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## Meet the Team – Gillian Pettigrew



*What is your current role?*

Specialist Pharmacist in the Pain Management Service.

*How long have you worked in NHS A+A?*

I started my career with Lloyds pharmacy back in 1998 as a Saturday girl in the Irvine branch. I then moved to Glasgow for uni and continued to work for the company there, doing my pre-reg in Easterhouse and then working as a Pharmacy Manager in many different Glasgow branches. I then started working for NHS Ayrshire & Arran in 2017 as a Prescribing Support Pharmacist, completing my Independent Prescribing course in 2018 and working as a GPCP until I moved into my current role in January 2022.

*What is the best bit of your job?*

I enjoy working as part of a multi-disciplinary team as we all learn from each other every day and we are able to support patients better by referring to each other for specialised input. I also enjoy educating clinicians and patients alike about the management of persistent pain and the need to minimise risk with analgesic prescribing. It is also so lovely to see patients get back to doing things they enjoy and having a better quality of life when they reduce their medication burden.

*What do you think of the future of Community Pharmacy?*

There have been many exciting developments since I worked in the community and I have great admiration for our community pharmacists and their teams as their workload increases. It is so great to see services become more accessible for patients via their local pharmacy and I know that this is going to continue to improve in the future due to the hard work and commitment of the teams.

*What do you do to relax outside of work?*

I enjoy family time with my husband and 2 boys and have recently come back from a lovely 2 week break in Spain. For time to myself, I enjoy yoga, meditation and mindfulness as well as cold water dips and also love to tap dance!

## THIS WEEK'S COMMUNICATIONS SUMMARY

Friday 30<sup>th</sup> – Clinical PCT: Forthcoming Professional Development Conferences

Community Pharmacy Good News  
Stories!



## **Good News Stories – Now even easier!**

As you all know, we like to highlight Good News Stories in the Weekly Script to shine a spotlight on instances where one or more members of our Community Pharmacy teams have displayed high levels of patient care.

We appreciate that days are busy and such examples can come and go without particular focus. As a result, we've made the process of informing us of such occasions easier, by way of an MS form. Either scan the QR code, or follow the link [here](#) to provide some

## **This Weeks Key Messages**

### **Message from Scottish Government Pharmaceutical Advisor**

Dear all,

I have received an email from the Chief Optometric Adviser at Scottish Government, highlighting a concern from optometrists that contact lens wearers may not always be receiving the most effective care from community pharmacies, and pharmacists could inadvertently be opening themselves up to challenge.

The background to this comes from an advert circulating in England which encourages the public to visit Pharmacy First for minor eye conditions (the advert has since been withdrawn) and feedback received from optometrists across England over recent days.

The RPS have issued an alert [Management of eye conditions in primary care for contact lens wearing patients \(rpharms.com\)](#). Also the SmPCs for chloramphenicol eye products state that patients who wear contact lenses should be referred to their eye health professional or doctor prior to supplying chloramphenicol.

Additional information from the College of Optometrists:

As the professional body for optometry in the UK, we fully support pharmacists to provide advice and treatments within their scope of practice and offer self-care measures, including within commissioned pathways such as Pharmacy First, for common and self-limiting eye conditions and encourage anti-microbial stewardship by avoiding unnecessary antibiotic prescribing.

However, as you will be aware, where contact lens wearing patients attend with ocular symptoms (including conjunctivitis), they should be referred to their eye care practitioner. Currently the only topical over the counter preparations (P-only) available for managing bacterial conjunctivitis currently available is chloramphenicol (0.5% drops, 1% ointment) but according to the product license, patients who are contact lens wearers should also be referred to their doctor or eye health professional (optometrist, contact lens optician).

Contact lens wear associated infections may mimic conjunctivitis in early stages but may include potentially sight threatening pathology where the cornea is involved such as microbial or acanthamoeba keratitis – the incidence is 4-5 times higher in contact lens wearers compared to non-wearers. Further, the pathogens implicated from culture studies are more likely to be Gram negative, meaning chloramphenicol may not have sufficient bacteriostatic activity against these pathogens. For this reason, contact lens wearing patients with symptoms of conjunctivitis require slit lamp examination and where diagnosed should be prescribed topical antibiotics such as an aminoglycoside or quinolone ([Scenario: Management in primary care | Management | Conjunctivitis - infective | CKS | NICE](#)). This approach recommended by NICE is consistent with and based on our Clinical Management Guidelines for bacterial conjunctivitis: [Conjunctivitis \(bacterial\) - College of Optometrists \(college-optometrists.org\)](#).

With a growing number of over 3.6 million contact lens wearers in the UK and an annual incidence of contact lens related serious infection up to 20 per 10,000, this represents a not inconsiderable number of patients. Thus when these patients present with ocular symptoms to non-eye care health professionals we recommend that they should be referred to their optometrist practice (ideally where a commissioned urgent/emergency service is available) in the first instance to help ensure appropriate diagnosis and treatment. This would avoid delays where sight

threatening pathology may occur and time to treatment is critical to patient outcomes; support judicious use of antibiotics and free up capacity in other primary and secondary care services.

Otherwise, there is risk that contact lens wearers may be directed to self-care or purchase of OTC antibiotics in the first instance for symptoms that may mask serious infection not being treated appropriately for 5-7 days. If not diagnosed and treated aggressively/promptly complications may arise that would require potential hospitalisation, surgical intervention and visual rehabilitation.

I would be grateful if you could send a gentle reminder to your networks, that contact lens wearing patients who attend a community pharmacy with ocular symptoms (including conjunctivitis) should be referred to their eye care practitioner before using chloramphenicol to ensure the most appropriate treatment is provided from the outset.

Thank you for your support with this.

The Community Pharmacy – Optometry referral form can be found here:

<https://www.eyes.nhs.scot/media/1282/nhs-pfs-optometry-referral-form-updated-oct-21-final.pdf>

## **Freestyle Libre 2 / 2+**

Freestyle Libre 2 will be discontinued at the end of **March 2025** and replaced with Freestyle Libre 2+. Therefore, Freestyle Libre 2+ has been added to the NHS Ayrshire & Arran Formulary as a replacement.

As a result, all new patients will be commenced on Freestyle Libre 2+. All existing patients prescribed Freestyle Libre 2 will be switched to Freestyle Libre 2+ between **January and March 2025**. This notice is to allow community pharmacies to use existing stock.

In the interim a small number of patients being commenced on an insulin pump therapy will be switched over to Freestyle Libre 2+ due to insulin pump compatibility.

Caution should be used to ensure patients are supplied with the correct sensors during this switch over period. It is important to note that the Freestyle Libre 2+ sensors have a wear time of 15 days versus 14 days for Freestyle Libre 2 sensors. It is essential that insulin pump patients are provided with the correct sensors as Freestyle Libre 2 is not compatible with insulin pump therapy.

## **Salbutamol inhalers**

We have been receiving feedback from practice teams lately that patients have been receiving different brands of Salbutamol inhalers, particularly it appears where a patient has historically been dispensed Ventolin but now changed to another brand. The cases highlighted involve patients feeling this new device is unfamiliar and in many cases not as effective. This has resulted in requests for prescriptions to be changed to brand Ventolin. As per NHS A+A prescribing policy, we advise generic prescribing in the first instance.

We request that Community Pharmacies teams be mindful of this, and where a patient has been switched device to help the patient understand the change, highlight any differences and where appropriate check inhaler technique to ensure a safe transition.

## Promoting awareness of Migraine Management Workshops

Opportunities to attend workshops and/or a Community Pharmacy learning together webinar are attached this week. In particular the webinar is aimed at the entire pharmacy team, providing information on the assessment, support and management of migraine using Pharmacy First and following the National Headache Pathway. The modules conclude with a module of scenarios and questions which can be answered by solo learners or as part of a team session.

## Faculty of Sexual and Reproductive Healthcare

Scott Brown, Senior Pharmacist Women's Health in NHS A&A, will be chairing an event for the Faculty of Sexual and Reproductive Healthcare (FSRH) aimed at introducing pharmacists to the FSRH. Scott will be sharing his work as a pharmacist member of FSRH and how this has supported development of his role within Ayrshire & Arran.

Community pharmacists interested in this area of practice are invited to attend the webinar. Details for registration as follows:

FSRH pharmacy webinar - **Enhancing Patient Care: Introducing the FSRH to Pharmacists**, taking place on Tuesday 8 October 2024 at 19:00 – 20:30. Link for registration for the webinar below:

[https://www.fsrh.org/Public/Public/Event\\_Display.aspx?EventKey=FMSX081024](https://www.fsrh.org/Public/Public/Event_Display.aspx?EventKey=FMSX081024)

## Save the Date – Lunch and Learn Wednesday 18<sup>th</sup> September

Further to the communication last week relating to Buprenorphine Microdosing, we will be running a Lunch and Learn session to help enhance awareness and knowledge of this technique. This will take place on the usual L+L slot of a Wednesday lunchtime, on September 18<sup>th</sup> at 1pm. Be sure to mark in the diaries!



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*Information contained in this communication is issued on the understanding that it is the best available from the resources at our disposal and the opinions expressed are those of the authors and do not necessarily reflect Ayrshire & Arran Patient Services' policy.*

