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

Date 8<sup>th</sup> October 2010  
Your Ref  
Our Ref GL/AB  
Enquiries to George Lindsay  
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Dear Colleague,

**CHRONIC MEDICATION SERVICE UPDATE NO 4**

In the past month or so I have met with and discussed the Chronic Medication Service with many local community pharmacists. While there are a broad range of views the overwhelming issue I am hearing is that the working day is extremely busy and the thought of adding CMS as another component to that working day is daunting. This is especially so because the concept of registering 50 patients and subsequently assessing these patients and assigning a care plan seems like a major challenge.

In saying that, patient registration numbers continue to rise and by 4<sup>th</sup> October 2010 90 community pharmacies in NHS Lanarkshire had registered 541 patients in total. I do not have update figures for how many of these patients have subsequently been assessed or had care plans enacted but it seems that only a small proportion have had this service.

The feedback I have also suggests that patient registration is a relatively easy process – similar to an e-MAS registration. In that regard we are not learning much new from the registration process alone. The key learning will be the care planning process. **To help with the time concerns which are very real to people, I suggest that all community pharmacists initially seek to care plan for 5 patients by the end of October 2010. I hope that 5 seems like a more manageable number and that the experience gained will help each pharmacy truly identify the issues which would need to be addressed for the ongoing implementation the service within their own setting.**

If the pharmacists can then also use the attached feedback form to communicate any issues or concerns to me, then I will use this to inform further local training events about CMS.

I reiterate the advice given in our Chronic Medication Service update letter No. 3 which is that the pharmacists can choose whichever clinical area they are most comfortable with. For ease of reference the key points from that letter are replicated below.

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/care plan for the patient on a different occasion. Others indicate 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 assessment, profiling, care planning etc. 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.

Thoughts are being given to the development of national disease specific protocols, but prior to their 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 counseling 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 and counsel patients on simvastatin then 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](http://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:

- Osteoporosis 9<sup>th</sup> Nov 2010
- Care Planning for CMS 7<sup>th</sup> Dec 2010
- Your CMS questions answered 8<sup>th</sup> 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 should 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**  
**CHIEF PHARMACIST**  
**NHS LANARKSHIRE PRIMARY CARE**  
**Enc**