

The background is a dark blue gradient with a subtle pattern of white dots. Overlaid on this are several faint, light-colored circular elements. On the left side, there is a large circular scale with tick marks and numbers ranging from 140 to 260. Other circular elements include solid and dashed lines, some with arrows indicating direction, and some with partial circular segments.

PREVENTION IS BETTER THAN
CURE.

ISIMPATHY, A GP PERSPECTIVE

DR. JOHN GARVEY, GP, BAYVIEW FAMILY PRACTICE, DONEGAL, IRELAND

THE PROBLEM – MEDICATION ERRORS IN GP

- Wrong drug/wrong dose
- Illegibility/Handwriting
- Known allergies missed
- Contraindicated drugs
- Drug interactions
- Drug monitoring
- Administration/Dispensing

BUT GP IS EVOLVING AND GROWING IN COMPLEXITY

- ^Patients with multiple medical issues
- Polypharmacy is rising in tandem
- GP is growing in overall complexity

HANDWRITING – SHOULD BE BANNED

Planned Discharge Unplanned Discharge

Care Plan Review & evaluation of current treatment

There was extensive violence for 100 weeks, suicidal ideation, husband abusing EPOH @ admission of son's death contributing to decline in mental state. Patient hospitalized @ psychiatric admission through admission, long admission for complex psychiatric diagnosis, medication management, referred for OED/Outpatient as appropriate, discharged and returned home to his family @ patient meeting 28/07/22


Date	Actions *	MDT Person Responsible
28/07/22	CMHT follow up next available Psychiatrist GP review or @ MSW referral sheet Community Psychological review ongoing if GP in please follow up on OED/Outpatient	

* Please specify plan/follow up with an unplanned discharge

Medication on Discharge

1) Mirtazapine 15mg bd po 2) Citalopram 30mg bd po 3) Mirtazapine 15mg bd po
 4) Citalopram 30mg bd po 5) Mirtazapine 15mg bd po 6) Mirtazapine 15mg bd po
 7) Mirtazapine 15mg bd po 8) Citalopram 30mg bd po 9) Mirtazapine 15mg bd po
 10) Mirtazapine 15mg bd po 11) Citalopram 30mg bd po 12) Mirtazapine 15mg bd po
 13) Mirtazapine 15mg bd po 14) Citalopram 30mg bd po 15) Mirtazapine 15mg bd po
 16) Mirtazapine 15mg bd po 17) Citalopram 30mg bd po 18) Mirtazapine 15mg bd po
 19) Mirtazapine 15mg bd po 20) Citalopram 30mg bd po 21) Mirtazapine 15mg bd po

Prognosis And Risk Issues-Including Early Warning Signs Of Relapse Risk Screen Form A completed Please

Doctor Signature:  Signed on behalf of the MDT: _____
MCRN: _____

Date: 19/07/22 Time: _____ Location: _____

GP informed of the planned discharge Yes <input type="checkbox"/> No <input type="checkbox"/>	Patient given contact details of Keyworker in Community Yes <input type="checkbox"/> No <input type="checkbox"/>
CMHT informed of the discharge Yes <input type="checkbox"/> No <input type="checkbox"/>	Patient offered a copy of their ICP on discharge Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, the person responsible for informing the GP/CMHT within 24 hours: _____	ICP copy accepted Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient's opinion of treatment discussed at discharge Yes <input type="checkbox"/> No <input type="checkbox"/>	Follow up appointment arranged Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient given phone number of 7 day a week service Yes <input type="checkbox"/> No <input type="checkbox"/>	OPD Location: _____ Date: _____
Next of Kin informed Yes <input type="checkbox"/> No <input type="checkbox"/>	Patient aware who to contact in crisis Yes <input type="checkbox"/> No <input type="checkbox"/>

Please ensure the addressograph label is attached to all 3 copies. White to GP, Pink to CMHT, Yellow to File

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MY TYPICAL DAY

- 25 patient consultations (12 mins each)
 - Often multiple complex problems
 - Resulting in ordering investigations – bloods, radiology
 - Onward referral – Consultants/Physio/OT/Counselling
 - Prescribing
 - Minor procedures
- Paperwork – Consultant letters, patient letters, forms, Reports for insurance/medicolegal
- Repeat prescriptions, 25-30
- Messages – review bloods, x-rays, OOH reports, referral acknowledgements, certificates
- House calls
- Interruptions – phone calls, emergencies, the unknown

The background is a dark blue gradient with a subtle pattern of white stars. On the right side, there are several technical diagrams. One is a large circular gauge with a scale from 0 to 210 and a needle pointing to approximately 190. Another is a smaller circular diagram with concentric circles and arrows. There are also some faint, larger-scale circular patterns in the upper and lower corners.

I AM TIME POOR, DISTRACTED

THEN CAME....ISIMPATHY

WHAT A CLINICAL PHARMACIST BRINGS TO GP

- Expertise, pharmacy is not a GP's specialty
 - Knowledge of current guidelines, new drugs, etc.
- A systematic approach to reviewing polypharmacy
- TIME to spend with a patient to go over their medications in depth and to the patient's satisfaction
- Interaction with their colleagues in both hospitals and the community
- An understanding of problems facing pharmacies which receive our scripts
- Anything we are unsure of we can run by Emma.

AN ISIMPPATHY REVIEW

Transaction content		planning - general practice - 16/09/2021 - Pharmacist Emma Coyle
⊖ medication review:	isimppathy medication review - review of antihypertensive options as requested by dr Garvey	
⊖ archived document:	Emma_isimppathy.rtf	prereview report
⊖ outcome:	Most NB thing for patient is that BP meds do not contribute to erectile dysfunction (ED)	
⊖	Based on the below - suggest introduce felodipine vvvv slowly, hold atenolol for that time, review tolerance to new CCB in 2/52 or sooner if needed. Patient has atenolol on hand and can revert back to this in interim if unhappy?	
⊖ outcome:	1) review of NICE guidance / BIHS and reference this to drugs trialed/sdr/allergies	
⊖ guide:	visual-summary-pdf-6889919517.pdf	
⊖ NICE guidance in steps and applied to Raul		
⊖ Step 1: Ace inhibitor - complete tolerating max dose perindopril		
⊖		
⊖ Step 2: adherence - review - discussed with Raul today		
⊖ outcome:	taking perindopril 10mg Od everyday, atenolol 12.5mg every few days "if i take it every day my heart rate drops"	
⊖		
⊖ Step 3: CCB - intolerant of Amlodipine (no detail on rxn), Lercanidipine		
⊖ Options: Felodipine - starting at 2.5mg OD - target dose = 5mg to 10mg OD		
⊖ Suggestion: consider alt die introduction of felodipine - not clinically founded advice - but may help adaption period. ED listed as uncommon s/e		
⊖ status note(s):	Worth documenting to pharmacy that aware that halving a prolonged release tablet for short term assessment of tolerance where options are limited	
⊖		
⊖ outcome:	Step 4: if CCB not tolerated - consider spironolactone - NB check potassium before and during Thx as on Ace inhibitor also	
⊖		
⊖ outcome:	2) Low HR noted on LUH d/c summary	
⊖ ? Atenolol - query current ddose - repeat rx for 12.5mg Od, but 25mg OD on drug rx txns		
⊖ atenolol 12.5mg every few days "if i take it every day my heart rate drops"		
⊖ Patient unlikely to tolerate further increases in beta blocker due to low HR, also very common for beta blockers to cause ED		
⊖ suggestion - consider holding if introducing CCB and effective to avoid low HR and ED		
⊖		
⊖ outcome:	3) in the absence of tolerance to BP meds -	
⊖ BMI last noted as > 30 - lifestyle interventions possible to reduce BP		
⊖ limited walking, appetite poor "due to my anxiety" - diet poor		
⊖ open to explore options for anxiety thx as impacting on BP and home life "i worry about everything"		
⊖ tried counselling, willing to explore concepts of CBT perhaps		
⊖ notes:	Raised BP contributing to ED - lifestyle modifications will aid with BP and therefore ED	
⊖ Suggestion: referral to CBT if appropriate		

OUR IMPRESSION OF ISIMPATHY

- 'I don't know how we ever managed before Emma joined the practice.'
- 'iSimpathy has been revolutionary. On of the most impactful changes in GP in the last 20 years.'
- 'Emma is an absolute joy to work with and it has been a privilege to have her in our practice.'

OUR MESSAGE FOR THE
FUTURE OF ISIMPATHY/
CLINICAL PHARMACISTS IN GP

You hold this project's future in your hands. It's a valuable future. Protect it, embrace it. It's gonna make you proud one day. I promise you.

