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| Icon  Description automatically generated |  | GGC CPIP Notebook |  |
| **No 5: Spring 2023** |  | Supporting Community Pharmacy Independent Prescribers (CPIPs) across GGC to work and learn together. | |
| Community Pharmacy Research  T&T Hub Update  Peer Review:  Clinical Conundrum  Peer Support  Upcoming dates and topics for peer support meetings |  | Text  Description automatically generated  **Research is the key to success** By Lorna Brown | |

The Royal Pharmaceutical Society (RPS) post-registration curricula comprises of five broad domains aligned closely to the four pillars of practice: Person-centred care and collaboration, Professional practice, Leadership and management, Education and **Research.** Research can take many forms and can be used to help inform service development. Pharmacy First Plus services have been provided across GGC since Aug 2020. We have seen the number of active CPIPs rise dramatically to around 60 as of January 2023, which is great! We are also listening to you, and we know that delivering this service which is very well received, can be challenging and rewarding in almost equal measure. With that in mind we are keen to undertake a piece of research into the barriers and enablers of Pharmacy First Plus Provision in GGC - to learn from you as providers how the service is working and what we can do to help support you.

We are working alongside central team colleagues with research experience and hope to be in contact soon with and invite for you to participate. Thereafter, participation would likely consist of participation in a 1-1 interview (approx. 30 mins) either face to face or via Teams. **Watch your inbox for further details. We need your help to shape future delivery of Pharmacy First Plus in GGC.**

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**What is Peer review and what can it do for you? By Maryann Dunnet**

Education can come in many forms, there are lots of online options and modules pertaining to common clinical conditions. Another useful source of learning can be from and with each other. From my background in hospital and then primary care, I had lots of opportunities to learn both formally and informally with my pharmacy peers. It is something that can be more difficult to organise when working in isolation (or with the other half) in community pharmacy!

A peer discussion is one of the GPhC requirements for revalidation. To this end, as part of my role in the Common Clinical Conditions Advisory committee, I am working with the Community Pharmacy Development team to facilitate peer discussions between fellow GGC CPIPs on clinical topics.

**We hope that you accept our upcoming invite to join us on 15/3/23 where we will break into small groups to discuss a Common Clinical Conditions clinical scenario with your CPIP peers.**

[Peer discussion: a guide for peers (pharmacyregulation.org)](https://www.pharmacyregulation.org/sites/default/files/document/gphc_revalidation_peer_discussion_guide_for_peers_april_2018_0.pdf)

[peer\_discussion\_form-community\_pharmacy\_.pdf (pharmacyregulation.org)](https://www.pharmacyregulation.org/sites/default/files/document/peer_discussion_form-community_pharmacy_.pdf)

Peer discussion is an activity that encourages you to engage with others in reflection on learning and practice. Research shows that having another person’s view can help us as pharmacy professionals to reflect on our practice and can reduce the potential for professional isolation.

**What do you need to bring?** Bring along a case that you want to discuss (big or small) or identify a single aspect of a recent consultation/service that you would like to reflect on. Something you want to ask, ‘what would others have done in the same situation?’ ‘Would they have done anything differently?’

**Remember:** Your role is to be supportive and to use questions to help a fellow pharmacy professional think differently or reflect on their practice **#LearningTogether**

**Come along and let us learn with and from each other. See you on the 15th of March.**

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**31 Jan 2023 – Prescribing in Pregnancy and Breastfeeding**

Roisin McCabe – Specialist Clinical Pharmacist, The Princess Royal Maternity Unit, Glasgow

**Webinar recording and presentation available:** [NHS Community Pharmacy Website (scot.nhs.uk)](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.communitypharmacy.scot.nhs.uk%2Fnhs-boards%2Fnhs-greater-glasgow-clyde%2Fnational-nhs-pharmacy-first-scotland%2Fpharmacy-first-plus-common-clinical-conditions-ccc%2F&data=05%7C01%7Clorna.brown7%40nhs.scot%7C50fec4c18fe844bd775c08db04334aea%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638108390559197787%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=MqbDs2qYCXBnx3W5I4Iz6BrXalpX%2BrDHGnwBJNnpbcY%3D&reserved=0)

**Upcoming – Dates TBC**

* **Peer Review session – see article 15th of March 2023**
* **It’s almost itchy eye time again…….** Willis Wilkie – Optometrist Independent Prescriber
* **Burns – Rekindle your knowledge**

**If you have any ideas for webinar topics, then please let contact** [**lorna.brown8@nhs.scot**](mailto:lorna.brown8@nhs.scot) **– we need your help to make the sessions relevant for you and your needs.**

If you are interested in hearing about new developments including training and webinars, then why not sign up for the **NES Mailchimp**.  Just click the link below and complete the form.

[https://nhs.us2.list-manage.com/subscribe?u=5391ceba312d6f81e0430a42b&id=756b633ff2](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnhs.us2.list-manage.com%2Fsubscribe%3Fu%3D5391ceba312d6f81e0430a42b%26id%3D756b633ff2&data=05%7C01%7Clorna.brown7%40nhs.scot%7Cafb43efb54094f1fd90008db0366fe05%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638107513096408344%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=5jyvvruPLE4WHprE%2FWziElVTKeAcTwHfZhsMszdkwyA%3D&reserved=0)

**STAY INFORMED!**

# Burnside Pharmacy Teach & Treat Hub

Following successful delivery of 13 hub sessions at Parkhead Pharmacy, further sessions have been delivered at Burnside Pharmacy with Alasdair Macintyre. Thanks to Kirsty for organising this with support from Michelle at CPDT. We could not do it without you. Watch this space for some news on how the T&T Hub Network will be developed moving into 2023 and beyond.

**If you would like to attend a T&T CCC Hub then check out the self-assessment in the link below, contact** [**michelle.cooper@ggc.scot.nhs.uk**](mailto:michelle.cooper@ggc.scot.nhs.uk) **and get booked in for a session**

[https://learn.nes.nhs.scot/46668/pharmacy/teach-and-treat-for-common-clinical-conditions](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Flearn.nes.nhs.scot%2F46668%2Fpharmacy%2Fteach-and-treat-for-common-clinical-conditions&data=04%7C01%7Clorna.brown7%40nhs.scot%7C51388b0902dd47b9e1a008d9aae7e4bd%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C637728735209766015%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=dVLOgJsfTt5mKoSDr4JMAevuIP%2Bj1DK1eqJwAZLE%2F7I%3D&reserved=0)

# Consultation Conundrums

Female, 34 years, currently 36 weeks pregnant. Loaded with the cold and feeling miserable. Stuffy nose and sore head are main symptoms. Tired but always tired just now. Finishing work at the end of the week. Temp 36, Pulse 62. No allergies, usually uses antihistamines or steroid spray when bunged up but had been avoiding using them whilst pregnant.

**CPIP 1** –Temperature not raised and pulse ok - so I would advise regular paracetamol and use of either steam inhalation or Sterimar© decongestant nasal spray to ease symptoms. Remind patient to discuss antihistamines if breastfeeding with pharmacist.

**CPIP 2 –** Sounds like a regular cold, temp and pulse normal. Advise to try paracetamol, fluids and possibly steam inhalation for the nasal stuffiness. Could also check that symptoms are more like a common cold, compared to usual bunged up symptoms that she treats with an antihistamine and steroid nasal spray (confirm no allergies). If antihistamine needed, I would double check on <https://www.medicinesinpregnancy.org/> which is a really useful and easy to navigate website.

**CPIP 3 –** I would take a symptom history (rule out any red flags e.g. breathlessness with concerns around PE). First line treatment options - regular paracetamol, natural methods of steam inhalation to relieve symptoms if pt has not already tried these. If these have been tried or are not helpful - could offer use of non-sedating antihistamine or beclometasone nasal spray (reassure patient that these are suitable for use in pregnancy and advised use for shortest time possible to relieve symptoms). Provide self-care leaflet and give worsening statement/safety netting advice

**GP** - With those symptoms and observations, regardless if the patient is young, old or even pregnant. The common cold doesn't need assistance from any health professional. I would advise any patient to go home, take paracetamol, put their feet up, have plenty of fluids and put on a box set. The common cold will go away all by itself.

**Additional information:** Do you have copies of Self Care leaflets for patients to take home? Have you thought about using a QR code for patients to scan the link directly to their own mobile phone?

**Counselling points to consider**: Pregnant women often experience cold-like symptoms. **Check not using OTC medications that have decongestants or NSAIDs in them.** It is very common for pregnant woman to have a stuffy nose while pregnant because shifting hormones can have an effect on nasal passages. Catching a cold when pregnant won’t hurt you or your baby but symptoms can be annoying and uncomfortable. In most cases symptoms should resolve within 2 weeks. If a patient has a fever of over 38˚C, coughing up mucus or symptoms beyond 2 weeks then they should see a GP.

If you want to check any medicines in pregnancy or breastfeeding use: <https://www.medicinesinpregnancy.org/>

**If you ha ve any ideas for clinical conundrums? Please send them to** [**lorna.brown8@nhs.scot**](mailto:lorna.brown8@nhs.scot)