ROYAL PHARMACEUTICAL SOCIETY

NHS Health Education England

Peer Assessment Case Submission

Learner Details

Full Name: Primary care 3

Introduction

Outline your area of practice and the nature of your encounter with the patient (max 400 words):

I work in a GP practice as a Clinical Pharmacist. My main roles and responsibilities are: carrying out routine medication reviews, dealing with repeat prescription requests, managing tasks and queries from GPs, nurses and reception staff.

My patient was booked in with me for her annual medication review.

Detail a brief summary of the case (max 400 words):

Patient is generally well and had no recent hospital admissions recorded in her notes, and she was last seen by the GP in 2020 for a chest infection. Upon presentation she seemed well in herself, alert and was making good eye-contact.

When I called in the patient into the consultation room – I checked her name, date of birth and address. I discussed with the patient the reason an appointment had been made for her and that this was a routine medication review. I also gained consent from the patient that she was happy to continue with the review.

We discussed her current mood and the fluoxetine – the patient's mood was stable, and she was not suffering any side effects/ problems with the fluoxetine. She informed me she had previously tried to stop the medication, but this caused a massive dip in her mood and exacerbation of her depressive symptoms. She therefore wanted to remain on the medication long term. I discussed risk versus benefits of remaining on fluoxetine long term and we agreed to keep the medication as is. I also provided signposting advice to the patient should her mood deteriorate.

I then went on to discuss her Simvastatin – I discussed the indication with the patient, and she was on it because of her cardiovascular risk. She has been taking this at night, regularly and can only remember missing one or two doses. We discussed if she was suffering any unexplained muscle cramps/pains and she reported nothing other than her usual general aches and pains. I advised the patient of the importance to report promptly unexplained muscle pain, tenderness, or weakness. We also discussed that guidance had changed and that the standard statin now for primary prevention of cardiovascular disease was Atorvastatin – and if she would like to switch the statin to the recommended statin. The patient had been on Simvastatin since the old guidelines when Simvastatin was the first line statin.

Because the patient had a past medical history of non-diabetic hyperglycaemia - I took the patients BP (I gained consent from the patient prior to carrying out any tests) and measured her BMI. Both were within normal range. We also discussed general lifestyle advice – diet and exercise as the lady did not smoke or consume alcohol.

I finally asked the patient is she took anything over-the counter or herbal – to which she informed me “no”.

Patient’s Details

Age: 72

Sex: F ☒ M ☐

Allergies (include reaction where known):
No Known Allergies

Past Medical History (including presenting complaint where appropriate):
Recurrent major depression and non-diabetic hyperglycaemia.

Social & Family History:
Patient lives on her own.
No close family.
Family history unknown.

Current Medication List
including acute & repeat medication and OTC drugs

Drug Name & form	Dose & frequency	Indication	Additional comments
Simvastatin Tablets	40mg ON	QRisk score	
Fluoxetine capsules	20mg OD	Recurrent major depression	

Any compliance issues?

None identified during review

**Test results or supplementary information (such as weight/height) can be attached as a separate document*

Problem Identification

(Maximum 5 problems. If patient has more problems, prioritise the most important for discussion below)

	Problem	Assessment of problem *(including risk factors)*	Management options *(max 400 words)*	Plan
1.	On Simvastatin for primary prevention of cardiovascular disease	Last lipids done 2 years ago and were in range.	Switch to Atorvastatin 20mg in line with NICE Or Continue with current statin depending on patient preference.	Discussion held with patient about risks versus benefits of switching to Atorvastatin. Patient informed of current NICE guidance and informed decision made by patient to remain on Simvastatin until up-to-date lipids and LFTs have been done and then to review.
2.	No recent bloods: lipids or LFTs, HbA1c, renal function	On long term statins and has a past medical history of non-diabetic hyperglycaemia	Reminder note added to EMIS system to prompt annual bloods of LFT, lipids, HbA1c And Patient informed of the importance of having annual routine bloods and booking in for these – agreed reminder as her birthday to help prompt her of the need for bloods	Discussion had with patient of the need for these routine bloods and patient reminder set on EMIS.

Describe the pharmaceutical contributions you made to the patient's care

Pharmaceutical Contribution to care	Rationale and references *(max 400 words)*	Outcome
Discussed with patient benefits of switching statin to Atorvastatin based on current NICE guidance	NICE guidance: NICE Cardiovascular Disease Prevention Pathway (Cardiovascular disease prevention overview - NICE Pathways)	Informed decision made by patient to remain on current treatment until up-to-date bloods (LFTs and lipids)

What follow up, monitoring or signposting did this patient need?
(Max 400 words)

Blood test arranged – for LFTs, lipids, renal and HbA1c.
Signposted to self-help resources if mood/depression worsens/changes and advised to seek immediate help if any feelings or thoughts of self-harm.
Follow up arranged for after blood results to re-discuss statin option/possible switch to Atorvastatin.

Reflections and learnings *(Max 400 words)*

I have learnt that it is really important to communicate clearly the risk versus benefits of medication related issues to patients, so that they can make and informed choice. By doing this it ensures any decisions made are in the best interest of the patient and supports best practice. After discussing with the patient, the current guidelines and the changes from when she first started on a statin, she was able to understand the reasons why her medication may need to be changed. Involving the patient at the start helped her to remain engaged with the consultation and enabled a clear decision to be reached, which involved shared decision making.

Upon reflection, I did not consider the patient's personal/home life – I was aware from her records that she lived on her own and had no close family nearby. As she suffers from depression, I could have asked her if she wanted access to any social groups etc. that were available in the local community. I realise now on the importance of not just focusing on medication or clinical indications and to look for social aspects that can improve health and quality of life.

References

NICE Guidance CG181: Cardiovascular disease: risk assessment and reduction, including lipid modification. Accessed from: https://www.nice.org.uk/guidance/cg181

NICE Guidance CG90: Overview | Depression in adults: recognition and management. Accessed from: https://www.nice.org.uk/guidance/cg90

General Practice Notebook: non-diabetic hyperglycaemia (NDH). Accessed from: https://gpnotebook.com/en-gb/simplepage.cfm?ID=x20180123132938674 53