



Pharmacy Services

CONTENTS

Meet the team:
Gillian Callow

Good News story:
Pharmacy Technicians
Day 17th October

Communications
Summary:

This Week's Key
Messages:

- National Naloxone Service
- Drug and alcohol treatment - specific prescribing practices
- Revalidation

MEET THE TEAM - Gillian Callow



What is your current role?

I am an Accuracy Checking Pharmacy Technician with Rowlands Pharmacy, Forehill branch in Ayr.

How long have you worked in community pharmacy?

This week I have celebrated working in this branch for 20 years.

What's the best bit of your job?

I enjoy the variety I have working in Community Pharmacy. I enjoy the accuracy checking aspect of my job as well as patient facing services. I am also a trained flu vaccinator and help deliver great service throughout flu season as well as other services we do in branch. I also work alongside a great team and have a great working relationship with them as well as my patients.

What do you think about the future of community pharmacy?

I think the future for Community Pharmacy has a lot more changes to come especially with patient facing services. Changes are happening more and more and Technicians are now being included in some of these changes such as the flu service and hopefully more services to come in the future. I am also currently enrolled on a Vocational training program run by NES which is learning in Foundation for Pharmacy Technicians. This allows me to further develop my skills and knowledge.

What do you do to relax outside of work?

I love to be wine and dine and spend quality time with my family and friends. I spend a lot of my time off on family days out or planning my next big adventure holiday.

COMMUNICATIONS SUMMARY

Friday 20th – Clinical PCT. SG Circular
PCA 37 – Extension to SSP for
Estradot 100mcg patches.

Good News Story : Pharmacy Technician Day 17th October

We would like to take this opportunity to say a thank you to all our wonderful Pharmacy Technicians for your hard work and the support you give to the patients of NHS A&A.

Thank you to those who sent in pictures and we hope you all celebrated on the 17th October ☺



National Naloxone Service.... 2 Weeks Until Service is Live!!!

The community pharmacy naloxone emergency supply service begins in just over one week. Please make sure that your preparations are nearly complete.

The NHS Circular [\(PCA\(P\)\(2023\)22\)](#) provided details of the payment arrangements to contribute towards training and purchase of two naloxone kits in anticipation of the service.

The local enhanced service in NHS Ayrshire and Arran employed the Nyxoid nasal spray as the preferred naloxone option for holding by community pharmacy so this would be the recommended option for purchase if you have not already ordered your naloxone kits. **Remember:** only Prenoxad or Nyxoid are suitable for supply through this service (other naloxone is not suitable for lay administration).

If you have any questions please contact Alex Adam.

Drug and Alcohol Treatment-Specific Prescribing Practices

In the treatment of substance dependence, there are a few prescribing practices which might seem unusual without the relevant context. A short explanation is given below for the most common:

Divided Dosing: the dose is given in two or three daily divided portions – part may be supervised.

- Different rates of metabolism (genetic, CYP3A4 mutation, concurrent enzyme inducer, pregnancy) may greatly reduce the half-life and require more frequent doses to maintain effect. Also useful for pain management as the analgesic effect of these opioids is shorter (at around 8 hours) than the withdrawal-prevention effect.

Split Dosing: only part of the dose is supervised, this supervised portion increases over time.

- A transitional arrangement when there is a concern that a patient may not have been concordant with their medication, and re-starting the full dose immediately might be dangerous (above 30ml). A 'safe' dose is supervised and the remainder taken home. The supervised portion is increased at a safe rate until the full dose is supervised and concordance assured.

Microdosing: increasing doses of buprenorphine are given alongside existing methadone

- An 'off-label' method of cross-titrating a patient from their methadone to buprenorphine therapy instead. A very small initial dose of buprenorphine is gradually increased until it fully displaces methadone from the Mu-opioid receptors and methadone can be stopped. A similar approach to that which is used with Varenicline/Champix for nicotine.

If you have any questions please contact Alex Adam.

Revalidation

Revalidation reminder: Many of us have until the end of October to revalidate. Just a little reminder that our lunch and learn videos are available on the website below (via vimeo which is free to sign up to) and can be used as part of your CPD.

www.communitypharmacy.scot.nhs.uk

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