

Pharmacy Department
NHS Lanarkshire Headquarters
Kirklands
Fallside Road
Bothwell
G71 8BB
www.nhslanarkshire.co.uk



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

Date 30th January 2013
Your Ref [your ref]
Our Ref GL/AB

Enquiries to George Lindsay
Direct Line 01698 858315
Fax 01698 858271
Email George.Lindsay@lanarkshire.scot.nhs.uk

Dear Colleague,

**CHRONIC MEDICATION SERVICE UPDATE 6
NEW MEDICINES AND HIGH RISK MEDICINES INTERVENTIONS AS PART OF THE
CHRONIC MEDICATION SERVICE**

I was very grateful for the high attendance at last night's training event and was heartened by the very constructive contributions to the discussions which came from pharmacists who had already picked up some experience in providing CMS using the NMIST and High Risk medicines support tools.

Our purpose for the evening was to give people motivation and confidence to provide the services and the feedback suggests that a high proportion of pharmacists feel that way. If I can summarise some of the key points which were expressed they would be that:

- There is nothing to be worried about.
- It's all pretty intuitive.
- The PCRs are very good with prompts on the screen to give structure to the conversation and ready access to the key points of lithium and methotrexate information.
- There is no need to do everything at once for any particular patient. It is more likely that you will work your way through the PCR bit by bit as you see a patient over several months.
- The NMIST service may be a little different in that there is a requirement to follow the patient up e.g. by return visit to the pharmacy or by telephone after one week.

While these are all positives, it is also important to acknowledge concerns, and the two principle concerns would appear to be the time availability to provide the service and for patients to receive the service and the functionality/efficiency of searching the IM&T systems. These clearly are important points for there is no doubt that the working day within community pharmacies can be extremely hectic. Nevertheless the targets set for 4 x NMIST reviews and 4 x High Risk medicines reviews (which can be either methotrexate or lithium or any combination of the two) up to the end of March seem practical. Indeed several pharmacies have completed these numbers and some have significantly exceeded them already.

One great value in every pharmacy doing their best to provide this service for 4 NMIST and 4 High Risk medicines is that it will give us all the opportunity to learn. It's a new service so there is much to learn and the best way to truly assess the practicalities and value of the service is to do it and see what it is like in real life. To maximise that learning, I have attached a feedback sheet to this letter and would encourage you to provide feedback – both positive and negative – on how you get on. I commit to reviewing all feedback and taking what actions are within my gift to help solve problems and similarly to pass on the feedback to others better placed than me for issues which are outwith my direct control.

Clearly there was a technical problem last night and the fuzzy focus of the slides was a distraction. I am sorry about that. We are in the process of making all of the slides available within the CMS section of our website at the link below:

http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Lanarkshire/cms.html

I hope this will help, and we will also attach links to the National Patient Safety Agency booklets on lithium and methotrexate which are useful reference sources. Billy also provided hard copies of the lithium booklet last night. This is for reference only and we have enough for one per pharmacy. If your pharmacy needs on please let Anne know and she will post one out.

I hope you feel motivated to provide the CMS services and would recommend that if you have not already started, that you “bite the bullet” and do so as soon as possible. If anyone feels they need further support to do this I'll be happy for you to phone me.

Yours sincerely,

**GEORGE LINDSAY
CHIEF PHARMACIST
PRIMARY CARE**

**IMPLEMENTATION OF NMIST AND HIGH RISK MEDICINES SUPPORT TOOLS AS
PART OF THE CHRONIC MEDICATION SERVICE
FEEDBACK FORM**

Based upon your experience of Implementing CMS, please feedback any issues of concern or interest.

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CONTRACTOR CODE

NAME OF PHARMACY

ADDRESS

| PHARMACIST NAME | SIGNATURE | DATE |
|-----------------|-----------|------|
| | | |

Form to be returned to:
Anne Buchanan
Secretary to Chief Pharmacist
NHS Lanarkshire Primary Care
Fax: 01698 858271
Anne.Buchanan@nhs.net