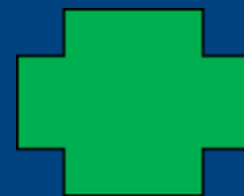




GGC CPIP Notebook

Autumn 2023



Working together to deliver excellent patient care

- Audrey Thompson, Lead Pharmacist Prescribing Services

I was delighted to be invited to what I hope is the first, I hope of many joint events within GGC to promote joint working across pharmacy teams. We hope that the session helps build and understanding of the work that goes on in different parts of the system and builds on the momentum to work together to deliver excellent patient care



We understand that demands on everyone are increasing, roles are constantly evolving and that by working together we can hopefully minimise duplication of effort and ease pressures. Community pharmacy is at the centre of pharmacy services, with 100,000 Rx being dispensed each day and 6-8 thousand Pharmacy First consultations each month in GGC alone. Primary care is so much more than just GP practices and the role of community pharmacy is recognised as being key to delivering strategies. When we work together, we make the biggest impacts, which can only be good for patient care.

If you missed the webinar, you can listen again [here](#)

GGC Prescribing Initiatives 2023/24

A full summary of all current indicators is available on pg5. This may be useful to help manage stock levels and to provide reassurance for patients should they ask. Mass switches will be flagged up via usual communication channels in an appropriate time frame to help minimise issues.

For more information on GGC CPIP resources click [here](#) or scan the QR code.

MORE INFO



Sign up to the NES mailchimp [here](#) and follow @NHSGGCPharmacy on twitter for more updates



GGC Prescribing Initiatives 2023/24

RESPIRATORY: There are 3 main focus areas

- 1.Reducing the ratio of metered dose to dry powder and soft mist inhalers
- 2.Over ordering of SABA inhalers
- 3.Triple therapy inhalers instead of ICS/LABA and LAMA separately



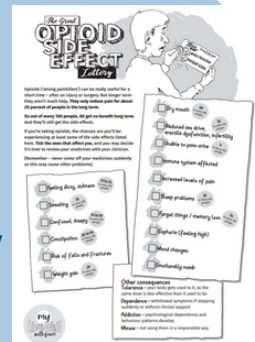
For More information and to access the GGC Inhaler guides - [Click here](#)

Do you promote recycling of inhaler canisters in your pharmacy?

Why not speak to patients who do not order their steroid inhalers regularly?

Pain: Reflection and review of prescribing processes and the prescribing of strong opioids in chronic non-cancer pain.

How can CP get involved? Uniquely positioned to have conversations, see the patient or carer in person, a relationship of trust and respect already established, which is a great base for starting a review cycle or to signpost patients to [resources](#) to help them think about or take the next steps



Chronic pain is any pain >12 weeks

Ask them about their side effect, are they buying anything OTC?

Diabetes and Frailty - balancing tight control against age related risks. 'treating the person not the level'

- Number of people **65 years or older** and on hypoglycaemic treatment other than metformin and HbA1c is less than 48mmol/mol
- Number of people **75 years or older** and on hypoglycaemic treatment other than metformin and HbA1c is less than 53mmol/mol

Formulary Test strips and meters

Type 2 diabetes			Type 1 diabetes	
Preferred List Formulary Meter	Preferred List Formulary Meter	Second line	Combined Meter Preferred List Formulary	Combined Meter Preferred List Formulary
Contour Plus Blue	Glucifix Tech	Palmdoc2	CareSens Dual	Glucomen Areo 2K

Who qualifies for a meter? Type 1 (even if has Libre/Dexcom) Gestational, Type 2 on insulin and/or SU or self-education



Consultation Conundrum:

A mother presents with her 18 month-old, who has been pulling at their ear, which she thinks looks a bit red. Mum wonders if they might have put something in their ear at breakfast e.g. cereal but isn't sure. Child does not seem to be unwell or distressed and the ear is not hot to touch. They are unwilling to entertain mum looking in the ear canal and she wonders if you can help?

CPIP 1 - You could examine the ear if mum can hold them and it is not too upsetting. If you can see a foreign body and no blood present, gravity may help with removal, if mum comfortable doing this. Tipping the ear and/or application of olive oil or water may help (it may cause cereal to swell). Do not poke and prod and seek medical assistance if unsure.

GP - I would have a look, albeit carefully, as need to determine if there is a foreign body present. If there is, they should attend Minor injuries or A&E for removal.

B

B - What are the benefits of treatment?

R

R - What are the risks of treatment?

A

A - What are the alternatives?

N

N - What is likely to happen if I do nothing?

Additional Information:

Remember - if irritation present, Otomize is not licensed for children under 2 and Ear Calm not recommended in children <12. Olive oil may give some symptomatic relief with appropriate analgesia if required.



ANP - My top tip is to ask mum to hold the child on their knee and use the hand opposite to the ear to hold around the top of the head, this should prevent the arm blocking access to the ear.

CPIP - If there are symptoms hearing loss and/or tinnitus but you cannot visualise the ear drum due to anatomy, hair, lots of wax... what can you do to check the eardrum is not perforated?

Ask patient to do a Valsalva and listen very closely for hissing. This would indicate that air is getting out and perforated.



- **Viral or bacterial - how do you decide** 🤔? Experienced CIPs talk through their processes, using cases to demonstrate skills that can be used with patient, including components of antimicrobial stewardship. **6th of December 2023 @7pm**
- **Differential diagnosis in respiratory presentations - Date TBC in 2024**
- **'When to worry about the weans' - Date TBC in 2024**
- **Peer review session - volunteers welcome to present a case as part of advanced practice portfolio and feedback will be provided**

If you have any ideas for webinar topics, then please contact lorna.brown8@nhs.scot – we need your help to make the sessions relevant for you and your needs.

GGC Teach & Treat Hubs

All newly qualified CIPs receive an invite to attend a T&T hub session as part of their prescribing journey. Due to a change in personnel we now have one hubs in GGC at Burnside Pharmacy, it does however employ two exemplary Hub leads in the form of Alasdair and Maxine.

Contact details are included in your letter and there are more details on T&T Hubs on [Turas](#).

Are you thinking about or have you been approached to be a Designated Prescribing Practitioner (DPP)?

NES are offering a further drop-in session is being offered on Tuesday 21st November 7-8pm. Book via [DPP Drop-in Session](#). This session is aimed at pharmacists that have been approached to undertake the role of DPP but have never done it before and are uncertain of what is required. It will highlight resources to help with the DPP process, discussion about the support available and allow time for questions (with an experienced DPP in attendance).

More [DPP resources](#) are available on TURAS.

GGC Potential Savings of over £5 million

All services are being asked to review and identify all potential budget savings. The practice prescribing teams are working towards screening patients to help realise the savings below and we hope that you can get involved. This might take the form of explaining to patients the rationale behind some changes if they ask you or a member of your team. Any patients switched, will have been screened for suitability and informed of the change directly but some may need some additional reassurance that the new product will manage their symptoms without any detriment to their care.

You may also have a role in flagging up non-compliance with medication of limited value e.g. quinine or patients who have ended up on a liquid formulation that is no longer required or patients are struggling to administer. Every single saving makes a difference and working as one primary care team can hopefully help realise them.

Switch: Alimemazine review to either stop or switch to an alternative antihistamine	Switch: Reduction in methocarbamol tablets
Switch: Asacol® MR gastro-resistant tablets to Octasa® MR gastro-resistant tablets	Switch: Review of licensed nitrazepam 2.5mg/5ml oral suspension and unlicensed liquid formulations
Switch: Reduction in ascorbic acid tablets	Switch: Non-formulary adhesive removers to Opus Life Plus 360 Medical Adhesive remover
Switch: Blood Glucose Test Strips to Preferred Formulary Blood Glucose Test Strips	Switch: Guide to reviewing and stopping omega 3 fatty acids
Switch: Generic and branded buprenorphine 7 day transdermal patches to Sevodyne® transdermal patches	Switch: Prednisolone foam enema to Hydrocortisone or budesonide foam enema
Switch: Calcium and vitamin D chewable preparations to Accrete® D3 One a Day 1000mg/880iu chewable tablets	Switch: Quetiapine MR to immediate release (IM) tablets
Switch: All branded and generic colecalciferol 800 unit tablets and capsules To Stexerol® 1000 unit tablets or Invita® D3 400 unit capsules (daily) or Invita® D3 5,600 unit capsules (weekly)	Guide to reviewing and stopping quinine sulfate.bisulfate tablets
Switch: Guide to reviewing cyanocobalamin tablets and liquid	Switch: Risperidone orodispersible tablets to risperidone 1mg/ml oral solution
Switch: Depakote® (sodium valproate) tablets to sodium valproate tablets	Switch: Simvastatin oral suspension to atorvastatin chewable tablets
Switch: Dicycloverine all preps to mebeverine formulations or Dicycloverine 10mg, 2 three times daily to dicycloverine 20mg, 1 three times daily If exclusions to switch to mebeverine - Mebeverine MR tablets to standard release tablets	Switch: HylloForte or Evolve HA preservative free eye drops to Eyeaze 0.4% PF drops
Switch: Dovobet® to Separate Calcipotriol 50microgram/g ointment and betamethasone 0.05% (Diprosone®) ointment	Switch: Stalevo Tablets to Stanek Tablets
Switch: Estriol (Gynest®) intravaginal cream 0.01% with applicator to Ovestin® Intavaginal Cream 0.1% with applicator	Switch: Guide to reviewing thiamine treatment on patients with history of harmful drinking
Switch: Fluoxetine 10mg capsules or tablets daily dosing to Fluoxetine 20mg capsules alternate day dosing	Switch: Tramadol modified release to Immediate release capsules
Switch: Insulin pen needles and lancets to preferred list formulary choices	Switch: Vagifem vaginal tablet 10mcg to Vaglux vaginal tablet 10mcg
Switch: Longtec® Prolonged Release Tablets to Oxypro® Prolonged Release Tablets	Switch: Mefenamic acid to formulary Non Steroidal Anti-inflammatory (NSAID)
Switch: Lyrica® capsules to generic pregabalin capsules	Switch: Melatonin to formulation approved in NHS/GGC Shared Care Agreements (SCA) for Children and Adults