

**In this issue:**

- Playing it safe in the sun
- Planning ahead for emergencies – Business Continuity Planning
- Local Practitioner Champions – supporting community pharmacists in Lothian
- Improving community pharmacy services to drug misusers: what are the staff training needs?
- Home Blood Glucose Monitoring: meters and advice provided by community pharmacists

## Playing it safe in the sun

**With increasing numbers of people holidaying abroad and more people taking holidays throughout the year, keeping safe in the sun is an important message all year round.**

Malignant melanoma of the skin is among the top ten most commonly occurring cancers in Scotland. There has been a 30 per cent increase in frequency over the last 10 years, with registered incidence increasing in both males and females. It is estimated that heavy sun exposure causes at least two thirds of all malignant melanomas.

'Holiday' sunbathing involving intermittent, intense sunbathing poses the greatest risk for malignant melanomas. People are at a higher risk of melanoma if they have fair skin, red or blond hair, blue, green or hazel eyes, have freckles or a large number of moles, tan poorly and burn easily or have a family history of skin cancer. People with darker skins are less likely to develop melanoma, but can still burn and develop skin cancers with non-pigmented areas being more susceptible. It is important to try to emphasise to customers and patients how to be safe in the sun and this is particularly important for children. A person's lifetime skin cancer risk is strongly affected by sun exposure during the first 15 years of life, and sunburn during childhood can double the risk of skin cancer. Going to a sun bed before holidaying will not protect against the sun and all sun beds will emit some form of UV-B (the type of ultraviolet radiation that burns) as well as UV-A radiation, which can also damage the skin.



### Rating the Sun's Strength

The strength of the sun's ultraviolet (UV) radiation is expressed as a 'Solar UV Index', a system developed by the World Health Organisation. A useful explanation of UV radiation and this rating can be found at

<http://www.who.int/uv/publications/en/GlobalUVI.pdf>

The UV index (UVI) indicates the maximum daily level of UV radiation received at ground level. It is designed to help understand the risk of UV radiation. Perhaps surprisingly, a moderately sunny Spring day in Edinburgh will probably have a UVI of around 3 between 8am and 6pm. The UVI for Mediterranean resorts will routinely be around 7 even in the Spring. The closer locations are to the equator the higher the UVI.

<b>Clothes</b>	cover up with loose fitting cool clothing a wet tee shirt lets through nearly as much sun as no shirt consider sun protective swimsuits or wetsuits at the beach always put a broad brimmed hat on children (adults should also wear a hat)
	use 100% UV blocking sunglasses with wrap around protection on children as well as adults
<b>Sunscreen</b>	use factor 15 or higher apply half an hour before going outside remember those vulnerable areas such as feet, ears, backs of hands and neck don't wait for it to get hot, the sun shines more fiercely between 10am and 2pm, but can still burn outside these times
	apply sunscreen at intervals of at least 2 hours, and be generous with it; reapply after swimming, even if it is marked waterproof
<b>Babies</b>	burn faster than children and adults – keep them covered and in the shade

Category	UVI range	Colour	Precautions
Low	0 to 2	Green	Safely stay outdoors with minimal protection
Moderate	3 to 5	Yellow	Wear hat, cover up/sunscreen, sunglasses, seek shade
High	6 to 7	Orange	Wear hat, cover up/sunscreen, sunglasses, seek shade. Stay indoors between 11am-3pm.
Very High	8 to 10	Red	Stay indoors as much as possible, otherwise use all precautions above.
Extreme	11	Purple	

*Thanks to Aileen Muir, Consultant in Pharmaceutical Public Health, NHS Lothian.*

## Planning ahead for emergencies - Business Continuity Planning

**It's 2pm on a Tuesday afternoon and your patient record system and labelling system crash.**

*Do you have a contingency plan for this?*

**You arrive at your community pharmacy on a dark November morning to find the shop floor and basement flooded.**

*Do you have a contingency plan for this?*

**A pandemic 'flu has emerged and not only have you a large queue of clients right out the door but 50 per cent of your staff have phoned in sick.**

*Do you have a contingency plan for this?*

Business Continuity planning is an important aspect of every business. Continuity planning involves having procedures in place to both prevent and deal with emergencies. There are several events that should be planned for to ensure that business continues, or arrangements are in place to allow priority aspects of business such as NHS contracts to be fulfilled. These include:

- fire
- flood
- power failure
- water supply failure
- accessibility problems due to local incidents (e.g. police incident, public disorder, terrorist incident)
- adverse weather conditions which may affect staffing
- large scale, longer term events such as pandemic flu.

The Royal Pharmaceutical Society of Great Britain have produced guidance on continuity planning as well as a template to aid the planning process - available online at <http://www.rpsgb.org/pdfs/servcontplanguid.pdf> and <http://www.rpsgb.org/pdfs/servcontplantemplate.doc>.

Part of the planning process is ensuring awareness of the plans so that pharmacy staff understand what to do or where to turn in certain situations. The aim is to minimise disruption from an event and allow recovery of service. Many emergencies can be short term and require solutions only for a few hours or days but others can be longer term. For example a lot of energy is going into planning for pandemic influenza not just in healthcare but in all services. A pandemic 'flu is likely to occur in 'waves', each of 2 to 3 months duration, and separated by weeks or months. Pandemic 'flu can have a devastating economic effect, with 10 per cent of businesses closing and unable to reopen. The main business for a community pharmacy at this time will be NHS contract business, so thought on how to handle the consequences of pandemic 'flu on pharmacy business is vital.

If you don't have a business continuity plan for your community pharmacy business, start by planning for small manageable events and then consider the more complex ones. A business continuity plan is essentially several smaller plans within a larger one.

*Thanks to Aileen Muir, Consultant in Pharmaceutical Public Health, NHS Lothian.*

## Local Practitioner Champions - supporting community pharmacists in Lothian

**From the 1st of April, the pool of champions has been increased in order to have one dedicated contact person for each locality.** All the champions continue to attend the meetings of their PLG and the new members of the team will be introducing themselves within their area.

### Did you know...

there have been 100,361 eMAS registrations in Lothian up to the end of March 2007. Of 5,783 consultations in the month of March, 90 were recorded as 'advice only' and 35 as referrals.

Fiona McCready	South Central Edinburgh	0131 468 2566	
Jill Cruickshank	North West Edinburgh	0131 331 2579	
Jo Donaldson	Midlothian	<a href="mailto:joannadonaldson@nhs.net">joannadonaldson@nhs.net</a>	
Pamela Chisholm	South West Edinburgh	0131 334 4694	
Sally Connolly	West Lothian	<a href="mailto:sally.connolly@nhs.net">sally.connolly@nhs.net</a>	
Kaye Devlin	North East Edinburgh	0131 661 2523	
June Edwards	South East Edinburgh	0131 669 4428	
Sally Arnison	East Lothian	0131 312 8600	
Other contacts			
Anne Lorimer	Pharmacy Locality Group Co-ordinator	<a href="mailto:anne.lorimer@lpct.scot.nhs.uk">anne.lorimer@lpct.scot.nhs.uk</a>	0131 537 6625
Claire Murphy	Contract Support Officer	<a href="mailto:claire.murphy@lpct.scot.nhs.uk">claire.murphy@lpct.scot.nhs.uk</a>	0131 537 8407
Louise Galloway	ePharmacy Facilitator	<a href="mailto:louise.galloway@nhs.net">louise.galloway@nhs.net</a>	0131 537 5917

## Improving community pharmacy services to drug misusers: what are the staff training needs?

The Scottish Executive National Quality Standards for Substance Misuse Services<sup>1</sup> state “services should ensure that all staff have access to training that is relevant and appropriate to their position and encourage them to continually update and extend their knowledge and skills. All staff will be trained to a level that enables them to carry out all duties that are required of the position that they hold.” NHS Lothian’s Specialist Pharmacist in Substance Misuse, supported by the Pharmacy Service Quality Improvement Team, undertook a training needs survey to identify the knowledge and training needs of community pharmacy staff, with the aim of improving pharmacy services to drug users.

In November 2006, 3 copies of a questionnaire were sent to each of the 178 community pharmacies in Lothian (534 questionnaires), with a request that the questionnaire be completed by the main pharmacist, a second pharmacist or locum, and one dispenser or counter assistant. Of 123 responses (23%), 81 were from pharmacists, 37 were from dispensing and counter assistants and 5 did not specify. As the survey was anonymous it was not possible to identify the number of individual pharmacies that were represented.

The majority of participants (97%) worked in pharmacies providing a methadone supervision service. Seventy participants (61%) displayed written patient information for drug misusers in the pharmacy. Participants were asked if they offered clients face-to-face advice on the management of drug misuse. Of those participants that responded 9 (8%) always did, 19 (16%) frequently did, 60 (50%) occasionally did and 32 (26%) never did.



Almost two-thirds of participants had received training on the management of drug misuse, although the majority of dispensing and counter assistants reported that they had never undertaken training in this subject. Most training had been through undergraduate courses, NHS Education Scotland (NES) Pharmacy distance learning packs and training events. Results showed that due to a number of reasons, some participants had not undertaken training recently, with one of the main reasons given being a lack of available courses.

Training undertaken	Number of responders (%)
Distance Learning	56 (51)
Lectures/seminars	49 (46)
Workshops	48 (46)
e-Learning package	44 (41)
Peer review discussion groups	25 (24)
Journal articles	21 (21)

Perceived training needs	Number of responders (%)
Physical complaints relating to substance misuse	96 (84)
Child protection	92 (79)
Blood borne viruses	89 (77)
Management of violent and aggressive behaviour	84 (76)
Substance misuse services to signpost	80 (72)
Specific needs of young drug misusers (<18 yrs)	80 (70)
Action if patient appears to be intoxicated	79 (68)
Changes to Misuse of Drugs Regulations	76 (68)
Motivational interviewing and counselling skills	74 (65)
Dental care advice	73 (65)

Multiprofessional Training was preferred to uniprofessional training, with 43 (43%) compared to 19 (19%) of participants expressing a preference respectively. Participants were asked what time of day they would prefer training to be provided. Of those participants that responded 67 (61%) indicated during working hours, 39 (39%) evenings and 8 (8%) weekends.

Results have been disseminated to key stakeholders and will be used to inform future training provision, and have already been used to inform the content of a local NES (Pharmacy) course ‘Pharmaceutical Care of Patients with Substance Misuse Problems’ held in January 2007. A training delivery plan is to be developed and resources required to implement this identified.

The survey was anonymous, but respondents with a specialist interest in drug misuse were invited to provide their contact details, and almost half did so. The Specialist Pharmacist in Substance Misuse plans to contact these individuals to develop a communication and information sharing network.

The revised NES Distance Learning Pack ‘Pharmaceutical Care in Substance Misuse’ is now available. <http://www.nes.scot.nhs.uk/pharmacy>. All pharmacists involved in the provision of pharmaceutical services to drug users are encouraged to complete this updated pack.

### Reference

1. National Quality Standards for Substance Misuse Services. Scottish Executive. September 2006. [www.scotland.gov.uk/Publications/2006/09/25092710/0](http://www.scotland.gov.uk/Publications/2006/09/25092710/0)

Thanks to Elaine Rankine, Specialist Pharmacist in Substance Misuse, NHS Lothian.

## Home Blood Glucose Monitoring: meters and advice provided by community pharmacists

Patients with insulin-treated diabetes should regularly monitor their blood glucose to guide insulin doses and detect and avoid hypoglycaemia. The Lothian Joint Formulary (LJF)<sup>1,2</sup> provides guidance on home blood glucose monitoring (HBGM) in patients with type 2 diabetes treated with diet and/or oral hypoglycaemics. More recently the LJF has published a list of meters recommended by Lothian Diabetic Services Advisory Group (LDSAG). HBGM meters are not prescribable on the NHS, but the test strips prescribed for use in the meters are high cost and volume, costing NHS Lothian over £2 million in the last year.

Community pharmacists' role in the sale of HBGM meters and supply of test strips provides opportunities to contribute further to the care of people with diabetes. This year the Community Pharmacy Diabetes Task Group in Lothian included HBGM in their work plan for community pharmacy service developments. In October 2006 a questionnaire was sent out to identify brands of HBGM meters stocked by community pharmacists, the type and frequency of advice provided and awareness of the current formulary guidance.

One hundred and eighty two questionnaires were distributed and 91 responses were received, giving a response rate of 50%. Seventy four pharmacies (81%) stocked meters, with only 6 (8%) stocking meters not in the LJF. Thirty eight (42%) respondents stated that the brand of meter purchased by patients was based on pharmacy recommendation all or most of the time.

The most common information source used by pharmacists for advice was the HBGM meter manufacturers' literature - 78 (86%). Fifty one (56%) used the LJF for advice. Thirty two (35%) were aware of the recent guidance on HBGM in the LJF, whilst 8 (10%) had actually read it.



### References

1. The Lothian Joint Formulary. NHS Lothian. [www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk)
2. The Lothian Prescribing Bulletin. Issue 20. April/May 2006. [www.ljf.scot.nhs.uk/lpb/LPB20.pdf](http://www.ljf.scot.nhs.uk/lpb/LPB20.pdf)

### Frequency of advice on HBGM provided by pharmacists

	When selling a meter	When dispensing test strips for a meter
<b>Always</b>	17 (19%)	1 (1%)
<b>Most of the time</b>	30 (33%)	6 (7%)
<b>Sometimes</b>	26 (29%)	68 (75%)
<b>Never</b>	7 (8%)	16 (17%)
<b>Not answered</b>	11 (12%)	0

### Type of advice provided by pharmacists

<b>How to use meter</b>	72 (79%)
<b>Frequency of testing</b>	43 (47%)
<b>Provide a patient information leaflet</b>	36 (40%)
<b>How to act on results</b>	33 (36%)
<b>Finger pricking</b>	31 (34%)
<b>Timing of testing</b>	28 (31%)
<b>Recording results</b>	22 (24%)
<b>Storage strips</b>	16 (18%)
<b>Meter care</b>	14 (15%)
<b>Don't usually give advice</b>	4 (4%)

The results confirm that community pharmacists play an important role in choice of meter purchased and in providing general advice on HBGM. The majority of community pharmacists were not aware of the LJF guidance on HBGM. The Community Pharmacy Diabetes Task Group plans to support community pharmacists in their advice giving role in HBGM by raising awareness of the LJF guidance. To date, a training session on HBGM meters included in the LJF has been run through NES and the questionnaire results have been shared with representatives from the multiple retail pharmacy companies. Coming soon – an 'aide memoire' on providing advice on HBGM to assist community pharmacists.

A big thank you to all of you who responded.

*Thanks to Pauline Westwood, Primary Care Pharmacist, South West Edinburgh.*

If you have any comments on Pharmacy News, or wish to contribute to a future issue, please email:

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Deadline for submitting articles for next issue: end July 2007.

Read Pharmacy News on the Community Pharmacy website at

[www.communitypharmacy.scot.nhs.uk/HealthBoards/lothian.html](http://www.communitypharmacy.scot.nhs.uk/HealthBoards/lothian.html)