

Supporting Community Pharmacy Independent Prescribers (CPIPs) across GGC to work and learn together.

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## Resources and where to find them

- By Alan Harrison

We can often be bombarded with useful emails and web links that we save somewhere and can often not locate it when it is needed. We are hoping to set up a resource space within the GGC CP website to store all things relevant to Pharmacy First and Pharmacy First Plus and make them easily accessible to you for current and future reference. **Check out the link below to the password protected site.**



# Prescription Practicalities

- By Alasdair MacIntyre

When providing the PF+ service you will use your Health Board issued prescribing pad. This includes your designated prescriber code which can be used for payment purposes but also to help support governance and reflection as the prescribing data will help populate your individual 6 monthly prescriber report that you will receive from GGC Community Pharmacy Development Team.

Once you have signed a prescription and dispensed it appropriately you should submit for payment. These prescriptions should be sent in the prescription bundle to PSD as per usual practice. For patients in who you consult but do not prescribe you should annotate and entry within their PCR and if appropriate send an SBAR for noting to the GP practice. This will provide appropriate communication and any findings should the patient present at the practice later. It is good practice to start doing this from the outset as future payments may be based on consultations not just prescriptions.

## Top 10 set up tips

- By Maryann Dunnet

Getting started can be daunting but you do not have to do it all on your own. I have listed below my top 10 tips to help support you in building your Pharmacy First Plus service in your Pharmacy.

1. Speak to your local GP practice(s) to let them know what you can offer and the times you are offering it.
2. Advise them on suitable patients to send to you e.g. provide laminates for reception, do a lunchtime information session.
3. Establish a clear communication and support system for query patients with your GPs and for feedback.
4. Link in/establish relationships with the Prescribing Support Team attached to your local surgeries. If they are involved in doing acute Rx requests, they may well be able to refer suitable patients to you.
5. Start in areas that you are confident with and build it up as your confidence grows.
6. Refresh your knowledge <https://learn.nes.nhs.scot/34219/pharmacy/cpd-resources/common-clinical-conditions> and keep up to date with changes and adapt your practice.
7. Increase awareness of the service you are offering: at your GP practices, via pharmacy website and your business social media such as Facebook
8. Unsure of ears? Ask patients who present with Rx for these conditions if you can examine their ears to see what presentation is like.
9. Similarly, for skin and sore throats.... Ask and use patients as a resource to practice and refine your skills.
10. Attend a Teach and Treat Hub, we have one based in Glasgow <https://learn.nes.nhs.scot/46668/pharmacy/teach-and-treat-for-common-clinical-conditions>  
**If in doubt or in need of support, reach out to local colleagues via the Community Pharmacy Development team, NES, CPS or CPIP Support Network. A problem shared is a problem halved.**



## Upcoming Peer Support Sessions

By Pamela MacIntyre

- 26<sup>th</sup> August - Dermatology Update – spots and all
- 23<sup>rd</sup> September – UTIs beyond the PGD
- Week beginning 8<sup>th</sup> November – Ear Ear...Winters coming
- Week beginning 17<sup>th</sup> January – Small Group Year 1 prescribing data
- Week beginning 28<sup>th</sup> February – Skin issues beyond the PGD

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## CPIP Ready Checklist ✓

By Lorna Brown

### Complete or refresh NES Common Clinical Conditions Modules

<https://learn.nes.nhs.scot/34219/pharmacy/cpd-resources/common-clinical-conditions>

### Pads requested

Contact: [Michelle.Cooper@ggc.scot.nhs.uk](mailto:Michelle.Cooper@ggc.scot.nhs.uk)

### Equipment purchased

Check list and potential suppliers on CP Webpage. Remember to organize servicing of instruments.

### Signed up to GGC CPIP Support Network and joined WhatsApp

Contact: [Michelle.Cooper@ggc.scot.nhs.uk](mailto:Michelle.Cooper@ggc.scot.nhs.uk)

### Ensure indemnity insurance for IP in place

If organized by your company check it covers IP and request a copy for your records

**Downloaded GGC Formulary App** (also has Antibiotic guidelines). Available for Apple and Android.

User name: ggstaff

Password: medicines

### Date in diary to attend CCC Teach & Treat Hub – to book check out

<https://learn.nes.nhs.scot/46733/pharmacy/teach-and-treat-for-common-clinical-conditions/attending-a-nes-pharmacy-teach-and-treat-hub-for-common-clinical-conditions>

Complete the application form and send to

[Michelle.Cooper@ggc.scot.nhs.uk](mailto:Michelle.Cooper@ggc.scot.nhs.uk)



## To prescribe for pain or not.... That is the question?

By Colin Dougall & Lorna Brown

As community pharmacists we often find ourselves checking endless repeat prescriptions for a wide variety of analgesics. Chronic or persistent pain is pain that carries on for longer than 12 weeks despite medication or treatment. Most people get back to normal after pain following an injury or operation. But sometimes the pain carries on for longer or comes on without any history of an injury or operation. As a pharmacist, you can have a crucial interaction with a patient at an early stage (or any stage) of their pain journey. From our experiences in store and in GP practice pain clinics, we would suggest that you familiarise yourself with the learning available in the weblink below and also with the options available to you via Pharmacy First (paracetamol, ibuprofen and aspirin) and the GGC formulary and consider appropriate strategies for acute pain management such as **PRICE (Protection, Rest, Ice, Compression and Elevation)**.

Lower back pain is a common complaint in primary care. Simple back pain usually improves within one week and resolves within a month. Regular analgesia is recommended alongside gentle activity, especially walking and the aim of a return to normal activities as soon as possible. If low back pain persists for longer than four to six weeks, patients should be referred for more specialised advice including self-referral to physiotherapy services. The NHS 24 MSK Help physiotherapy app can be useful for patients, showing them gentle exercises to aid recovery.

Analgesia may be necessary if pain is troublesome but is best given as one component of a patient focused treatment plan. Paracetamol and ibuprofen may be used together if one analgesic agent alone provides sub-optimal control for short term treatment. **As a prescriber** you can prescribe higher strength analgesia - for example for recently discharged patients (surgery/A&E) with insufficient supplies (e.g. co-codamol 30/500mg, naproxen 500mg, etc.) or short-term course until a further review can be undertaken. For higher strength analgesia, always give the smallest quantity to tide someone over until the next review with appropriate documentation on the PMR of dates and quantities supplied to ensure that any drug seeking behavior is identified at the earliest opportunity. Any prescribing of muscle relaxants such as Diazepam or nerve pain agents such as Gabapentin or Amitriptyline should be avoided unless you are running a designated pain clinic in conjunction with a GP practice. As the new prescriber on the block it is crucial that you protect yourself and your patients when prescribing for pain to minimize the risk of inappropriate dependence on analgesics.

<https://learn.nes.nhs.scot/34225/pharmacy/cpd-resources/common-clinical-conditions/central-nervous-system>  
<https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/chronic-pain>.

**If you have any ideas, clinical conundrums or topics to feature in our Autumn edition of GGC CPIP Notebook then please send them to [lorna.brown7@nhs.scot](mailto:lorna.brown7@nhs.scot).**



## Consultation Conundrum

**Friday evening, 18-year-old female presents at CP (sent by GP practice) as UTI symptoms. Has temperature of 37.5°C, loin pain and a little nauseous. BP is 140/80 and pulse steady, patient reports not feeling great but not 'unwell', keen for treatment as it worked before last year as she is going away for the weekend tomorrow. No blood in urine reported, did not bring sample and cannot produce new sample as has just been to bathroom before coming in. Advises no chance of pregnancy during questioning and no allergies. What do you do?**

**CPIP 1** - I would treat empirically with a 3-day course and give a strong worsening statement re progression of symptoms.

**CPIP 2** - I would be inclined to treat given the circumstances however during discussion with our GP surgery when I started Pharmacy First Plus, they asked me to continue to refer any patients with loin pain. As it was a Friday evening, if they were already closed or I was unable to speak to them, I would refer to OOH. Moving forward and as I get more experience; I may revisit this situation with them.

**OOH** - I would prescribe a 3-day course of nitrofurantoin 100mg MR. The patient has positive symptoms and some loin pain so could risk clinical deterioration if not treated.

**GP** - Loin pain and nausea are signs of UUTI, I would assess for sepsis, (carry out urine pregnancy test and send sample for C&S (if at all possible)). I would treat with ciprofloxacin 500mg BD for 7 days and give strong worsening advice, unless signs of sepsis in which case I would admit to hospital.

**Additional information from OOH** – At OOH we only dip the urine and are unable to send for Culture & Sensitivities. This means that GP practices are not required to chase a result of a sample they did not request. Not necessary or helpful to call regarding a UTI patient but supplying a sample bottle for patient to take to OOH would be useful. To cope with demand OOH use all methods of communication. An average of 40% of calls are dealt with by phone and the rest are face to face at OOH base or at home.

**Additional information from GP** - At that time on a Friday the samples will be an issue, but certainly if referring onto GP/OOH giving a specimen bottle and asking them to bring sample is helpful (but not just drop it off as many practices don't like unsolicited samples arriving). There are many right answers here probably and as with all these things a bit of 'gut feeling' on how unwell the patient in front of you appears. I wouldn't delay an antibiotic while awaiting a specimen in a patient with good going UTI/UUTI symptoms

**Counselling points to consider** – Remind patient to get a sample before any antibiotic is taken, double check if any allergies and what antibiotic she had last time (perhaps on PCR). Remind that paracetamol and/or NSAID can be used to provide symptomatic relief. Advise on signs of sepsis, give strong worsening statement and clear instructions on what to do if symptoms deteriorate.