**Wasted Medicines Message**

NHS Fife recently re-launched the campaign to reduce the amount of wasted medicines. The campaign raises awareness of the costs involved either as a result of over-ordering of medicines, particularly on repeat prescriptions, or continuing to order those medicines no longer needed.

**Wasted medicines cost NHS Fife over £2 million per year** - the equivalent of around 110 community nurses, 80 community midwives or 54 community dentists. The quantity of medicines returned to NHS Fife pharmacies is equivalent to filling an 8 tonne skip every 8 weeks. Patients are being reminded not to order medicines “just in case” — if medicines run out, patients can contact their GP or local pharmacy.

Stockpiling medicines at home can be a safety risk. Unused medicines should be returned to local pharmacies for safe disposal. Patients and the public must realise that medicines returned to pharmacies cannot be reused or recycled. They must be disposed of even if unopened or unused.

Fiona Eastop, Pharmacist at NHS Fife said “This campaign urges everyone to think before they order repeat prescriptions and check before ordering any more, particularly if ordering on behalf of a relative, or someone you care for. Also, if there are medicines which you do not like to take, or are unable to swallow, simply speak to your pharmacist or GP to discuss alternatives.”

The campaign includes advertising on buses and at train stations. Fife pharmacies will be issued with leaflets and information posters for use during the campaign.

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**From the Editor...**

Welcome to the summer edition of Fife Pharmacy News. In this issue, there’s a focus on Medicines Waste with the Fife Pharmacy Services summer campaign re-launch. There are also features on the Stop Smoking Service, Public Health Service and an update from our Champions. Look out for an update on the Pharmacy Prescribed Sharps service as well as all the latest Pharmacy news and much more. As always, if you have any ideas or suggestions, or if there is something you would like to see featured in this newsletter, please contact me - fionaforsyth@nhs.net.
Stop Smoking Target 15/16
How did we do?

All Scottish Health Boards have a Stop Smoking target (now called Local Delivery Plan) to get a specific number of smokers successfully quit at 3 months in the 40% most deprived populations. Although the full year data is not yet in nearly all Health Boards failed to make this target.

How did the Community Pharmacy Stop Smoking Service (CPSSS) do?
Over 60% of all quit attempts (from the CPSSS and the Community Services Specialist Service) came from the CPSSS; however this only accounted for just under 40% of all successful quits at 3 months. This difference can partly be explained by a lost to follow up rate in the CPSSS that is double that of the Specialist Service. Also many quit attempts in the CPSSS “elapsed/expired” before the 4 week or 3 month follow up was undertaken (NB all pharmacies should access the PCR each day in order to get reminders to complete follow-up within timeframe).

Every client that enters the service & has a quit date set should have a 4 week follow up undertaken and if successful; a 3 month follow up should then be done.

NHS Fife has a new Stop Smoking LDP Target for 16/17 that is even bigger than 15/16 so all pharmacies are asked to make an increased effort in this service as a priority. We will keep you updated re our progress in the new LDP target for 16/17.

Update on Varenicline PGD
The supply of varenicline via a PGD was introduced into the CPSSS in July 2014. It allows clients, who have tried to stop smoking through a recognised service using NRT with motivational support on more than one occasion; the option of varenicline.

Since July 2014 nearly 500 varenicline CPUS prescriptions have been written covering nearly 30% of the community pharmacies in NHS Fife.

There is advice for pharmacists new to this PGD of what’s required for sign-up via a resource sheet on the Stop Smoking page of the Fife SHOW website.


The sign-up & use of this PGD is essential to give smokers a treatment option for their quit attempts in the community pharmacy service.
Update on Revised EHC Service

From 1 October 2015 the revised Community Pharmacy EHC service now includes the option to supply ulipristal acetate to patients who present requesting emergency contraception for their own use within 120 hours of unprotected sexual intercourse (UPSI) or contraceptive failure. There is no requirement for a PGD for ulipristal acetate as it has been reclassified as a P medicine. A PGD remains in place for the supply of levonorgestrel.

The first five months of this revised service has seen a quarter of all Fife CPs supply ulipristal acetate at least once and six of our CPs have made two or more supplies in this period.

The Fife page of the SHOW web site provides more information on this new service including supplementary guidance for supply of oral EHC. [http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Fife/ehc.html](http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Fife/ehc.html), This includes the Fife Joint Formulary guidance on Emergency Contraception (section 7.3.5.) i.e.

<table>
<thead>
<tr>
<th>Time Window</th>
<th>Prescription Formulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 72 hours</td>
<td>Levonorgestrel 1.5mg (Upostelle®)</td>
</tr>
<tr>
<td>72 - 120 hours</td>
<td>Ulipristal 30mg (EllaOne®)</td>
</tr>
</tbody>
</table>

Prescribing Points:
- It must be borne in mind that the most effective method of emergency contraception is a copper IUD which can be fitted up to 5 days after unprotected sex or up to 5 days after the earliest predicted ovulation. The IUD can then be retained as an ongoing method of long-lasting contraception.
- Levonorgestrel is licensed for use within 72 hours of intercourse.
- There is evidence to suggest that the sooner levonorgestrel is used; the more likely it is to be effective.
- Upostelle® is cheaper than Levonelle® and is the preferred Fife Formulary choice.
- Ulipristal is more expensive than levonorgestrel therefore it is recommended that it is used in the 72-120 hour window after intercourse. Ulipristal may be used, following individual assessment of benefits, prior to 72 hours e.g. in teenagers or mid-cycle.
- Some medications can reduce the effectiveness of levonorgestrel or ulipristal. Please refer to the BNF or SPC for further details.

Reminder of Potential for Serious Interactions Between Warfarin and Topical Miconazole

The June 2016 edition of the MHRA Drug Safety Update highlighted reports of serious bleeding events in patients taking miconazole and warfarin. The MHRA are considering further measures to minimise the risk of potentially serious interactions between these two drugs. See web link above for full article.

Reminder for Healthcare Professionals
- Miconazole, including the topical gel formulation, can enhance the anticoagulant effect of warfarin - if miconazole and warfarin are used concurrently, the anticoagulant effect should be carefully monitored and, if necessary, the dose of warfarin reduced.
- Patients should be advised to tell their doctor or pharmacist if they are receiving warfarin before using products that contain miconazole (including those available without prescription), and to seek medical advice if they notice signs of over-anticoagulation during treatment, such as sudden unexplained bruising, nosebleeds or blood in the urine.

Health professionals can subscribe to MHRA email alerts (including the Drug Safety Update) here - [MHRA email sign-up](http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Fife/ehc.html).
NHS Fife Pharmacy Champions support community pharmacists and their staff in defined geographical areas. They regularly visit a number of pharmacies in their area to help support staff.

Yellow Card Reporting e-Learning Modules

Last year’s PCA(P) 2015 26 highlighted the collaboration between the Yellow Card Centre Scotland and NHS Education Scotland (NES) to produce 6 interactive e-learning modules on adverse drug reactions (ADRs).


These modules aim to increase awareness of the harms that can be caused by medicines including admissions to hospital and prolongation of hospital stays; and how these problems can be identified or avoided. Completion of these modules by all Pharmacists, Pharmacy Technicians and Locums is mandatory for payment; this includes newly employed staff too. The modules are available to view below (estimated time for completion = 2 hours).

- Objectives for the resource
- Module 1 Basic Principles of ADR
- Module 2 Categorisation
- Module 3 Drug Allergy Classification
- Module 4 Diagnosis, Interpretation & Management
- Module 5 Avoiding Adverse Drug Reactions
- Module 6 Pharmacovigilance
- Complete the MCQs via Portal

To access these modules electronically, please visit the SHOW website to view this newsletter online for access to hyperlinks.

Your Local Pharmacy Champion is Listed Below

If you have any questions or feedback on the services provided in your pharmacy, call or drop them an email.

Larissa Badger larissabadger@nhs.net 01383 824257  Buckhaven, Dalgety Bay, East Wemyss, Kennaoway, Leven, Methil
Kenny Bell kennybell@nhs.net 01592 644139  Aberdour, Burntisland, Dysart, Kinghorn, Kirkcaldy
Colin Cossar colincossar@nhs.net 01383 843617  Ballingry, Charlestown, High Valleyfield, Inverkeithing, Kelty, Kincardine, Lochgelly, Lochore, Oakley, Rosyth
Amanda Dellar amanda.dellar@nhs.net 07807 646 624  Cowdenbeath, Crossgates, Crossford, Dunfermline
Alec Murray alec.murray@nhs.net 07826 555 069  Anstruther, Crail, Cupar, Elie, Leuchars, Newport on Tay, Pittenweem, St Andrews
Craig Notman craig.notman@nhs.net 01337 828345  Auchtermuchty, Falkland, Ladybank, Lundin Links, Newburgh, Thornton
Allan Shields allanshields@nhs.net 07977 469 251  Cardenden, Glenrothes, Kinglassie, Leslie, Markinch
The Minor Ailment Service (MAS) allows those who are eligible to register with and use their community pharmacy as the first port of call for the treatment of common illnesses on the NHS. Patients can register with the pharmacy of their choice and once registered, can present at any point with symptoms which can be advised upon, treated, or referred to another health care practitioner where appropriate.

If the Pharmacist decides that the most appropriate action is to treat the presenting condition, they will determine the course of treatment they wish to recommend for the patient. This recommendation is supported by NHS Fife MAS formulary.

People who were exempt from previous prescription charges and who are registered with a Scottish GP are eligible to register for the service.

Care home and temporary residents are not eligible.

The Pharmacy First initiative promotes community pharmacies as the first port of call for people who need treatment for uncomplicated conditions and ailments. The pharmacy can offer advice and if appropriate, treatment without the need for a prescription.

With many thousands of patients seen each year by GP’s, community pharmacies could take pressure away from GP Services, including Out of Hours, and can also make it easier for people to access advice and treatment without having to make an appointment. Most pharmacies are open six days a week, with some located within supermarkets which are open in the evenings and on Sundays.

Community pharmacies can play a key role in supporting patient care and treatment when used to treat many common illnesses and conditions. With the Pharmacy First service, better use is made of pharmacy skills to widen the range of services available in local pharmacies across Scotland.

Following publication of the Sir Lewis Ritchie report, Pulling together: transforming urgent care for the people of Scotland (http://www.gov.scot/Resource/0048/00489938.pdf), a number of recommendations have been included for Health Boards to consider including several for community pharmacy. Andrea Smith (Lead Pharmacist – HSCP) is working with national Primary Care Leads and locally with William John (Public Health Pharmacist) to prepare for the launch in Autumn of a further 2 PGDs (for Impetigo and Uncomplicated UTI) to support Out of Hours and Unscheduled Care. Look out for further details and dates of training events in August/September 2016.

For more information: http://www.communitypharmacyscotland.org.uk/media/92314/Pharmacy-OOH-Submission-Aug-15.pdf

There is also an accompanying NES pack which I commend to you to work through prior to Winter 2016/17 available at: http://www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy/about-nes-pharmacy/educational-resources/resources-by-topic/common-clinical-conditions/common-clinical-conditions-and-minor-ailments.aspx

The Homeless
Do you identify many clients who have homelessness issues?

What would help you most in finding new ways to help such individuals?

An email will shortly be sent to all community pharmacies asking these questions so that we can build a picture of the interaction between the homeless in our communities and their use of and frequent contact with community pharmacies.
Going Forward Together - Joint Development Session - Practice Pharmacists/Technicians and Pharmacy Champions

Fife Pharmacy held an innovative event on 08 June 2016. “Going Forward Together” offered a learning forum for Practice Pharmacists, Practice Technicians and Pharmacy Champions.

The Joint Development session focused firstly on Integrated Person Centred Care from a clinical perspective and included presentations from Fiona Forrest, Lead Pharmacist on New Ways of Working as well as Pharmacy Champions, Craig Notman and Allan Sheilds who explained the Community Pharmacy’s role.

A workshop session to determine How to Work Better Together followed, with input from all participants.

The second session involved Systems and Processes to Support Efficient and Effective Prescribing, with presentations by Sally Tyson, Lead Pharmacist on Efficiencies, Script Switch and Repeat Prescribing followed by Pharmacy Champions, Amanda Dellar and Alec Murray who discussed How Community Pharmacy Can Help to Support Efficiencies through the services it can provide.

A further workshop session followed with a focus on how to collectively support the priorities of the development event.

The Joint Development Session provided a great and much needed opportunity for Practice Pharmacists, Practice Technicians and Pharmacy Champions to meet together and discuss the way forward.

Series of Fortunate Events

The latest Series of Fortunate Events evenings took place on 24 May 2016.

The Education Centre within the Victoria Hospital in Kirkcaldy provided the venue for the education and training event.

Delegates can choose 2 sessions from 3 choices with each session lasting up to 1 and a half hours. May’s sessions included:

- “Specials” Delivery - an informative session on the Specials process, it’s journey so far and the way forward.
- Getting Ready to get it Right - The Children and Young People’s Act (Scotland) 2014 - an overview of the act ahead of its implementation on 31 August 2016.
- Basic Life Support/Anaphylaxis - an understanding of the knowledge and skills to enable you to provide basic life support and recognise signs of anaphylaxis.

Look out for the next event and session choices in October 2016.
Earlier in the year I shared with you the initial changes that are happening within Pharmacy, particularly within the Health and Social Care Partnership (H&SCP), and the proposed move to single system pharmacy across Fife. I am very pleased that, as of the 1st June 2016, Pharmacy will operate and be managed as a single system within Fife.

This means that Pharmacy in Acute Services and the H&SCP will be managed as one service, accountable and responsible to a full time Director of Pharmacy. Pharmacy will sit within the H&SCP but have strong links into Acute Services and Public Health as it is essential that Pharmacy continues to provide and develop services to meet the needs of patients in both of these areas, as well as in the H&SCP. The Chief Pharmacist – Acute Services and the Lead Pharmacist – H&SCP are instrumental in leading and managing their elements of the Pharmacy Service in Acute Services and the H&SCP and they will do this by continuing to represent Pharmacy at senior level within Acute Services and the H&SCP respectively.

Geting Ready to Get it Right - The Children and Young People’s Act

At the May 2016 Series of Fortunate Events evening, community pharmacy staff were given an overview of the Children and Young People’s Act (Scotland) 2014 ahead of its implementation on 31 August 2016.

The session also allowed staff to:
- Understand the role and duties of pharmacy staff within the Children and Young People’s Act
- Describe what is a wellbeing concern for children
- Understand the role and function of the Named Person service
- Describe what the expectations are around information sharing within this Act.

An e-learning resource has been developed by NES to raise awareness of this Act & to support the NHS workforce to implement and embed key parts of this Act into practice – see web link below.


Single System Pharmacy

The development of a Pharmacy Strategy is also underway and will set the vision and plan for Pharmacy for the next 3-5 years. The Pharmacy Strategy will align to the Fife Clinical Strategy, and Pharmacy will have an important role in contributing to and delivering a range of priorities within the Fife Clinical Strategy.

The move to Pharmacy operating as a single system should have very little if any impact directly on staff and the intention will be eventually to move to a single set of policies across Pharmacy so that all staff are working and being managed in the same way.

This work has already started and a number of you may well have been involved. There will be no loss of posts, and in fact the intention and drive is to develop pharmacy further, particularly in those areas where we know that we have gaps. Some staff, particularly with the move to the H&SCP, have had their line management arrangements adjusted to meet the requirements of the H&SCP but otherwise there should be no major changes to the existing line management arrangements, with the exception of the Chief Pharmacist – Acute Services and the Lead Pharmacist – H&SCP who will now be reporting directly to the Director of Pharmacy. There may be some further changes to line management arrangements in line with the development of the service and the implementation of the Pharmacy Strategy but these will involve and be discussed with those that may be affected.

I really look forward to working with you as we make this change and continue to make Pharmacy a strong and effective service meeting the needs of patients.”

Evelyn McPhail, Director of Pharmacy
“I Love My Pharmacist” Awards

Voting for the winners of the 2016 Pharmaceutical Journal I Love My Pharmacist Award is now open. The judging panel have narrowed the entries down to just 23 finalists across six regions in the UK. Shortlisted finalists were judged on their accounts on using their initiative to address needs within their local community, sharing improvements across teams and patient stories highlighting their work within the local community.

Bernadette Brown from Cadham Pharmacy and Naseem Sadiq from Dears Pharmacy, both in Glenrothes have been named as the Scottish finalists. The award demonstrates how vital pharmacists are to the NHS. Voting closes on 21 July 2016 with the pharmacist with the highest number of votes from the region going forward for the 2016 Champion.

Visit https://www.ilovemypharmacist.co.uk/ to vote for your favourite.

Let the sun Shine!

Now that summer is here, it’s time to get the barbecue out and start trying on the swimwear! However, it’s also the season for sunburn, rashes, bites and stings, not to mention travel vaccinations. That’s why we’re encouraging customers to “Ask their Pharmacist”.

You can give advice on a wide range of summer health care topics, from hay fever to prickly heat, travel medicine and first aid. As well as helping with minor ailments, you can arm customers with various lotions and potions they’ll need to see them through the hot months ahead. Remember the private consultation room where appropriate, to discuss the more delicate issues of holiday health care.

Whether it’s too much heat, a bad case of sunburn or a nasty insect bite, there’s always a remedy. Advice is also available for travelling abroad.

Well Done, You Did It! ..... Congratulations to the following people on their achievements.

- Paul Connolly and Ruth Neish who completed SVQ Level 2 Pharmacy Services units
- Maxine East on achieving PDA – Assessment and Supply of Individual Patients’ Medicines
- Rachel Swan, Student Pharmacy Technician who whilst undertaking her placement at Queen Margaret Hospital was awarded Student of the Year.
- Andrew Thornley for completing HNC Pharmacy Services, Development and Management
- Margaret Vass, Queen Margaret University who was awarded the Post Graduate Prize for Excellence in Research
- Dane Winterburn for completing SVQ Level 3 Pharmacy Services
- Joyce Young who completed the Quality Improvement Course

Margaret Vass, Pharmacy Technician Team Leader with her award

Visit https://www.ilovemypharmacist.co.uk/ to vote for your favourite.