

**Community Pharmacy Communication Update**


**Tuesday 2<sup>nd</sup> April 2024**



THE CPD TEAM WISH ALL OUR COMMUNITY PHARMACIES AND STAFF CELEBRATING A HAPPY VAISAKHI - CPD ਟੀਮ ਸਾਡੇ ਕਮਿਊਨਿਟੀ ਫਾਰਮੇਸੀ ਨੈਟਵਰਕ ਦੇ ਸਾਰੇ ਮੈਂਬਰਾਂ ਨੂੰ ਵਿਸਾਖੀ ਦੀਆਂ ਵਧਾਈਆਂ ਦਿੰਦੀ ਹੈ  
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In this edition –

- **Electronic Workbook (ECW)**
- **Important Information: Change Of Process – Submission Of PGD Authorisation Sheets**
- **PCA (P)(2024) 03 - Serious Shortage Protocol: isosorbide mononitrate (Monomil®xl) 60mg modified release tablet**
- **Updated PGDs – National Pharmacy First**
- **Fiasp FlexTouch Shortage**

ACTION	Electronic Claiming Workbook (ECW)
 ECW - V2.xlsx  Attached	<p>The Electronic Claiming Workbook (ECW) has been updated and amended to reflect the following:</p> <ul style="list-style-type: none"> <li>- Increase in fees resulting from the 5% uplift agreed between CP GGC and CPDT;</li> <li>- Changes to COPD claim form; and</li> <li>- Updated contractor details.</li> </ul> <p>The new version of the ECW is V2. You can access this from the front page of our website <a href="#">here</a> and a copy is attached.</p> <p>It is important that you submit the new version of the Workbook to ensure the correct fee is applied for the claim. Claims submitted on previous versions will be returned.</p> <p>As has become standard practice ECW's submitted with incomplete information or missing documentation will also be returned to the contractor unprocessed. Please note that the Community Pharmacy Development Team (CPDT) are unable to monitor the resubmission of such claims.</p> <p>Thank you for your continued co-operation with this process.</p> <p>Janine Glen 02/04/2024</p>

ACTION	Important Information: Change Of Process – Submission Of PGD Authorisation Sheets
	<p>As you will be aware, the Community Pharmacy Development Team (CPDT) has for many years required community pharmacists to submit a copy of their signed authorisation sheet for each PGD in existence in GGC. As part of this process the Team generates an acknowledgement to the pharmacist so that they have a record of submission.</p>

This has become somewhat of a “cottage industry” over the last few years, with the increase in the number of PGDs being used and now forms a significant element of the Team’s workload.

A recent review of the process showed that over the last 18 months, CPDT has logged information and generated acknowledgements for over 9,000 authorisation sheets. In time terms this equates to one member of staff spending one full day per week (7.5 hours) on this task.

Pharmacists are covered under the PGD as soon as they accept the professional obligations by signing the authorisation sheet. There is no regulatory or legal requirement for copies of the signed sheets to be submitted to the Board. The only requirement is that the Board (in the form of the CPDT) should keep a list of the pharmacists that have signed each PGD.

In a bid to improve support and release time to ensure CPDT have the capacity to absorb additional tasks which will benefit the community pharmacy network, the Team put forward a proposal to redesign the process moving towards a more automated approach. This was supported by both the Area Pharmaceutical Committee and CP GGC.

***Details of the change:***

***With effect from 1st April pharmacists have no need to submit their various signed PGDs to the CPDT.***

***Instead they should complete the electronic form [here](#), indicating which PGDs they have signed. The link can also be accessed from the front and PGD pages of the CPDT [website](#). If an e-mail address is provided, an automated message will be generated, providing the same acknowledgement of signing. Using this method will also allow the Board to fulfil its obligations to keep a list of pharmacists operating under the PGD, but is much less labour intensive for the CPDT and less onerous for the individual pharmacist.***

We understand that this change is a significant departure from a long established process and will take some time for the community pharmacy network to become used to.






You should note that if you submit a physical PGD authorisation sheet to CPDT after 1st April 2024, this/these will be returned to you, with a request to log your acceptance of the professional responsibility for each PGD via the new process.


Please note: This change in process will not affect payment for any services provided as part of the various PGDs.

Thank you for your co-operation.


Janine Glen  
Contracts Manager  
26/03/2024

<b>ACTION</b>	<b>PCA (P)(2024) 03 - Serious Shortage Protocol: isosorbide mononitrate (Monomil®xl) 60mg modified release tablet</b>
	<p>Please find below the latest NHS circular: PCA(P)(2024) 03 - Serious Shortage Protocol: isosorbide mononitrate (Monomil®xl) 60mg modified release tablet</p> <p><a href="http://www.publications.scot.nhs.uk/files/pca2024-p-03.pdf">www.publications.scot.nhs.uk/files/pca2024-p-03.pdf</a></p> <p>02/04/2024</p>


ACTION	Updated PGDs – National Pharmacy First
 V2 - PGD NHS PFS Aciclovir 800mg - As:  V2 - PGD NHS PFS Aciclovir 800mg.pdf  V2 - PGD NHS PFS Flucloxacillin - Asses  V2 - PGD NHS PFS Flucloxacillin.pdf  01 - Single Signature Sheet.doc Attached	<p>SG have recently published Circular: <a href="https://www.publications.scot.nhs.uk/files/pca2024-p-02.pdf">https://www.publications.scot.nhs.uk/files/pca2024-p-02.pdf</a> which gives details of updated PGDs to be implemented for the treatment of shingles and skin conditions under NHS Pharmacy First Scotland.</p> <p>The circular is provided for information only. Please do not sign the PGDs within the circular. Copies which have been approved through NHS GGC's local process are attached and can be accessed <a href="#">here</a>.</p> <p><b>Please note: These will be the first PGDs which will be subject to the new signing process (above).</b></p> <p><b>From 1<sup>st</sup> April there is no need to submit your signed copy of any PGDs. Please follow the process described above to record your signing.</b></p> <p>Alan Harrison  Lead Pharmacist – Community Care  26/03/2024</p>






ACTION	Fiasp FlexTouch Shortage
 Attachments.pdf Attachments	<p>Fiasp® FlexTouch® (Insulin aspart) 100units/ml prefilled pens will be unavailable from April 2024 until January 2025.</p> <p>Fiasp® FlexTouch® (Insulin aspart) 100units/ml solution for injection 3ml cartridges remain available to be used with reusable pens: Novopen®6 and Novopen Echo® Plus and can support increased demand.</p> <p><b>The shortage will only affect patients using the prefilled pens.</b> Patients will be contacted in April by the pharmacy teams in the practice and advised of the change. Most patients will be switched to Fiasp® 100units/ml Penfill® cartridges. Patients will be issued with a prescription for the cartridges and 2 x Novopen® reusable devices. If there are any issues regarding quota with Fiasp® Penfill® cartridges or the Novopen® device, Novo Nordisk has advised pharmacy team members to contact the Novo Nordisk customer careline on 0800 023 2573 and quote their alliance account number.</p> <p>This change in insulin may require additional blood glucose monitoring. Some patients may need to be shown how to load and change an empty cartridge.</p> <p>N.B. Fiasp® (insulin aspart) and Novorapid® (insulin aspart) are not interchangeable.</p> <p><b>FAQ</b>  <b>How to use Novopen®6 and Novopen Echo® Plus?</b>  Please see <a href="#">NP6E-quick-guide-June-2021.pdf</a> (<a href="http://novonordisk.com">novonordisk.com</a>)  Information sheets will be provided for patient use and will come with the Novopen® when dispensed.</p> <p><b>Is any dosage change required when switching patients to Fiasp® penfill® cartridges?</b>  The unit dose remains the same. No dosage change is required when switching patients from Fiasp® (insulin aspart) 100 units/ml prefilled FlexTouch® to Fiasp® (insulin aspart) penfill® 100unit/ml cartridges.  Your help with this shortage and change is much appreciated</p> <p>Samina Ali  02/04/2024</p>



<b>REMINDER</b>	<b>Electronic Claiming Workbook (ECW)</b>
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IMPORTANT INFORMATION	CHANGE OF PROCESS – SUBMISSION OF PGD AUTHORISATION SHEETS
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Thank you for your co-operation.

Janine Glen  
Contracts Manager  
26/03/2024

**REMINDER**

**Introduction of NiQuitin 2mg Minis**



NiQuitin Minis.pdf


Attached

NiQuitin 1.5mg minis have been discontinued and will be replaced with NiQuitin 2mg minis.

Please use 2mg minis in place of discontinued 1.5mg minis. They are available in pack sizes 60 & 100.

Please contact our team if you require any further information –  
[pharmacyhit@ggc.scot.nhs.uk](mailto:pharmacyhit@ggc.scot.nhs.uk)  
0141 201 4945

Annette Robb  
26/03/2024

<b>REMINDER</b>	<b>Medicine Supply Alert Notice - MSAN(2024)09 - Semaglutide (Ozempic), Dulaglutide (Trulicity) and Liraglutide (Victoza) solution for injection in a pre-filled pen - 19 March 2024</b>
 <b>Medicine Supply Alert.pdf</b>  <b>Attached</b>	<p>Please find attached a level 3 MSAN providing an update on the shortage of GLP-1 receptor agonists (semaglutide, dulaglutide, liraglutide, exenatide).</p> <ul style="list-style-type: none"> <li>MSAN(2024)09 - Semaglutide (Ozempic®), Dulaglutide (Trulicity®) and Liraglutide (Victoza®) solution for injection in a pre-filled pen - 19 March 2024</li> </ul> <p>The MSAN will be published on the new NHS Scotland Publications website at <a href="https://www.publications.scot.nhs.uk/">https://www.publications.scot.nhs.uk/</a></p> <p>Andreas Tzineris 21/03/2024</p>

<b>REMINDER</b>	<b>Advanced Notification – Q4 Customer Complaints / Whistleblowing &amp; Annual Survey</b>
	<p>Q4 Customer Complaints / Whistleblowing &amp; Annual Survey, for the collection of information relating to the Patient Rights (Scotland) Act 2011 will be sent week commencing Monday 25th March 2024.</p> <p>You should note that submission of this information is a contractual requirement and as such you should complete the Webropol survey within the timescale which will appear in the covering message.</p> <p>Thank you for your continued co-operation.</p> <p>Michelle Cooper – Contracts Supervisor 21/03/2024</p>

Any queries should be directed to the contact provided – where no specific contact is shown, queries should be directed to [ggc.cpdevteam@nhs.scot](mailto:ggc.cpdevteam@nhs.scot)

We are keen for any feedback you have about this Update. Please submit your comments/suggestions to: [cpdt@ggc.scot.nhs.uk](mailto:cpdt@ggc.scot.nhs.uk)






In this edition –

- **FOR FLU PARTICIPATING PHARMACIES ONLY: End Of Flu Service 23/24**
- **FairWarning – Appropriate Access to Clinical Records**
- **Sharing of identifiable information**
- **Medicines savings**
- **NES Frailty event**
- **Smoking Cessation recording on PCR**
- **Specials A-Z GGC CP December 2023 – March 2024 REVIEW DELAYED**



ACTION	FOR FLU PARTICIPATING PHARMACIES ONLY: End Of Flu Service 23/24
	<p>I would like to take this opportunity to thank you for the part you have played in the Flu Vaccination programme for 2023/24.</p> <p>6624 vaccinations have been completed throughout the CP network over the 6-month period that the service has been in place. We had 102 pharmacies actively take part covering all parts of NHS GGC.</p> <p>The current programme will cease on <b>Friday 29<sup>th</sup> of March</b>, with no access to flu vaccines for patients available thereafter. With this in mind I would like to ask that all residual stock of vaccines after this date are placed within your normal patient returned waste bins for destruction.</p> <p>Can all pharmacies also ensure that all vaccinations administered have been recorded through VMT?</p> <p>Our team is currently liaising with our waste contractors to arrange the uplift of the clinical waste bins that were provided for depositing administered vaccines. Further information will be sent out in due course.</p> <p>There will now be a review period for the whole vaccination programme with a view to deciding what 2024/25 will look like.</p> <p>We are looking to determine the number of unused vaccines within the Community as part of our review period. If you could please complete the Electronic Form: <a href="https://forms.office.com/e/wJzPujReeu">https://forms.office.com/e/wJzPujReeu</a>, this will allow us to forecast for the 24/25 programme.</p> <p>Once again, a huge thanks for your input this flu season.</p> <p>Mani Narwan 04/04/2024</p>


ACTION	FairWarning – Appropriate Access to Clinical Records
 <p data-bbox="153 499 323 524">Fairwarning.pdf</p> <p data-bbox="153 560 304 584">Attachment</p>	<p data-bbox="376 327 1525 495">The Board has a moral and legal responsibility to protect the confidentiality of the data it holds and patients expect the information we retain about them will be kept secure and confidential. Your job role may give you access to patients' clinical information and you are reminded of your responsibility to access only the information that is required to allow you to carry out your legitimate duties.</p> <p data-bbox="376 528 1533 860">To protect against inappropriate access to records, the Board continues to use an audit system called FairWarning which was put in place to provide assurance that clinical information is kept safe. The system provides the Information Governance Team with daily audit reports from clinical systems which allows them to monitor and investigate any potential inappropriate access to records, including staff accessing their own records and those of family members. If, after investigation, a record is found to be accessed inappropriately, then a formal discussion between the member of staff and manager will take place and depending on the severity of the breach, there could be a number of consequences including refresher training and/or formal disciplinary action. Some good practice tips are:</p> <ol data-bbox="424 898 1469 1032" style="list-style-type: none"> <li data-bbox="424 898 1246 927">1. Never share passwords with other colleagues or managers.</li> <li data-bbox="424 931 1469 994">2. Keep your LearnPro Safe Information Handling Training up to date. <a href="https://learnpro.nhs.uk">learnPro NHS - Login (learnprouk.com)</a></li> <li data-bbox="424 999 1038 1028">3. Be familiar with the FairWarning guidelines:</li> </ol> <p data-bbox="376 1066 1501 1167">Staff are reminded that if they wish to access their own health information, they should submit a subject access request. The Board's Subject Access Policy provides the relevant information and forms needed and can be found here <a href="#">Subject Access Policy</a></p> <p data-bbox="376 1200 1453 1335">If you have any questions on FairWarning or data protection in general, including training, please visit our Information Governance Knowledge Hub here <a href="#">Information Governance Knowledge Hub</a> or contact the Information Governance Team at: <a href="mailto:data.protection@ggc.scot.nhs.uk">data.protection@ggc.scot.nhs.uk</a>.</p> <p data-bbox="376 1402 616 1469">Catherine Scoular 08/04/2024</p>

ACTION	Sharing of identifiable information
	<p>In light of incidents that have occurred in relation to the misappropriation of prescriptions by staff to obtain controlled drugs i would be grateful if you could circulate the following information received from the information governance team to all practices please.</p> <p><i>'It is important to share information to alert other organisations to misuse of controlled drugs incidents. Initial sharing can take place, including a description of the incident, drugs involved and action taken however care should be taken not to identify any individual directly. There may be scope to share minimum personal data based on individual circumstances but further advice should be sought from the Information Governance Team before any identifiable data is shared'.</i></p> <p>It is important to note that each situation should be looked at individually and engagement with the Information Governance team should be made early to discuss what can and can't be shared.</p> <p>Further work will be investigated with the Regional Intelligence network around engaging with contractors to sign up to data sharing agreements.</p> <p>Alan Harrison 08/04/2024</p>

ACTION	Medicines savings
	<p>As you are may be aware, medicines costs are rising significantly and there is also an increasing volume of prescriptions as we recover from the pandemic. Alongside this, demand and complexity of care across NHS GGC is increasing post-pandemic and the population is increasing. All of this is resulting in a significant financial pressure to NHS GGC where the savings required to close the current gap between funding and costs in the 2024/25 financial year is growing all the time. The primary care team are working on efficiency savings projects and polypharmacy reviews which will result in some savings, but this will not close the gap to the extent needed. So we need your help too.</p> <p>Some actions in Community Pharmacy which may help are listed below:</p> <ul style="list-style-type: none"> <li>· Recommend the most cost-effective alternative available when medicines are in short supply. See <a href="#">medicines-shortages-guidance.pdf (scot.nhs.uk)</a></li> <li>· Encourage patients/prescribers to adhere to generic medicines prescribing policy and <a href="#">NHSGGC formulary</a> medicine choices</li> <li>· Please do not create an expectation that a branded or non-formulary medicine will be prescribed by an NHS prescriber. eg. medicines initiated within a private episode of care.</li> <li>· Check what items a patient needs prior to requesting repeat prescriptions within managed repeat services, do not assume they need all items eg. GTN sprays, Salbutamol inhalers, emollients</li> <li>· Check what 'prn' items a patient needs at each serial prescription supply, only supply what the patient needs and requests.</li> <li>· Request GP practice remove any medicines a patient is no longer taking if active on repeat list.</li> <li>· Highlight to the primary care Pharmacy team if you are receiving a high volume of avoidable returns from care homes</li> <li>· Discourage NHS supply of medicines that are cheap to purchase and <b>don't offer NHS supply to patients on Pharmacy First when seeking to buy OTC</b> eg. paracetamol, antihistamines especially when made as a direct request</li> </ul> <p>If you have any other suggestions for how we can reduce spend on medicines, please let us know by emailing <a href="mailto:ggc.cpdevteam@nhs.scot">ggc.cpdevteam@nhs.scot</a></p> <p>Alan Harrison 08/04/2024</p>

ACTION	NES Frailty event
	<p><b>Frailty - Know the Score! Interactive Webinar - Wednesday 24<sup>th</sup> April 19:00-20:30pm</b></p> <p>Link to Book - <a href="#">Frailty: Know the Score!   Turas   Learn (nhs.scot)</a> (please log in to Turas then click link!)</p> <p>Would you like to know more about frailty?</p> <p>Would you like to understand the impact of medicines linked to frailty?</p> <p>Would you like to support patients living with frailty?</p> <p>We know that frailty impacts on a large percentage of the population, and this is growing exponentially. Patients living with frailty need support in all healthcare settings to live with long term conditions and the pharmacy team have a key role in supporting medicines review.</p> <p>This webinar is designed to open up conversations with pharmacy teams to better understand frailty and improve knowledge on the medicines that impact on this condition. To deliver this we will use case studies and provide a list of useful resources that support this learning.</p> <p><b>Learning aims:</b></p> <p>To help pharmacy teams improve their knowledge and understanding of people living with frailty and the impact of medicines on frailty.</p> <p><b>Learning outcomes:</b></p> <p>At the end of the event you will be able to:</p> <ol style="list-style-type: none"> <li>1. Understand what frailty looks like in different healthcare settings.</li> <li>2. Explain the different tools used to identify frailty and how to apply them in practice.</li> <li>3. Understand the impact that medicines have on patients living with frailty.</li> <li>4. Demonstrate the principles of polypharmacy review and medicines de-prescribing for patients living with frailty.</li> </ol> <p>Lynsey Boyle 08/04/2024</p>

ACTION	Smoking Cessation recording on PCR
 <p>Smoking Cessation PCR.pdf</p>  <p>Smoking Cessation recording.pdf Attachments</p>	<p>The smoking cessation support tool assessment in the Pharmacy Care Record (PCR) has been updated and improved.</p> <p>Details of the changes are in the document attached.</p> <p>The PCR User Guidance has been updated to reflect the changes and is available on the 'News' page of the Community Pharmacy Scotland Website or from the Pharmacy Health Improvement Team email <a href="mailto:pharmacyhit@ggc.scot.nhs.uk">pharmacyhit@ggc.scot.nhs.uk</a> or call us on 0141 201 4945</p> <p>Annette Robb 08/04/2024</p>

ACTION	Specials A-Z GGC CP December 2023 – March 2024 REVIEW DELAYED
 <p>Specials A-Z.pdf</p> <p>Attached</p>	<p>PLEASE NOTE: This resource has exceeded its review date. Please exercise caution in the current use of the resource.</p> <p>Alison McAuley Central Prescribing Team 08/04/2024</p>


**Communication Update Index link**

[INDEX - Community Pharmacy Communications Updates](#)

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IMPORTANT INFORMATION	FairWarning – Appropriate Access to Clinical Records
 Fairwarning.pdf  Attached	<p>The Board has a moral and legal responsibility to protect the confidentiality of the data it holds and patients expect the information we retain about them will be kept secure and confidential. Your job role may give you access to patients' clinical information and you are reminded of your responsibility to access only the information that is required to allow you to carry out your legitimate duties.</p> <p>To protect against inappropriate access to records, the Board continues to use an audit system called FairWarning which was put in place to provide assurance that clinical information is kept safe. The system provides the Information Governance Team with daily audit reports from clinical systems which allows them to monitor and investigate any potential inappropriate access to records, including staff accessing their own records and those of family members. If, after investigation, a record is found to be accessed inappropriately, then a formal discussion between the member of staff and manager will take place and depending on the severity of the breach, there could be a number of consequences including refresher training and/or formal disciplinary action. Some good practice tips are:</p> <ol style="list-style-type: none"> <li>1. Never share passwords with other colleagues or managers.</li> <li>2. Keep your LearnPro Safe Information Handling Training up to date. <a href="https://learnpro.nhs.uk">learnPro NHS - Login (learnprouk.com)</a></li> <li>3. Be familiar with the FairWarning guidelines:</li> </ol> <p>Staff are reminded that if they wish to access their own health information, they should submit a subject access request. The Board's Subject Access Policy provides the relevant information and forms needed and can be found here <a href="#">Subject Access Policy</a></p> <p>If you have any questions on FairWarning or data protection in general, including training, please visit our Information Governance Knowledge Hub here <a href="#">Information Governance Knowledge Hub</a> or contact the Information Governance Team at: <a href="mailto:data.protection@ggc.scot.nhs.uk">data.protection@ggc.scot.nhs.uk</a>.</p> <p>Catherine Scoular 08/04/2024</p>

IMPORTANT INFORMATION	Sharing of identifiable information
	<p>In light of incidents that have occurred in relation to the misappropriation of prescriptions by staff to obtain controlled drugs I would be grateful if you could circulate the following information received from the information governance team to all practices please.</p> <p><i>'It is important to share information to alert other organisations to misuse of controlled drugs incidents. Initial sharing can take place, including a description of the incident, drugs involved and action taken however care should be taken not to identify any individual directly. There may be scope to share minimum personal data based on individual circumstances but further advice should be sought from the Information Governance Team before any identifiable data is shared'</i>.</p>





	<p>It is important to note that each situation should be looked at individually and engagement with the Information Governance team should be made early to discuss what can and can't be shared.</p> <p>Further work will be investigated with the Regional Intelligence network around engaging with contractors to sign up to data sharing agreements.</p> <p>Alan Harrison 08/04/2024</p>
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<b>IMPORTANT INFORMATION</b>	<b>Medicines savings</b>
	<p>As you are may be aware, medicines costs are rising significantly and there is also an increasing volume of prescriptions as we recover from the pandemic. Alongside this, demand and complexity of care across NHS GGC is increasing post-pandemic and the population is increasing. All of this is resulting in a significant financial pressure to NHS GGC where the savings required to close the current gap between funding and costs in the 2024/25 financial year is growing all the time. The primary care team are working on efficiency savings projects and polypharmacy reviews which will result in some savings, but this will not close the gap to the extent needed. So we need your help too.</p> <p>Some actions in Community Pharmacy which may help are listed below:</p> <ul style="list-style-type: none"> <li>· Recommend the most cost-effective alternative available when medicines are in short supply. See <a href="#">medicines-shortages-guidance.pdf (scot.nhs.uk)</a></li> <li>· Encourage patients/prescribers to adhere to generic medicines prescribing policy and <a href="#">NHSGGC formulary</a> medicine choices</li> <li>· Please do not create an expectation that a branded or non-formulary medicine will be prescribed by an NHS prescriber. e.g. medicines initiated within a private episode of care.</li> <li>· Check what items a patient needs prior to requesting repeat prescriptions within managed repeat services, do not assume they need all items e.g. GTN sprays, Salbutamol inhalers, emollients</li> <li>· Check what 'prn' items a patient needs at each serial prescription supply, only supply what the patient needs and requests.</li> <li>· Request GP practice remove any medicines a patient is no longer taking if active on repeat list.</li> <li>· Highlight to the primary care Pharmacy team if you are receiving a high volume of avoidable returns from care homes</li> <li>· Discourage NHS supply of medicines that are cheap to purchase and <b>don't offer NHS supply to patients on Pharmacy First when seeking to buy OTC</b> e.g. paracetamol, antihistamines especially when made as a direct request</li> </ul> <p>If you have any other suggestions for how we can reduce spend on medicines, please let us know by emailing <a href="mailto:ggc.cpdevteam@nhs.scot">ggc.cpdevteam@nhs.scot</a></p> <p>Alan Harrison 08/04/2024</p>

<b>IMPORTANT INFORMATION</b>	<b>NES Frailty event</b>
	<p><b>Frailty - Know the Score! Interactive Webinar - Wednesday 24<sup>th</sup> April 19:00-20:30pm</b></p> <p>Link to Book - <a href="#">Frailty: Know the Score!   Turas   Learn (nhs.scot)</a> (please log in to Turas then click link!)</p> <p>Would you like to know more about frailty?</p>




	<p>Would you like to understand the impact of medicines linked to frailty?</p> <p>Would you like to support patients living with frailty?</p> <p>We know that frailty impacts on a large percentage of the population, and this is growing exponentially. Patients living with frailty need support in all healthcare settings to live with long term conditions and the pharmacy team have a key role in supporting medicines review.</p> <p>This webinar is designed to open up conversations with pharmacy teams to better understand frailty and improve knowledge on the medicines that impact on this condition. To deliver this we will use case studies and provide a list of useful resources that support this learning.</p> <p><b>Learning aims:</b></p> <p>To help pharmacy teams improve their knowledge and understanding of people living with frailty and the impact of medicines on frailty.</p> <p><b>Learning outcomes:</b></p> <p>At the end of the event you will be able to:</p> <ol style="list-style-type: none"> <li>1. Understand what frailty looks like in different healthcare settings.</li> <li>2. Explain the different tools used to identify frailty and how to apply them in practice.</li> <li>3. Understand the impact that medicines have on patients living with frailty.</li> <li>4. Demonstrate the principles of polypharmacy review and medicines de-prescribing for patients living with frailty.</li> </ol> <p>Lynsey Boyle 08/04/2024</p>
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<b>IMPORTANT INFORMATION</b>	<b>Smoking Cessation recording on PCR</b>
 Smoking Cessation PCR.pdf	<p>The smoking cessation support tool assessment in the Pharmacy Care Record (PCR) has been updated and improved.</p> <p>Details of the changes are in the document attached.</p>
 Smoking Cessation recording.pdf Attached	<p>The PCR User Guidance has been updated to reflect the changes and is available on the 'News' page of the Community Pharmacy Scotland Website or from the Pharmacy Health Improvement Team email <a href="mailto:pharmacyhit@ggc.scot.nhs.uk">pharmacyhit@ggc.scot.nhs.uk</a> or call us on 0141 201 4945</p> <p>Annette Robb 08/04/2024</p>

<b>IMPORTANT INFORMATION</b>	<b>Specials A-Z GGC CP December 2023 – March 2024 REVIEW DELAYED</b>
 Specials A-Z.pdf Attached	<p>PLEASE NOTE: This resource has exceeded its review date. Please exercise caution in the current use of the resource.</p> <p>Alison McAuley</p>


	Central Prescribing Team 08/04/2024
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IMPORTANT INFORMATION	FOR FLU PARTICIPATING PHARMACIES ONLY: End Of Flu Service 23/24
	<p>I would like to take this opportunity to thank you for the part you have played in the Flu Vaccination programme for 2023/24.</p> <p>6624 vaccinations have been completed throughout the CP network over the 6-month period that the service has been in place. We had 102 pharmacies actively take part covering all parts of NHS GGC.</p> <p>The current programme ceased on <b>Friday 29<sup>th</sup> of March</b>, with no access to flu vaccines for patients available thereafter. With this in mind I would like to ask that all residual stock of vaccines after this date are placed within your normal patient returned waste bins for destruction.</p> <p>Can all pharmacies also ensure that all vaccinations administered have been recorded through VMT?</p> <p>Our team is currently liaising with our waste contractors to arrange the uplift of the clinical waste bins that were provided for depositing administered vaccines. Further information will be sent out in due course.</p> <p>There will now be a review period for the whole vaccination programme with a view to deciding what 2024/25 will look like.</p> <p>We are looking to determine the number of unused vaccines within the Community as part of our review period. If you could please complete the Electronic Form: <a href="https://forms.office.com/e/wJzPujReeu">https://forms.office.com/e/wJzPujReeu</a>, this will allow us to forecast for the 24/25 programme.</p> <p>Once again, a huge thanks for your input this flu season.</p> <p>Mani Narwan 04/04/2024</p>

REMINDER	Electronic Claiming Workbook (ECW)
 ECW - V2.xlsx  Attached	<p>The Electronic Claiming Workbook (ECW) has been updated and amended to reflect the following:</p> <ul style="list-style-type: none"> <li>- Increase in fees resulting from the 5% uplift agreed between CP GGC and CPDT;</li> <li>- Changes to COPD claim form; and</li> <li>- Updated contractor details.</li> </ul> <p>The new version of the ECW is V2. You can access this from the front page of our website <a href="#">here</a> and a copy is attached.</p> <p>It is important that you submit the new version of the Workbook to ensure the correct fee is applied for the claim. Claims submitted on previous versions will be returned.</p> <p>As has become standard practice ECW's submitted with incomplete information or missing documentation will also be returned to the contractor unprocessed. Please</p>

	<p>note that the <b>Community Pharmacy Development Team (CPDT)</b> are unable to monitor the resubmission of such claims.</p> <p><b>Thank you for your continued co-operation with this process.</b></p> <p>Janine Glen 02/04/2024</p>
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<b>REMINDER</b>	<b>PCA (P)(2024) 03 - Serious Shortage Protocol: isosorbide mononitrate (Monomil®xl) 60mg modified release tablet</b>
	<p>Please find below the latest NHS circular:</p> <p>PCA(P)(2024) 03 - Serious Shortage Protocol: isosorbide mononitrate (Monomil®xl) 60mg modified release tablet</p> <p><a href="http://www.publications.scot.nhs.uk/files/pca2024-p-03.pdf">www.publications.scot.nhs.uk/files/pca2024-p-03.pdf</a></p> <p>02/04/2024</p>

<b>REMINDER</b>	<b>Fiasp FlexTouch Shortage</b>
 Attachments.pdf  Attached	<p>Fiasp® FlexTouch® (Insulin aspart) 100units/ml prefilled pens will be unavailable from April 2024 until January 2025.</p> <p>Fiasp® FlexTouch® (Insulin aspart) 100units/ml solution for injection 3ml cartridges remain available to be used with reusable pens: Novopen®6 and Novopen Echo® Plus and can support increased demand.</p> <p><b>The shortage will only affect patients using the prefilled pens.</b> Patients will be contacted in April by the pharmacy teams in the practice and advised of the change. Most patients will be switched to Fiasp® 100units/ml Penfill® cartridges. Patients will be issued with a prescription for the cartridges and 2 x Novopen® reusable devices. If there are any issues regarding quota with Fiasp® Penfill® cartridges or the Novopen® device, Novo Nordisk has advised pharmacy team members to contact the Novo Nordisk customer care line on 0800 023 2573 and quote their alliance account number.</p> <p>This change in insulin may require additional blood glucose monitoring. Some patients may need to be shown how to load and change an empty cartridge.</p> <p>N.B. Fiasp® (insulin aspart) and Novorapid® (insulin aspart) are not interchangeable.</p> <p><b>FAQ</b>  <b>How to use Novopen®6 and Novopen Echo® Plus?</b>          Please see <a href="#">NP6E-quick-guide-June-2021.pdf (novonordisk.com)</a>          Information sheets will be provided for patient use and will come with the Novopen® when dispensed.</p> <p><b>Is any dosage change required when switching patients to Fiasp® penfill® cartridges?</b>          The unit dose remains the same. No dosage change is required when switching patients from Fiasp® (insulin aspart) 100 units/ml prefilled FlexTouch® to Fiasp® (insulin aspart) penfill® 100unit/ml cartridges.          Your help with this shortage and change is much appreciated</p> <p>Samina Ali 02/04/2024</p>

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In this edition –

- **Chronic Obstructive Pulmonary Disease (COPD) Exacerbation**
- **Valproate Risk Assessment - sample form**
- **OST- Patient choice**
- **Arrangements For The Uplift Of Patient's Returned Medicine Waste**
- **UPLIFT TO FEES – 2023/2024: BACK PAYMENT**
- **UPDATE: Submission Of PGD Authorisation Sheets**

ACTION	Chronic Obstructive Pulmonary Disease (COPD) Exacerbation
	<p>The COPD SLA has been updated on the CPDT website <a href="#">here</a>.</p> <p>V6 contains minor changes as per the Version Control at Section 15 (Page 12).</p> <p>These changes do not constitute any material change to the Service Specification within the SLA and as such this notification is provided for information only, and there is no need for Participants in the service to resubmit their agreement to Participate.</p> <p>Thank you for your continued co-operation.</p> <p>Janine Glen 15/04/2024</p>

ACTION	Valproate Risk Assessment - sample form
 <p>Valproate Risk CP Assessment Exempti Attached</p>	<p>Last November the MHRA updated its <a href="#">guidance</a> on the dispensing of valproate containing products for both male and female patients.</p> <p>If it is felt that a patient is <b>not</b> suitable for original pack dispensing, a risk assessment should be undertaken to confirm this.</p> <p>Attached is a sample risk assessment that you may wish to use for this purpose."</p> <p>Pamela Macintyre 15/04/2024</p>

ACTION	OST- Patient choice
	<p>The <a href="#">Prescribing Guidelines for Medication Assisted Treatment with Opioid Substitution Therapy (OST)</a> were updated in June 2023.</p> <p>As stated in these guidelines, there should be <u>no barrier</u> to a patient's choice of OST preparation. This includes a patient's choice to be prescribed sugar free methadone.</p> <p>If you experience any issues obtaining stock of OST medication please do not hesitate to contact a member of the ADRS Central Pharmacy Team via <a href="mailto:adrs.pharmacyteam@ggc.scot.nhs.uk">adrs.pharmacyteam@ggc.scot.nhs.uk</a></p> <p>Jennifer McDaid 15/04/2024</p>

ACTION	<b>Arrangements For The Uplift Of Patient's Returned Medicine Waste</b>
	<p>During our visits to community pharmacies, we have heard anecdotal evidence of pharmacies being approached by patients asking for them to take returned medicine waste citing that other nearby pharmacies have declined to accept the waste because their bins are full.</p> <p>We thought it might be helpful just to reiterate the current arrangements for the uplift of patient's returned medicine waste.</p> <p>Every pharmacy receives an uplift either every 12 weeks, or every 8 weeks (depending on historical volume and storage capacity). Where a pharmacy requires an uplift outwith this schedule, they should make contact with the CPDT to arrange an ad hoc uplift.</p> <p>The contact details for arranging an ad hoc uplift can be found on the Useful Contact Sheet (that every pharmacy should have on display).</p> <p>It is important that patients are able to dispose of their medicine waste via every community pharmacy in the GGC network and refusal to accept should be a last resort.</p> <p>Thank you for your continued co-operation.</p> <p>Janine Glen 15/04/2024</p>

ACTION	<b>UPLIFT TO FEES – 2023/2024: BACK PAYMENT</b>
	<p>We recently communicated that Pharmacy Services was successful in securing an uplift of 5% to the fees for some locally negotiated services, and that a back payment would be made in April to reflect the new fees from 1st April 2023.</p> <p>The back payment was planned to be made in April 2024 (dispensed February 2024).</p> <p>Unfortunately this has been delayed by one month, and will now be paid in May 2024.</p> <p>Apologies for any inconvenience this may cause.</p> <p>Janine Glen 15/04/2024</p>

**ACTION****UPDATE: Submission Of PGD Authorisation Sheets**

As you will be aware, the Community Pharmacy Development Team (CPDT) have introduced an Electronic Form for all PGD submissions with effect from 1<sup>st</sup> April 2024. The form can be accessed [here](#), The link can also be accessed from the front and PGD pages of the CPDT [website](#).

A pharmacist contacted the Board recently to ask what should be done if one of the PGDs below was selected in error. In this situation, pharmacists should click on the rubber icon (circled below) to clear the selection and start again.

The screenshot shows a web form with the following elements:

- Input field: "enter your answer"
- Section 3: "3. Full Name \*" with input field "Enter your answer"
- Section 4: "4. Please indicate by ticking all PGDs that you have signed today" with a circled clear selection icon (a square with a diagonal line).
- Table with columns for PGD description and "SIGNED" status:

	SIGNED
COPD - Amoxicillin 500mg capsules - Version 6	<input checked="" type="checkbox"/>
COPD - Doxycycline 100mg capsules - Version 6	<input type="checkbox"/>
COPD - Prednisolone 5mg tablets - Version 7	<input checked="" type="checkbox"/>
Local Services -Paracetamol PGD- Version 6	<input type="checkbox"/>
Local Services - Medicines Discharge PGD - Version 3	<input checked="" type="checkbox"/>
National PGD- Unscheduled Care PGD - Version 30	<input type="checkbox"/>

Mani Narwan  
16/04/2024

**Communication Update Index link**

[INDEX - Community Pharmacy Communications Updates](#)


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**Thursday 18th April 2024**



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Mani Narwan  
16/04/2024

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**IMPORTANT INFORMATION****Medicines savings**

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Some actions in Community Pharmacy which may help are listed below:


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- Please do not create an expectation that a branded or non-formulary medicine will be prescribed by an NHS prescriber. e.g. medicines initiated within a private episode of care.
- Check what items a patient needs prior to requesting repeat prescriptions within managed repeat services, do not assume they need all items e.g. GTN sprays, Salbutamol inhalers, emollients
- Check what 'prn' items a patient needs at each serial prescription supply, only supply what the patient needs and requests.
- Request GP practice remove any medicines a patient is no longer taking if active on repeat list.
- Highlight to the primary care Pharmacy team if you are receiving a high volume of avoidable returns from care homes
- Discourage NHS supply of medicines that are cheap to purchase and **don't offer NHS supply to patients on Pharmacy First when seeking to buy OTC** e.g. paracetamol, antihistamines especially when made as a direct request

If you have any other suggestions for how we can reduce spend on medicines, please let us know by emailing [ggc.cpdevteam@nhs.scot](mailto:ggc.cpdevteam@nhs.scot)

Alan Harrison  
08/04/2024

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	<p><b>Frailty - Know the Score! Interactive Webinar - Wednesday 24<sup>th</sup> April 19:00-20:30pm</b></p> <p>Link to Book - <a href="#">Frailty: Know the Score!   Turas   Learn (nhs.scot)</a> (please log in to Turas then click link!)</p> <p>Would you like to know more about frailty?</p> <p>Would you like to understand the impact of medicines linked to frailty?</p> <p>Would you like to support patients living with frailty?</p> <p>We know that frailty impacts on a large percentage of the population, and this is growing exponentially. Patients living with frailty need support in all healthcare settings to live with long term conditions and the pharmacy team have a key role in supporting medicines review.</p> <p>This webinar is designed to open up conversations with pharmacy teams to better understand frailty and improve knowledge on the medicines that impact on this condition. To deliver this we will use case studies and provide a list of useful resources that support this learning.</p> <p><b>Learning aims:</b></p> <p>To help pharmacy teams improve their knowledge and understanding of people living with frailty and the impact of medicines on frailty.</p> <p><b>Learning outcomes:</b></p> <p>At the end of the event you will be able to:</p> <ol style="list-style-type: none"> <li>1. Understand what frailty looks like in different healthcare settings.</li> <li>2. Explain the different tools used to identify frailty and how to apply them in practice.</li> <li>3. Understand the impact that medicines have on patients living with frailty.</li> <li>4. Demonstrate the principles of polypharmacy review and medicines de-prescribing for patients living with frailty.</li> </ol> <p>Lynsey Boyle 08/04/2024</p>

<b>IMPORTANT INFORMATION</b>	<b>Smoking Cessation recording on PCR</b>
 <p>Smoking Cessation PCR.pdf</p>  <p>Smoking Cessation recording.pdf</p> <p>Attached</p>	<p>The smoking cessation support tool assessment in the Pharmacy Care Record (PCR) has been updated and improved.</p> <p>Details of the changes are in the document attached.</p> <p>The PCR User Guidance has been updated to reflect the changes and is available on the 'News' page of the Community Pharmacy Scotland Website or from the Pharmacy Health Improvement Team email <a href="mailto:pharmacyhit@ggc.scot.nhs.uk">pharmacyhit@ggc.scot.nhs.uk</a> or call us on 0141 201 4945</p> <p>Annette Robb 08/04/2024</p>

<b>IMPORTANT INFORMATION</b>	<b>Specials A-Z GGC CP December 2023 – March 2024 REVIEW DELAYED</b>
 Specials A-Z.pdf  Attached	PLEASE NOTE: This resource has exceeded its review date. Please exercise caution in the current use of the resource.  Alison McAuley Central Prescribing Team 08/04/2024

<b>IMPORTANT INFORMATION</b>	<b>FOR FLU PARTICIPATING PHARMACIES ONLY: End Of Flu Service 23/24</b>
	<p>I would like to take this opportunity to thank you for the part you have played in the Flu Vaccination programme for 2023/24.</p> <p>6624 vaccinations have been completed throughout the CP network over the 6-month period that the service has been in place. We had 102 pharmacies actively take part covering all parts of NHS GGC.</p> <p>The current programme ceased on <b>Friday 29<sup>th</sup> of March</b>, with no access to flu vaccines for patients available thereafter. With this in mind I would like to ask that all residual stock of vaccines after this date are placed within your normal patient returned waste bins for destruction.</p> <p>Can all pharmacies also ensure that all vaccinations administered have been recorded through VMT?</p> <p>Our team is currently liaising with our waste contractors to arrange the uplift of the clinical waste bins that were provided for depositing administered vaccines. Further information will be sent out in due course.</p> <p>There will now be a review period for the whole vaccination programme with a view to deciding what 2024/25 will look like.</p> <p>We are looking to determine the number of unused vaccines within the Community as part of our review period. If you could please complete the Electronic Form: <a href="https://forms.office.com/e/wJzPujReeu">https://forms.office.com/e/wJzPujReeu</a>, this will allow us to forecast for the 24/25 programme.</p> <p>Once again, a huge thanks for your input this flu season.</p> <p>Mani Narwan  04/04/2024</p>


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We are keen for any feedback you have about this Update. Please submit your comments/suggestions to: [cprd@ggc.scot.nhs.uk](mailto:cprd@ggc.scot.nhs.uk)



In this edition –

- Joiner/Leaver Form
- Positive Feedback - Smoking Cessation
- Scottish Pharmacist Awards

ACTION	Joiner/Leaver Form
 Joiner form.pdf  Attached	<p>You will be aware that the Community Pharmacy Development Team (CPDT) developed a resource for community pharmacists which sets out actions that should be taken when a pharmacist begins employment within GGC, moves between pharmacies in GGC, or leaves employment in GGC.</p> <p>The aim of the resource is to reduce risk in areas such as information, financial and clinical governance.</p> <p>The resource serves as an aide memoire for managers setting out tasks that should be undertaken for an effective on-boarding/off-boarding process and can be found <a href="#">here</a>.</p> <p><b><i>We have recently undertaken our annual review and now attach Version 5.</i></b></p> <p>If you have any questions about the Joiner/Leaver form in general please contact: <a href="mailto:cpdt@ggc.scot.nhs.uk">cpdt@ggc.scot.nhs.uk</a>.</p> <p>Janine Glen            Contracts Manager            23/04/2024</p>

ACTION	Positive Feedback - Smoking Cessation
 Positive Feedback.pdf  Attached	<p>Well done to M &amp; D Green Pharmacy, 12 John Wood Street, Port Glasgow.</p> <p>We recently received great feedback from a client who was making a smoking cessation attempt with this pharmacy. The client loved the fact that he had not smoked for 6 weeks and could not thank the staff enough for making him feel at ease and supported during his quit journey. Well done everyone involved.</p> <p>I'm sure every pharmacy has clients who feel confident and positive once they stop smoking, and appreciate the support they receive from the pharmacy team. If you have any good news stories that you would like to share please contact us at:-            Pharmacy Health Improvement Team            email <a href="mailto:pharmacyhit@ggc.scot.nhs.uk">pharmacyhit@ggc.scot.nhs.uk</a> or call us on 0141 201 4945</p> <p>Annette Robb            23/04/2024</p>

ACTION	Scottish Pharmacist Awards
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Many congratulations to our own Alasdair Macintyre (Merrylee Pharmacy) who was presented with the Outstanding Contribution to Pharmacy Practice at this year's Scottish Pharmacist Awards.

Alasdair is a "well kent" face in community pharmacy, and well deserves recognition for his considerable contribution to the advancement of the profession, both locally in Glasgow & Lanarkshire and nationally. Congratulations Alasdair.




**[Communication Update Index link](#)**

**[INDEX - Community Pharmacy Communications Updates](#)**

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IMPORTANT INFORMATION	Positive Feedback - Smoking Cessation
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**IMPORTANT  
INFORMATION**

**Scottish Pharmacist Awards**

Many congratulations to our own Alasdair Macintyre (Merrylee Pharmacy) who was presented with the Outstanding Contribution to Pharmacy Practice at this year's Scottish Pharmacist Awards.

Alasdair is a "well kent" face in community pharmacy, and well deserves recognition for his considerable contribution to the advancement of the profession, both locally in Glasgow & Lanarkshire and nationally.

Congratulations Alasdair.

<b>REMINDER</b>	<b>UPDATE: Submission Of PGD Authorisation Sheets</b>
	<p>As you will be aware, the Community Pharmacy Development Team (CPDT) have introduced an Electronic Form for all PGD submissions with effect from 1<sup>st</sup> April 2024. The form can be accessed <a href="#">here</a>, The link can also be accessed from the front and PGD pages of the CPDT <a href="#">website</a>.</p> <p>A pharmacist contacted the Board recently to ask what should be done if one of the PGDs below was selected in error. In this situation, pharmacists should click on the rubber icon (circled below) to clear the selection and start again.</p> <div style="text-align: center; margin: 20px 0;">  </div> <p style="text-align: right; margin-top: 100px;">Mani Narwan 16/04/2024</p>

<b>REMINDER</b>	<b>Chronic Obstructive Pulmonary Disease (COPD) Exacerbation</b>
	<p>The COPD SLA has been updated on the CPDT website <a href="#">here</a>.</p> <p>V6 contains minor changes as per the Version Control at Section 15 (Page 12).</p> <p>These changes do not constitute any material change to the Service Specification within the SLA and as such this notification is provided for information only, and there is no need for Participants in the service to resubmit their agreement to Participate.</p> <p>Thank you for your continued co-operation.</p> <p style="text-align: right; margin-top: 10px;">Janine Glen 15/04/2024</p>

<b>REMINDER</b>	<b>Valproate Risk Assessment - sample form</b>
	<p>Last November the MHRA updated its <a href="#">guidance</a> on the dispensing of valproate containing products for both male and female patients.</p>



Valproate Risk CP  
Assessment Exempti

Attached

If it is felt that a patient is **not** suitable for original pack dispensing, a risk assessment should be undertaken to confirm this.

Attached is a sample risk assessment that you may wish to use for this purpose."

Pamela Macintyre  
15/04/2024

**REMINDER**

**OST- Patient choice**

The [Prescribing Guidelines for Medication Assisted Treatment with Opioid Substitution Therapy \(OST\)](#) were updated in June 2023.

As stated in these guidelines, there should be no barrier to a patient's choice of OST preparation. This includes a patient's choice to be prescribed sugar free methadone.

If you experience any issues obtaining stock of OST medication please do not hesitate to contact a member of the ADRS Central Pharmacy Team via [adrs.pharmacyteam@ggc.scot.nhs.uk](mailto:adrs.pharmacyteam@ggc.scot.nhs.uk)

Jennifer McDaid  
15/04/2024

**REMINDER**

**Arrangements For The Uplift Of Patient's Returned Medicine Waste**

During our visits to community pharmacies, we have heard anecdotal evidence of pharmacies being approached by patients asking for them to take returned medicine waste citing that other nearby pharmacies have declined to accept the waste because their bins are full.

We thought it might be helpful just to reiterate the current arrangements for the uplift of patient's returned medicine waste.

Every pharmacy receives an uplift either every 12 weeks, or every 8 weeks (depending on historical volume and storage capacity). Where a pharmacy requires an uplift outwith this schedule, they should make contact with the CPDT to arrange an ad hoc uplift.

The contact details for arranging an ad hoc uplift can be found on the Useful Contact Sheet (that every pharmacy should have on display).

It is important that patients are able to dispose of their medicine waste via every community pharmacy in the GGC network and refusal to accept should be a last resort.

Thank you for your continued co-operation.

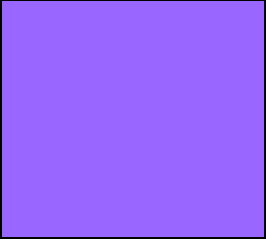
Janine Glen  
15/04/2024

**REMINDER**

**UPLIFT TO FEES – 2023/2024: BACK PAYMENT**

We recently communicated that Pharmacy Services was successful in securing an uplift of 5% to the fees for some locally negotiated services, and that a back payment would be made in April to reflect the new fees from 1st April 2023.

The back payment was planned to be made in April 2024 (dispensed February 2024).



Unfortunately this has been delayed by one month, and will now be paid in May 2024.

Apologies for any inconvenience this may cause.

Janine Glen

15/04/2024


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In this edition –

- **Freestyle Libre 3 prescribing information for Primary care**
- **Spring Booster Toolkit**
- **Smoking Cessation Training - Wednesday 22nd May 2024 - Eastbank Training Centre**

ACTION	Freestyle Libre 3 prescribing information for Primary care
 <p>Freestyle Libre 3 Prescribing April 2024 Attached</p>	<p>Please see attached information regarding the introduction of Freestyle Libre 3 in GGC</p> <p>The key messages are:</p> <ul style="list-style-type: none"> <li>• Freestyle Libre 3 is a form of real-time continuous glucose monitoring with additional functionality that enables it to communicate directly with certain types of insulin pump. The trio of pump, installed software, and Freestyle Libre 3 is known as a hybrid closed loop (HCL) which provides semi-automated insulin delivery for people with type 1 diabetes.</li> <li>• Freestyle Libre 3 is a novel device and is <b>not</b> interchangeable with Freestyle Libre2</li> <li>• Freestyle Libre 3 has been added to Part 3 of Scottish drug tariff from January 2024</li> </ul> <p>Helen Castle Advanced Pharmacist (Primary Care) 25/04/2024</p>

ACTION	Spring Booster Toolkit
 <p>Spring vaccine billboard_1764x255_1</p>  <p>Spring vaccine billboard_1764x255_1</p>  <p>Spring vaccine_billboards_10</p>  <p>Spring vaccine_billboards_10</p>  <p>Spring vaccine_billboards_15</p>	<p>Please find attached images that should be suitable for sharing on any electronic screens you may have in your pharmacy.</p> <p>We would appreciate your support in encouraging this important booster programme.</p> <p>Pamela Macintyre Lead Pharmacist</p>





Spring  
vaccine\_billboards\_15

25/04/2024

**ACTION**

**Smoking Cessation Training - Wednesday 22nd May 2024 - Eastbank Training Centre**

In order for a Community Pharmacy to become an accredited Quit Your Way Pharmacy, it is mandatory for a one day training programme to be completed by pharmacists, locums and support staff – **9am- 3:30pm (approx)**

We presently have some places available for the event on **Wednesday 22<sup>nd</sup> May 2024**.

The training will include key elements from the NES Smoking Cessation training pack, together with brief intervention techniques and NRT products. This session is open to all pharmacy staff. Fees will be paid to the pharmacy contractor to cover the costs of staff attending, (as pre-reg students are paid through NES, no need to claim).

Please contact us ASAP by phone on 0141 201 4945, by e-mail on: [pharmacyhit@ggc.scot.nhs.uk](mailto:pharmacyhit@ggc.scot.nhs.uk)

Places will be allocated on a first-come basis and will be confirmed in writing.

Lunch will be provided. Please inform us if you do not require lunch or you have special dietary requirements.

Parking is available on a first come basis.

Wednesday 22 <sup>nd</sup> May 2024	9:00	15:00	30	Eastbank Training Centre	0141 201 4945 <a href="mailto:pharmacyhit@ggc.scot.nhs.uk">pharmacyhit@ggc.scot.nhs.uk</a>	QYW Training
Tuesday 18 <sup>th</sup> June 2024	9:00	15:00	30	Campanile Hotel Tunnel St, Glasgow	0141 201 4945 <a href="mailto:pharmacyhit@ggc.scot.nhs.uk">pharmacyhit@ggc.scot.nhs.uk</a>	QYW Training

Annette Robb  
Public Health Pharmacy  
30/04/2024

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