# GGC CPIP Notebook

**Spring 2024**

## Getting the pharmacy ready for summer? - Narinder Dhillon, CPIP



Working in an extended hours pharmacy, that is also open on Sunday, we can often be very busy with patients including holiday makers presenting with summer related illness. To help prepare for this, we are planning ahead and ensuring that all staff are aware of what is available on Pharmacy First (shelves are labelled) and up to date on the hay fever PGDs.

The hay fever PGDs that were introduced late 2023 should make a big difference to what **all** pharmacies can offer to patients to help manage their symptoms and a bonus that I do not have to hand write the scripts (in most cases!) I plan to ensure that all staff are aware of what is available via the national hay fever PGDs and have a look at the Summer Sufferings Webinar that is available on the GGC CP site, it also has a section on Lyme Disease. I will also remind them about the BUMPS website as a good resource to check for pregnant and breastfeeding patients who present.

For my own personal development, I plan to check out the NICE guidance on non-complex burns as people dig out the BBQ's and forget to slap on the sunscreen.

# GGC Teach & Treat Hub

As you will be aware all newly qualified funded CPIPS receive an invite to attend a T&T hub session as part of their prescribing journey. At present we now have one hub in GGC at Burnside Pharmacy, but are working with Community Pharmacy Scotland to establish a second site to meet our growing numbers. Although attendees are able to attend sites in any Health Board.

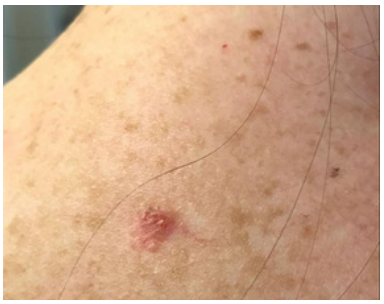
Contact details are included in the letter and there are more details on T& T Hubs including locations on Turas.

MORE INFO

For more information on GGC CPIP resources click here or scan the QR code.

Sign up to the NES mailchimp here and follow @NHSGGCPharmacy on X for more updates


# Consultation Conundrum:



Female (40) presents with a sore ear, whilst examining the ear you notice this at the top of her back (see images).
What **would you do?**

**CPIP 1 -** I would ask them more about it, check not a bite and if they had noticed it? If it was bothering them. If it was a mole, I would ask if it had changed shape/size/colour? Had they scratched it? If not, then I would advise patient to get it checked out due to undefined borders and potential change in colour.

**GP -** I have an interest in dermatology and have Dermatoscope which helps with examinations and analysis to distinguish between benign and malignant lesions . However, without my gadget, due to the undefined edges and weeping without trauma, that patient mentioned on examination, I would refer as potentially a squamous cell carcinoma.

**May is Skin Cancer Awareness Month,** skin cancers can look very different and the symptoms can vary, some of the symptoms are similar to other conditions.

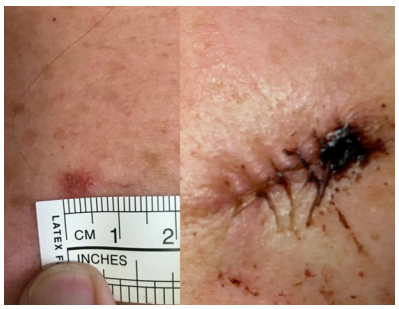
Common symptoms of skin cancer include a sore or area of skin that:

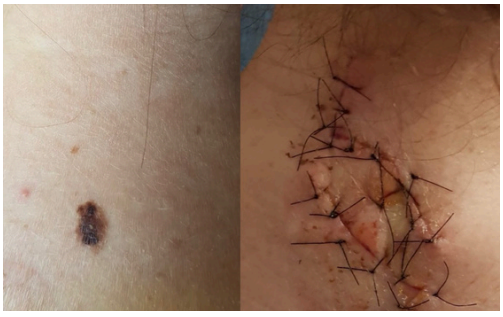
- doesn't heal within 4 weeks
- looks unusual
- hurts, is itchy, bleeds, crusts or scabs for more than 4 weeks

**Speak to your GP if you have any of these symptoms or are worried about any abnormal areas of skin.**

**For more information and some FAQs - Scan the QR codes for Cancer Research and Macmillan UK.**

**Patient Story:** I am a nurse and I had noticed it, it felt a wee bit itchy when I touched it and it felt like it was weeping a little. I thought that a necklace had scratched it or something. I think this happened a few times before I organised to get it checked out, I was glad that the pharmacist pointed it out to me. Mine turned out to be a basal cell carcinoma (BCC) image below left. Afterwards, a friend told me about how a hairdresser had advised her to get a mole checked out as she was unaware and another colleague said that a GP had noticed what turned out to be a stage 1 malignant melanoma, below right, when she had her hair tied up one day. **I would say to anyone that if you notice anything, please say something. They are unlikely to be offended (long term...) and you could just help save a life.**



**If you have any ideas for clinical conundrums, please send them to lorna.brown8@nhs.scot**


- **Period Delay and Sexual Health Webinar -** 1/5/24 - recording available on GGC CP site if you missed it.
- **Peer Review Session** - End of May TBC. Break into groups to discuss a case/recent patient/query with peers and a facilitator.
- **Fearsome Feet** - We will have a GGC IP Podatrist on hand to answer your foot related queries and guide to appropriate prescribing in this area. June 2024 TBC
- **Dermatology session** - Ask the expert, GGC Dermatology Consultant. August 2024 - Date to be confirmed. **Poll will be sent for topics to be covered**
- **How can the 'NEWS' help you?** An introduction to the NEWS score and how it can help support your consultations and onward referrals. Autumn 2024

If you have any ideas for webinar topics, then please contact lorna.brown8@nhs.scot – we need your help to make the sessions relevant for you and your needs.

## Are you thinking about or have you been approached to be a Designated Prescribng Practitioner (DPP)?

NES are continuing to offer support and drop-in sessions for current or potential DPPs. When dates are available they can be booked via DPP Drop in Session. Sessions will highlight resources to help with the DPP process, discussion about the support available and allow time for questions (with an experienced DPP in attendance).

More DPP resources are available on TURAS

## Do you need support to help complete your RPS Advanced Practice Portfolio?

Are you completing your portfolio or wondering how to start?
NES are running a practical session on the 4th (evening) and 6th (lunchtime) of June. Book via Turas. More information is available here . **If you would like to get involved with a GGC Journal/Case Presentation Club - please contact lorna.brown8@nhs.scot**

# GGC Prescribing Initiatives 2024/25

The GGC prescribing budget is expected to be £35 million overspent if there is no intervention. Practice prescribing teams are working towards screening patients to help realise the savings in particular target areas (detailed below). As always, we hope that you can get involved. This might take the form of explaining to patients the rationale behind some changes if they ask you or a member of your team or you may have a role in flagging up in flagging up non-compliance with medication of limited value e.g. Lidocaine patches, patients who have ended up on a liquid formulation that is no longer required or frail elderly patients for review (see frailty guideline).

**Patient will be advised to complete current supplies before switching to minimize medication waste, if using a compliance aid there will be a communication with the CP to help manage the transition.**

**Every single saving makes a difference and working as one primary care team can hopefully help realise them.**

**RESPIRATORY:**

Promote recycling of inhaler canisters?

Speak to patients not ordering steroid inhalers regularly?

1.Changing **Fostair** MDI to **Luforbec** MDI (No change to Nexthalers)
2. Changing **Spiriva** to **Tiogiva**
Company's can be contacted for placebo inhalers if you need them.

Work is ongoing to reduce the ratio of metered dose to dry powder and soft mist inhalers as part of plans to help with the environmental implications of respiratory prescribing. Similarly, patient education on asthma management, over ordering of SABA and rationalising treatment to Triple therapy inhalers to help compliance.

**Lidocaine Patches:** Patients will be reviewed and if using for over 6 months asked to trial stopping. CPs can flag up non compliance including patient returns or not requesting on serial Rx, or OTC purchases of analgesics. Can signpost patients to pain resources and support provision of smaller quantities e.g. 10 - 15 patches for Lidocaine trials if requested.

**DPP4 Prescribing: Alogliptin to Sitagliptin**

Screening will be undertaken to identify patients who if being treated successfully on a DPP4 (achieving target HbA1C reduction) can be switched or diabetes management reviewed.

**DOAC Switches: Edoxaban to Apixaban**

Patients will be screened and reviewed and if appropriate switched to Apixaban at an equivalent dose. Not all patients will be suitable for switch.