common consent the Cabinet Secretary was very impressed with the visit and this reflects well on Laura and the profession as a whole. A short video of the visit is available at <http://www.scotland.gov.uk/News/Releases/2010/08/30095953>.

Not surprisingly the summer holiday spell was quiet in terms of CMS activity. However, I now get the feeling that many community pharmacists are commencing the service in earnest, and I certainly encourage this. The initial plan for CMS encouraged each community pharmacy to register, assess and assign a care plan priority for up to 50 patients by end Dec 2010. In practical terms the months of September, October and November are likely to be the best time to achieve this.

NHS Circular PCA (P) (2010) 19 was published in July. This describes the implementation payments for CMS and the implication is that the CIP C payment associated with CMS roll out will be determined by the number of patients a pharmacy has registered by 31st March 2011. The 50 patients who may be registered before 31st Dec count to the total. This is one motivation for seeking to reach 50 patients early on. The other motivation is an opportunity to gain experience of the service in the relatively protected environment when numbers per pharmacy is capped.

Approximately 50% of community pharmacies have started to register patients. Many have concentrated on patients they personally know well and who are prescribed a fairly small number of repeat medicines. This seems like a perfectly sensible thing to do in order to learn how best to use the software and gain experience with the dynamics of registering patients within your pharmacy.

Pharmacists can make their own decisions about how best to register the patients. Some have indicated that they will register the patient on one occasion, and seek to assess the patient on a follow up occasion. Others indicated that they find it best to do all the processes at once. There is no single correct answer to this and you are free to provide the service in whichever way suits you and your patients best.

I have been given some good advice about the Patient Care Record User Guide. This is a useful document but difficult to read and fully appreciate in isolation. However, if a pharmacist starts the care plan and has the user guide alongside them it becomes a whole lot clearer. There are 3 fictitious patients in the user guide and if pharmacists commit to going through these worked examples it will provide useful experience.

I understand that the jargon associated with the assessment, profiling, care planning etc. of patients can be of putting. While such jargon has its place it is useful to remember that the essence of CMS is to enable patients to take their medicines safely and effectively. The real value comes in a pharmacist having a conversation with a patient and advising them on how best to take their medicines. In many ways it is like counselling patients on the key elements of the Patient Information Leaflet of the medicines they are taking.

A generic care planning protocols is being developed nationally, but prior to its publication it is reasonable for pharmacists to consider what the key counselling points are for some commonly used medicines. Simvastatin is an example and some of the key points are:

- Importance of taking this regularly – even although the patient does not have readily recognizable symptoms.
- Value in taking the medicine at night.
- Importance of the patient keeping in touch with the GP for regular blood test monitoring both to assess efficacy and safety. (For the avoidance of doubt CMS is not looking at taking over blood test monitoring from GPs).
- The importance of potential interactions with simvastatin. In particular with macrolide antibiotics or grapefruit juice. Part of the care plan could be that if the patient obtains all of their medicines from the same pharmacy then the opportunity for the pharmacist to identify any potential interactions is enhanced. Certainly it is reduced if the patient goes to several different pharmacies.
- The grapefruit interaction is not immediately obvious to patients – but it is important - so this is one of the counselling points worth putting in the care plan.
- Another key point is that any sign or symptom of unexplained muscle pain, tenderness or weakness is a cause of concern and potentially serious. Hence patients should report any such symptoms rapidly.

If pharmacists wanted to concentrate on this drug initially counsel patients on simvastatin and record that in their care plans this would provide useful experience. I emphasise that it is not obligatory that pharmacists use this example. You are free to use your own professional judgement for each patient.

I hope the information above is encouraging and supportive to pharmacists. That is the intention. My firm belief is that there is now plenty of resource material to enable the service to commence. As it rolls out we fully expect that a new range of practical, professional and clinical challenges will emerge. We have a duty within the Health Boards to respond to these challenges with suitable training events. To enable us to prepare good and relevant training events I would be grateful if pharmacists could use the attached feedback form to identify and explain issues which they are finding challenging with the introduction with CMS. The information should be sent back to Anne Buchanan who will collate the information.

This letter and feedback form will be posted on the NHS Lanarkshire section of www.communitypharmacy.scot.nhs.uk.

Meantime pharmacists may wish to sign up for the range of CMS related NES events which are happening in their locale. There is similarity across the country. Within Lanarkshire the following courses will run:

- Parkinson's Disease 5th Oct 2010
- Osteoporosis 9th Nov 2010
- Care Planning for CMS 7th Dec 2010
- Your CMS questions answered 8th March 2011

The hope is that these will be useful in providing background clinical information for conditions suitable for CMS, but again I emphasise that pharmacists can commence CMS in advance of these events. Indeed the sessions on "Care Planning for CMS" and "Your CMS questions answered" will be far better if participants have already developed some practical experience and share their thoughts.

Yours sincerely

GEORGE LINDSAY
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NHS LANARKSHIRE PRIMARY CARE
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