



COMMUNITY PHARMACY LANARKSHIRE NEWSLETTER FEBRUARY 2024



We have another busy newsletter this month, with lots of activity going on within Community Pharmacy Lanarkshire. As always take a read & share this newsletter with your teams and we thank you for your ongoing work & support.

Welcome! We welcome Chris Miller as our new Chief Pharmacist of Primary Care NHS Lanarkshire. Chris previously worked in NHS Lothian as the Primary Care and Community Pharmacy Co-ordinator and as Lead for Substance Misuse and Prison Services. Chris also worked as a community pharmacist for over 10 years in various roles throughout NHS Lothian and NHS Forth Valley.

"I have had a very warm welcome from the team here in Lanarkshire, everyone I have met has shown a real enthusiasm for patient care and for providing high level pharmacy services. I have been particularly struck by the number of Independent Prescribers working across the network providing Pharmacy First Plus and also the level of engagement in the various enhanced services offered across the Board. I am really looking forward to getting out and meeting you all and hearing how we can work together to further drive forward services for the patients of Lanarkshire"



LET'S CELEBRATE: GOOD NEWS STORIES



GP & Community Pharmacy Locality Evenings 2024



We have started making our way around each Lanarkshire Locality hosting locality evenings with GP practices & community pharmacies. These have been very well supported and attended- we thank you for the continued engagement, and we look forward to seeing you at your locality soon. Below are photos from our Bellshill Locality Evening we held this month, with great attendance from both GP Practices and Community Pharmacies- thank you to our Bellshill teams!



10 Top Tips for a Successful Quit Your Way Pharmacy Service

We are delighted that Boots Pharmacy in Forgewood, Motherwell has become the second Community Pharmacy in Lanarkshire to sign up to the ASH Charter. This pharmacy was the second top performer out of the 144 pharmacies in Lanarkshire for successful 12 week LDP quits. We paid a visit to Pharmacist Store Manager Lorraine Grant and her Pharmacy Technician Laila Shah pictured below to get their “top tips” in running a successful smoking cessation pharmacy service- please take a read below! The team are pictured with Heather Donaldson Pharmacy Champion & Lauren Gibson.



- **1- Be Proactive!**
 - **Pro-actively** screen patients and offer the service to those patients you feel may benefit – for example identifying any patients with risk factor co-morbidities, who have COPD/Asthma
- **2- Be opportunistic!** Chat to all patients on medication hand out, or when in the store.
- **3- Be aware!** -Chat to patients who come into buy NRT & offer the service.
- **4- Stickability!**
 - Actively chase up patients currently in the service who may miss weeks or drop out.
- **5- Allocate a “Smoking Cessation Lead” in your pharmacy**
 - Allocate a non-pharmacist lead in your pharmacy to take ownership of the service
 - BUT ensure all staff members are trained to deliver
- **6. Know the Duties of the “Smoking Cessation Lead”** – Suggested activities for the lead: Check PCR daily, utilise the Reports function, cross checking the PMR to ensure captured all activity, check payments correct, share training and refresh training for other staff members, and support for locums when working in store.
- **7- Build it into your “Normal Day” & “Keep it Simple”**
 - Build the service into a part of your normal daily duties and jobs, it will become second nature.
- **8- Utilise promotional materials such as posters, leaflets, cards** etc. in well visible places, such as at till counters, entrances, etc.
- **9- Ensure your team know how to use language translation services**, such as language line, when/if needed to give access to all.
- **10- Engage with training opportunities-** utilise the training opportunities from the health board when they become available.

PHARMACY FIRST UPDATES

Pharmacy First PGD Quick Guide Please find attached below our champions designed Pharmacy First PGD Quick Guide, to help GP practices understand the inclusion and exclusion criteria for each of the 5 Pharmacy first PGDs- this quality improvement suggestion was developed at our Bellshill Locality Evening, and we hope it's useful to all- feel free to share with your GP practices.

Hayfever PGDs. As we approach springtime, I encourage teams to look at the hayfever PGDs which came in late last year, the quick guide above should also help- you can find the PGDs here: [NHS Community Pharmacy Website \(scot.nhs.uk\)](https://www.scot.nhs.uk/nhs.uk/community-pharmacy/)

PHARMACY FIRST PLUS + UPDATES

Any pharmacy interested in starting the pharmacy first plus service, please find information required here : [NHS Community Pharmacy Website \(scot.nhs.uk\)](https://www.scot.nhs.uk/nhs.uk/community-pharmacy/)

CLINICAL SERVICE UPDATES

IT/Digital- Our community pharmacy Lanarkshire website is being continually updated, with up to date support, news, and resources. We encourage all teams to bookmark this page and regularly take a look : [NHS Community Pharmacy Website \(scot.nhs.uk\)](https://www.scot.nhs.uk/nhs.uk/community-pharmacy/)

Unlicensed omeprazole- Aclomep: NHSL have a guideline for PPI in paediatrics and neonates which lists unlicensed omeprazole, Aclomep, as second line in this population. It was chosen over the licenced Rosemount for clinical reasons including viscosity, intolerability of peppermint flavour and levels of excipients. We gently remind contractors that they need to add an electronic SPE (Special Price Endorsement) when dispensing and endorsing Aclomep electronically added for each dispensed instance.

SHORTAGES UPDATE

An end of week shortages bulletin will now be shared to all community pharmacies via their clinical mailboxes.

CONTACTS

Pharmacy/Prescribing Admin Team NHS Lanarkshire Headquarters Kirklands, Fallside Road, Bothwell G71 8BB Pharmacy.AdminTeam@lanarkshire.scot.nhs.uk
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Lauren Gibson Lead Pharmacist for Community Pharmacy Services NHS Lanarkshire Kirklands Hospital- Bothwell lauren.gibson@lanarkshire.scot.nhs.uk



Community Pharmacy currently deliver five Pharmacy First PGDs:

- Hayfever
- Bacterial Skin Infections
- Shingles
- Impetigo
- UTI (female uncomplicated)

TREATMENT OF SEASONAL ALLERGIC RHINITIS (HAYFEVER)

Four different agents available for hayfever treatments, with differing durations & criteria:

1.Oral Fexofenadine 120mg tablets

- **Inclusion criteria** – patients aged 12 and over with treatment failure despite use of at least two other allergy treatments available over the counter within the last six months OR who have required fexofenadine to treat symptoms in previous presentations. Duration of treatment up to 6 months.
- **Exclusion criteria** - Patients under 12 years of age. Previous hypersensitivity to fexofenadine or any excipients (including colouring Allura Red AC Lake which may cause allergic reactions). Pregnancy. Breast Feeding. Additional exclusions listed in the PGD.

2.Beclometasone 50 mcg/actuation Nasal Spray

- **Inclusion criteria** - Patients aged 6 years and older with symptoms of seasonal allergic rhinitis. Duration of treatment up to 6 months.
- **Exclusion criteria** - Patients under 6 years of age. Pregnancy. Breastfeeding. Additional exclusions listed in the PGD.

3.Mometasone Furoate 50mcg/actuation Nasal Spray

- **Inclusion criteria** - patients aged 3 and over with treatment failure despite use of at least two other allergy treatments available over the counter within the last six months. Duration of treatment up to 6 months.
- **Exclusion criteria** - Patients under 3 years of age. Additional exclusions listed in the PGD.

4.Olopatadine 1mg/ml Eye Drops

- **Inclusion criteria** - Patients aged 3 years and older with ocular symptoms of seasonal allergic rhinitis who have been diagnosed with allergic conjunctivitis AND who have had treatment failure or remain symptomatic despite use of at least one other allergy treatment for ocular symptoms available over the counter. MAXIMUM treatment period in total – FOUR months (28 days per individual bottle).
- **Exclusion criteria** - Patients under 3 years of age. Patient without a diagnosis of allergic conjunctivitis. Pregnancy. Patient of child-bearing ability not using effective contraception. Breast Feeding. Current treatment with olopatadine which exceeds 4 months in duration.

TREATMENT OF BACTERIAL SKIN INFECTIONS

- **Inclusion criteria** - treatment of Infected insect bite, Cellulitis (patient afebrile and healthy other than cellulitis) and Acute paronychia with signs of cellulitis in patients aged 18 and over.
- **Exclusion criteria** – patient under 18, Known hypersensitivity to beta-lactam (penicillins) antibiotic, Pregnant or breastfeeding. Additional exclusions listed in the PGD.
- **Treatment** - Flucloxacillin 500mg capsules or oral solution four times daily for 5 days.

TREATMENT OF HERPES ZOSTER(SHINGLES) INFECTION

- **Inclusion criteria** - Patients 18 years of age and over, Untreated acute shingles rash on torso involving a single dermatome and present for less than 72 hours in Immunocompetent patients.
- **Exclusion criteria** - Patient under 18 years of age, Rash affecting areas other than the torso e.g. eyes, Rash involving more than one dermatome, Rash appeared > 72 hours ago, New vesicles formed after 7 days of treatment, Pregnant or Breastfeeding. Additional exclusions listed in the PGD.
- **Treatment** – Aciclovir 800mg tablets or dispersible tablets five times daily for 7 days.

TREATMENT OF IMPETIGO

- **Inclusion criteria** - Treatment of minor staphylococcal skin infections. (Impetigo) in adults and children with minor/localised, uncomplicated skin infection. Patient must be present at consultation.
- **Exclusion criteria** - Widespread skin infection, History of MRSA colonisation or infection, has had impetigo treated with an antibiotic (including fusidic acid 2% cream) within the last 3 months, Patient systemically unwell. Additional exclusions listed in the PGD.
- **Treatment** – Fusidic Acid 2% Cream 3-4 times daily for 5 days.

TREATMENT OF UNCOMPLICATED URINARY TRACT INFECTION

- **Inclusion criteria** - Acute uncomplicated urinary tract infection (UTI) in non-pregnant females aged 16 years and over. Non-pregnant females, assigned as female at birth who have not had any reassignment procedures, aged 16 years and over. Older women should be fit, ambulatory and self-caring.

- **Exclusion criteria** - Patients assigned as male at birth, Patients under 16 years, Patients living in long term care facilities, Allergy or serious adverse effect from co-trimoxazole, trimethoprim or to any other components of the medication. If upper urinary tract infection is more likely i.e. flank pain radiating towards the groin, feel systemically unwell (fever and chills, rigors, nausea, vomiting), as well as with other symptoms of lower UTI. (Patients presenting with such symptoms should be urgently referred to GP/OOH) Pregnancy – known or suspected (and including those intending to become pregnant within the next 3 months).
- If patient is over 65 years of age, patient must present with three or more of the following symptoms: Dysuria, Frequency, Urgency, Suprapubic tenderness or BOTH dysuria and frequency are present.
- If no dipstick testing is available (unlikely in most pharmacies to be available) patient must present with three or more of the following symptoms: Dysuria, Frequency, Urgency, Suprapubic tenderness or BOTH dysuria and frequency are present.
- **Trimethoprim will remain the antibiotic of choice** for treatment of acute uncomplicated urinary tract infection (UTI) in non-pregnant female patients over 16 years of age via community pharmacies, but nitrofurantoin will be available for consideration in patients who have significant drug interaction with trimethoprim or have a history of allergy or adverse effects to trimethoprim.
- **Nitrofurantoin for UTI treatment in Community Pharmacy has been adopted for second line** use within NHS Lanarkshire. Nitrofurantoin can only be used if a renal function assessment is undertaken and Appendix 1 of the assessment form shows how this should be done.
- At this stage we do not yet have clinical portal access for community pharmacists so **nitrofurantoin can only be provided after contact with the GP surgery or OOH.**

Full details of all PGDs can be found here :-

<https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-lanarkshire/pgds/>