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| Icon  Description automatically generated |  | Getting Started as a Pharmacy First Plus Prescriber in GGC  Version 1 |
|  |  | **Welcome to the team……..**  By Alan Harrison  Firstly, congratulations on signing up to deliver **Pharmacy First Plus** services within GGC. At the Community Pharmacy Development Team, we hope to help and support you on your ongoing journey as a prescriber. Detailed below is information we have gathered from experienced prescribers within GGC over the past few years, including how to get set up and how to record your consultations.  We can often be bombarded with useful emails and web links that we save somewhere or print out and then we cannot locate it when need it. To help we have 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. There are many tools to support prescribing which have been developed over the years with GPs and other prescribers.  One such tool is the Formulary, available at [GGC Medicines: Home](https://ggcmedicines.org.uk/) which is the list of items approved for prescribing within GGC. The **formulary** covers both primary and secondary care so you may find some items that are noted as **S** – Specialist initiation only. Within the formulary there is the **Preferred List (PL),** this includes first line choices which can be applicable to most patients and scenarios. There is evidence that knowing a small list of drugs well can be beneficial to prescribing as you are more familiar with the dosage regimen, potential interactions and counselling required.  For example, there are 11 ACE inhibitors licensed in the UK, there are 3 within the total formulary and two preferred list products being Ramipril and Lisinopril. These cover most clinical indications, they are tried and tested, cost effective and evidence based – they are probably the most common ACE inhibitors you see prescribed. A community pharmacy example would be Ibuprofen gel 5% as the topical nsaid being preferred list choice. Ketoprofen and Movelat are on the Total Formulary. Diclofenac Gel is Non Formulary.  **There is a GGC Formulary App available for Apple and Android (link below in the checklist) that you can download for free.**  Finally, now that you have your prescription pad, you have the responsibility to keep it safe and secure. As you will be aware over the years, prescription pads and individual scripts have been stolen and attempts for misuse have occurred. Have a look at the link below for some useful information on how to store your pad and how to keep track of the serial number and the next prescription. Find a system that keeps your pad safe. [Security of Prescription Form Guidance (scot.nhs.uk)](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.communitypharmacy.scot.nhs.uk%2Fmedia%2F4117%2Fsecurity-of-rx-form-guidance-nov-2020.pdf&data=05%7C01%7Clorna.brown7%40nhs.scot%7C1101d540bb4245b291cf08da7f5cee3b%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C637962334346347127%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=UoBKOLpa3TVne7pAIgA7agw8agsaxztHLmayqM6n4LU%3D&reserved=0)  If there is anything you cannot find, please do not hesitate to contact the community pharmacy development team @ [ggc.cpdevteam@nhs.scot](mailto:ggc.cpdevteam@nhs.scot) and make sure that we are on your safe list and avoid getting lost in junk mail.  **Staying in the loop – Have you signed up to the NES Pharmacy MailChimp?**  In addition to GGC mailings, if you are interested in hearing about new developments coming from NES, including training, webinars for Independent Prescribers, then why not sign up for the NES Mailchimp.  Just click the link below and complete the form.  <https://us2.list-manage.com/subscribe?u=5391ceba312d6f81e0430a42b&id=2cdaaf4d30> |
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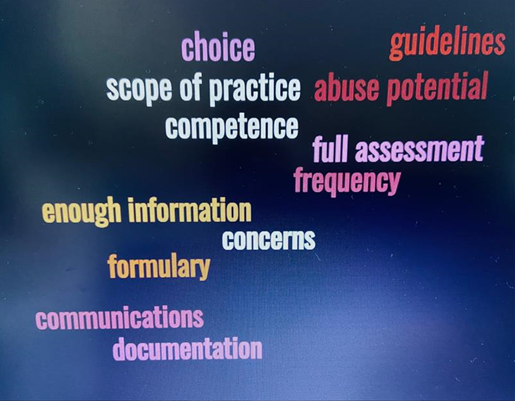
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| Prescription Practicalities  * By Alasdair Macintyre   When providing the PF+ service you will use your Health Board issued prescribing pad. This includes your designated prescriber code which can be used for payment purposes but also to help support 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.  **Update from CPS August 22– you can still use a PGD when you are a prescriber if it falls within the PGD. You can also choose to prescribe if you prefer.** | |  | | 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 two 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**. | |
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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 (below) 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 Formuary App** (also has Antibiotic guidelines). Available for Apple and Android.  **User name: ggcstaff**  **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) |
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**Documentation**

**is key**

**Lorna Brown in conjunction with David Massie**

Clinical decision making and prescribing are becoming an increasingly integral to daily Community Pharmacy practice. With the introduction of Pharmacy First and Pharmacy First Plus alongside PGD use, comes an increase in potential for prescribing and judgement errors that can affect both quality of care and patient safety. To help CPIPs ensure that they are safeguarded and supported within their role we are highlighting this topic and suggesting ways for pharmacists to reflect on their clinical decision making and prescribing decisions alongside giving guidance on how to document your actions. Should an error or query be identified, you will be required to evidence the investigations/questioning you undertook that resulted in the decision to prescribe (or not prescribe). It is not expected that all decision making will be perfect. However, it is expected that the pharmacists, like other prescribers will be able to justify their decision to others if required.

Increased documentation is an additional string required for the CPIPs bow. Documentation can vary depending on many factors including operating system functionality, how your colleagues document and/or how your DMP documented during your PLP. All can affect positively or negatively your documentation process. If you are grappling with the best way to document and communicate – **why not consider a visit to your local Teach and Treat Training Hub?** Take along an example of your process/paperwork for discussion. Alternatively speak to your peers or colleagues if you work for a multiple, others might have unearthed some smart solutions that could help.

Reviewing your work, will give you the opportunity to reflect on prescribing and identify any areas that are working well and any areas for improvement. It can also enable you to identify any possible reasons for an error occurring and consider methods for avoiding similar errors in future. As a new prescriber it might be an idea to review some of your prescribing or ask someone else to do this for you. Check that you can make sense of what you did and why and if possible that someone else agrees. It could be an idea to do this sooner rather than later so that any potential bad habits or issues are identified early in your prescribing journey and can be rectified.

When making clinical decisions the risk versus benefit must always be considered before making a recommendation or issuing a prescription. Before prescribing, some of the themes in the **image** **above** should be considered so that you can justify your decision if required to do so.

**If you wish to undertake a review of your prescribing and need some support to get started, please contact the CPDT or ask a peer on the WhatsApp. There is an audit template available to help you complete an audit of your prescribing/documentation**. **Perhaps you could review 5-10 Rx for a fellow CPIP and they could do the same for you?**

**What Equipment do I need and how do I keep up to date?** By Maxine McCabe

We first started offering a Common Clinical Conditions clinic at Parkhead Health Centre Pharmacy in 2019 as part of a pilot. We are located beside 2 GP practices, and they were helpful when we started and were working out what equipment we needed to provide the service. The list below is what I would recommend for anyone starting up a Pharmacy First Plus service. There are also numerous gadgets available that can help with specific issues e.g., Stethoscopes with amplifiers for those with hearing issues and apps that allow you to view the otoscope image on a phone or screen to use in your discussion with the patient. If you find a great device or gadget that helps with consultations, share it on the WhatsApp, if it makes your life easier then pass it on.

\*Apron\*Gloves \*Tongue depressors \*Electronic BP monitor (including additional large cuff)

\*Otoscope including covers (we use Heine. Remember to check the cover size is not too big for children)

\*Ear thermometer including covers (we use Braun) \*Stethoscope (we use Littmann) - appreciate not everyone will need this depending on scope of practice \*Sphygmomanometer \*Pulse oximeter

My colleague and I developed a Parkhead HC Pharmacy First Plus Formulary. This is different to the GGC formulary and includes the products and diseases that we feel competent and confident to prescribe for. It has developed over time and now includes more conditions; **remember you do not need to prescribe for everything from the outset**. A copy of this is hosted on the GGC Community Pharmacy site and is available for you to use as a template for you to use if it would be helpful. Familiarise yourself with useful resources - SIGN, NICE, geeky medics, oxford medical. This will allow you to keep up to date with any changes in practice/evidence so that you can amend your personal formulary accordingly with best practice. Also look out for GGC formulary updates, such as emollients and eye drops so that you are prescribing the correct product and manage your stock levels.

When I started prescribing for common clinical conditions, I developed an aid memoire for each condition which is my way of self-checking that I haven't missed anything, especially in the early stages. Find a system that works for you. I always take the patients phone number or check it is the correct one on file, just in case there is anything that crops up afterwards and I have a way to contact them.

Another useful tip is to build a portfolio of useful leaflets you can give to patients e.g. selfcare advice, UTI advice or send them a QR code to their mobile. This can help the patient when they get home and reinforce the advice you have given them. Document you have given these especially if they include worsening advice as this is a part of safety netting. Remember ‘Documentation is Key’