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Online Screening and Brief Interventions

Addiction Alcohol Behaviour Change

Online Screening and Brief Interventions

www.alcolator.com

This is a computer-based alcohol interventions offering a new development for alcohol treatment and support that has the potential to target hard to reach groups. Over a third of broadband users in Scotland report using the internet to find information on health issues, across all age groups. (Ofcom, 2011).

Key Features
Interactive resources:

- alcohol unit and calorie calculator
- alcohol self assessment tool (AUDIT)
- direct email pathway to specialist alcohol brief intervention (ABI) services across GG&C
- support link for those affected by someone else's drinking

Information pages:

- staying in control (safer drinking information)
- a good friend (what to do in an emergency)
- someone else's drinking (information for those affected by parents drinking)
- no thanks (tips on saying no)
- drink diary

The website is free, and provides a time saving resource for pharmacy staff.

Available 24 hours a day, the accessibility offered increases awareness, empowering the user to take control and responsibility for their drinking.

For some, this can feel less threatening; it offers privacy, anonymity and flexibility allowing consumption to be monitored at a time convenient to the user with personalised support signposted through ABI referral pathways across Greater Glasgow and Clyde.

The website can be accessed through the above URL or through the Sandyford webpage. A mobile version is available where you can bookmark to the home screen in the same way as an app. Any data collected is unidentifiable and any ABIs will contribute towards the current HEAT standard.

** Please be aware that e-mail is not a confidential means of communication
Community Pharmacy Naloxone Pilot

As an extension to the existing naloxone Programme within NHS Greater Glasgow & Clyde a pilot was established to enable clients attending pharmacy IEP services within Glasgow City to be offered overdose training and a supply of naloxone. From IEP data, clients accessing the pharmacy IEPs were predominately reporting heroin as their main drug of use and that they were not in treatment. The aim of the pilot is to increase the number of take home naloxone kits available in the community and to target the group most at risk of overdose.

A total of 26 pharmacies are participating in the pilot. The first training session for pharmacists was held on the 16th January 2013. Funding was initially secured until the 31st March 2013, however this extended to allow the pilot to continue into 2013/2014. So far this has been enthusiastically received by staff and clients. Within the initial ten week period a total of 138 Naloxone Supplies were issued to clients at risk of opiate overdose.

Training is delivered by trained pharmacy staff / pharmacists and the supply of naloxone is issued by the Pharmacist under a PGD. Contractors are paid a professional fee of £15 per supply. Naloxone peer trainers from New Horizons have been working in partnership with some of the pharmacies and have been involved in promoting and delivering Naloxone training.

This is the first time in Scotland that pharmacists and their staff have been involved in delivering the training component of the programme. It is an exciting development and shows further how community pharmacists can contribute to harm reduction and promote recovery and importantly contribute to reducing the number of drug deaths in Scotland.

Further training dates will be announced shortly for IEP Pharmacies within Glasgow City & East Renfrewshire. It is intended that the pilot will be rolled out to all IEP Pharmacies in NHS GGC within the year.

For further information please contact:
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Further reading:
The National Naloxone Programme


Minor Ailment Service

We have received favourable feedback from GP colleagues regarding the Minor Ailment Service. It was noted that some conditions, such as head lice are almost never treated by GPs and that this was appropriate and welcomed.

Some GPs have commented that where a community pharmacist advises that patients consult their GP, this is interpreted as a direction to the patient to seek an urgent appointment.

Could we therefore ask community pharmacists to emphasise to their patients that, unless the situation dictates, there is no need to seek urgent medical attention.

New Oral Anticoagulants

As you will be aware, a new class of anticoagulants has been introduced. Currently apixaban, dabigatran and rivaroxaban are licensed for a range if indications. Unlike warfarin, there are no reversal agents for these drugs. Patients should be advised to read the patient alert card and should carry the card at all times.

Links to Patient Alert Cards:
Apixaban
www.eliquis.co.uk/riskminimisationtools/index.aspx#tcm:201-5298
Dabigatran
www.esca-keele.co.uk/dabigatran/patient-alert-card.pdf
Rivaroxaban
www.xarelto-info.co.uk/site-resources/pdfs/Patient_Alert_Card_15and20mg_nov2012.pdf

Liothyronine

Licensed supplies of liothyronine tablets 20microgram are currently unavailable and pharmacists will need to order an unlicensed alternative over the next few weeks until the matter is resolved.

As this alternative may not be bioequivalent to the licensed product, patients may experience a change in their symptoms and TSH status. Most are unlikely to be affected, but those with a significant change in symptoms are recommended to have their TSH status reviewed and the dose adjusted accordingly. Pregnant women and those with heart disease may be most susceptible.

More information is available on the MHRA website. If an unlicensed product is required, community pharmacists should follow the standard process and contact this office for prior authorisation. Advice on where the product is to be sourced and at what price will be given at that time.