

Thoughts on the PCN Pharmacy Service.
Dr. Sarah Chritchley

When the PCN pharmacy service started, I was asked to be an early adopter. It was hard. I resented the extra time it took to do a referral, and though I thought it could be of use I wondered if it was worth the extra time to do it. Frankly anything extra in our day is too much. Every referral pained me.

I have completely changed my thoughts about it. In fact, it is one the BEST more EFFECTIVE services available to our patients and to us.

Here are some of the many success stories I have had. In every instance my patients have found it extremely valuable.

1. 55 F. Unrelenting chronic severe disabling pain from migraine and constant daily headache. Severe depression. Has been admitted to psych. ECT. Every medication. Followed by psych team. Counsellors, neurologist, endo etc. I see her every 2 -3 weeks without fail. We have tried everything to help her. She went to PCN pharmacist Nicole and had a long visit which resulted in a 9 page consultation. After seeing Nicole the patients whole attitude changed. For the first time in years her mood improved. She was hopeful. She was calmer and had a better comprehension of the medication plan. Meds were not changed but her attitude was. It was such a powerful intervention. If you have even one chronically disabled patient improve it is so rewarding!
2. 38 M. He is 'sensitive to meds'. Fibromyalgia. Chronic Fatigue Syndrome. Depression. Gout. Obesity. Refuses tx for gout as he has done 23 and me and may have the allele to react to allopurinol. PCN pharmacist able to really get into details - enough that he felt safe to proceed with treatment. For the first time he has tolerated Cymbalta which has really helped and improved his quality of life. He is confident and willing to start allopurinol. Again - so helpful to patient and me.
3. 75 F. Gout. Doesn't want to take allopurinol. Wants colchicine for prevention of her gout. No problem, sent on and after a good talk she understands the best practice for treatment. Made my life easier! Even simple things like a patient worried about a statin med – send them on.
4. Polypharmacy – help and make a plan to reduce meds and the patient gets on board. Also, they will check meds for drug interactions and to ensure the right dose for CKD etc. I actually have been shocked that some things I did were not perfect. I think I check every drug and consider CKD every time and interactions but.... Not always truth be told.
5. Narcotic use/Sleep meds – so helpful! They support what we are telling the patient and have enough time to really ensure patients comprehension. They come back to me saying they have decided to give up their narcotic. Hallelujah!

6. 18 M – Has been on everything for MDE/ADHD and nothing works. They will do a deep dive into meds and give suggestions.

The pharmacists do not work against you, they work with you and for the patient.

Often the plan is what you have been telling the patient all along but by really laying it out for the patient, they are on board and it happens. I have given a lot of psych and gout examples but whatever illness: DM, CKD, HTN, any chronic disease, or you want an alternative medication that's less expensive or lasts longer. You can send a simple or complex problem.

I have found the PCN pharmacy team to be outstanding. It's a fantastic resource and I hope none of you use it so my patients continue to get the great access they are getting. I have wanted to call and thank the PCN pharmacists for their help (but I haven't because who has that kind of time) – so thank you PCN pharmacists!!

I'm not frustrated by writing the referral letter now (okay I would prefer to magically send the info over) but it's worth it.

Sarah