



Pharmacy Services

NHS Ayrshire & Arran

Community Pharmacy Script

Friday 25th April 2025.

No: 09

CONTENTS

Meet the Team –
Alyson Stein

Communications
Summary: 3
communications

This Week's Key
Messages:

RPS Scotland
Conference

PPI for children U16

CP PLT

Reminder – CPIP IP
Mandatory &
Desirable Courses

Cessation Corner #2

Meet the Team – Alyson Stein



What is your current role?

Senior Pharmacist Primary Care & Community Pharmacy

How long have you worked in Pharmacy?

Nearly 21 years! – 5 years as a pharmacy student and pre-reg, 10 years as a Pharmacist Store Manager with Boots, 2 years as a GP Clinical Pharmacist and nearly 4 years within this role.

What's the best bit of your job? The variety. I meet, work alongside & learn from a variety of colleagues with different skillsets & roles. Patient care is at the heart of everything I do & I enjoy sharing my skills and learnings with others to strengthen patient care in primary care & community pharmacy.

What are your plans for your role going forward?

Having recently returned from maternity leave, I now have a more concentrated role within the community pharmacy field. Alongside my “work husband” Alan, we will have an increased focus on community pharmacy service development at both a local and national level.

IP remains ever important and we now have 67 community pharmacy IPs (CPIPs) working within A&A, with a further 24 due to qualify this year! Having recently taken over as CPIP lead, I look forward to working with our ever-expanding group of CPIPs and continuing to develop and support their ongoing prescribing. We were the first board to introduce and establish a successful CPIP simulation programme and we will continue to host these sessions going forward. The introduction of IP specific tailored events are also planned for our legacy and trainee IPs. We are always open to feedback and suggestions about topics that you would like covered, so please don't hesitate to get in touch if there is anything specific you would like us to support with!

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.

RECENT COMMUNICATIONS SUMMARY

Tuesday 15th April - ClinicalPCT – National Smile Month 2025

Thursday 17th Apr - aa.cpteam – Class 2 Drug Alert Recordati Industria Chimica E Farmaceutica S.p.A – Lercanidipine HCL 20MG Tablets

Thursday 24th – aa.cpteam - Class 4 Medicines Defect G Pharma Lts Brilique 90mg

This Weeks Key Messages

RPS Scotland Conference August 2025

The RPS Scotland Conference, is taking place in Glasgow on Friday, 22nd August 2025. As part of the agenda, there is going to be a 'trailblazer' session to highlight innovative work and inspiring voices across the profession. RPS would be delighted if you would consider if there is anyone within your area who you would like to put forward for this exciting part of the agenda.

If you would like to suggest someone or know of anyone who would be interested in being involved, please complete the expression of interest form below or forward to the individual and ask them to complete by 28/05/2025.

[Friday 22nd August - RPS Regional Conference Glasgow Trailblazer Talk: Nomination Form](#)

For more details about the session and the wider conference, please see the webpage below:

<https://events.rpharms.com/website/16536/>

The most appropriate Proton Pump Inhibitor (PPI) for children less than 16 years old

New guidelines have been published providing information on the prescribing of protons pump inhibitors in children.

The guideline contains information on preferred choice of PPI, as well as dosage and administration advice.

For the majority of paediatric patients, orodispersible tablet and capsule formulations of omeprazole and lansoprazole have been used successfully with little need for alternatives. The guidance gives advice on administration including splitting doses.

NHS Ayrshire and Arran **recommend the use of Aclomep Oral Solution 20mg/5ml as 2nd line choice** for use in children who are unable to tolerate a solid oral dosage form and/or use of an oro-dispersible tablet via syringe. Aclomep is an unlicensed preparation, however as per the NHS Ayrshire and Arran guidance, blanket approval for use of the unlicensed preparation has been granted for the reasons stated below.

Licensed suspensions of oral omeprazole 10mg/5ml and 20mg/5ml are available from Rosemont Pharmaceuticals, however due to the mint flavouring used in these preparations they have been poorly tolerated in neonatal and paediatric patients. These preparations also contain 6.95mmol of potassium per 5ml dose. They are only licensed up to a dose of 1mg/kg once daily which limits dose escalation as the BNF for children recommends doses of 0.7-3mg/kg daily (dependant on age).

Therefore, within NHS Ayrshire and Arran the **licensed oral suspension/solutions are NOT recommended** for use in paediatric patients in NHS Ayrshire and Arran.

In some instances community pharmacies may require a signed confirmation of the requirement for use of an unlicensed medication. This can be provided by the prescribing practice if required.

Community Pharmacy Protected Learning Time – CP PLT

Following on from the success of last year's first cycle of CP PLT, we are pleased to announce its return for 2025. We plan to run this much in the same way as last year with pharmacies given the choice of days in which to close for a morning or afternoon to undertake training or activities much in the same way as has been long established for GP surgeries. We will send out more detailed information in due course alongside feedback received from the network on their experiences and suggested activities to consider for this next cycle of CP PLT. For multiples, we will liaise with owners, area managers or superintendents in the first instance.

Reminder - CPIP Mandatory and Desirable Courses (CPIP Only)

As per email sent 11th April 2025, a reminder for all community pharmacy independent prescribers to please complete the following form by **Wednesday 30th April** detailing if they have completed the IP NES mandatory and desirable courses.

The form can be accessed via the adjacent QR Code or on the following link:

<https://forms.office.com/e/BtupcQsZre>



Cessation Corner - #2

I'm Kerry Ingram and I work for Quit Your Way (QYW) in Ayrshire. Over the next few issues, I'm going to be writing about all things smoking-related, with the purpose of helping you to better support your smoking cessation clients.

If you have any questions please contact me. My email address is Kerry.Ingram@aapct.scot.nhs.uk

Formulary Products

QYW and Community Pharmacies across Scotland should offer the following **formulary products** first as these products are on national contract offering "best value".



Nicotinell Patches
(7mg, 14mg, 21mg)

- A new patch should be applied daily to a hair-free spot on the body.
- If the client gets up at night to smoke or smokes almost as soon as they wake, the patch should be worn overnight otherwise it can be removed before bedtime as too much nicotine can cause sleep disturbance.
- The previous patch should be removed, folded and discarded - away from children and pets.
- The main side effect from the patch is skin irritation.
- Make sure a client never puts a fresh patch on to the same area as the previous one.
- Your client can try different areas of the body to see where wearing a patch is most comfortable.
- If the patch starts to peel off, micropore tape can be used to keep it on.
- Common patch side-effects include: - Skin redness, itching, or burning (rotate the patch to a different site each day). Headache (try a lower dose patch). Sleep disturbances such as difficulty sleeping and vivid dreams (remove the patch at night).



Nicotinell Lozenges
(1mg or 2mg mint)

1. Suck the nicotine lozenge until a strong flavour is tasted.
2. Park the lozenge between your cheek and gums and keep it there until the taste begins to fade.
3. Start sucking again.
4. Repeat for about 30 minutes, by which time the lozenge should be dissolved completely.

Clients on <20 cigarettes per day — should opt for 1mg lozenges.

Clients on >20 cigarettes per day — should opt for 2mg lozenges.

The most common side-effects are: mouth sores, hiccups, nausea, sore throat, headache, heartburn, or dizziness.



Nicorette Inhalator
(4, 20 or 36 cartridges)

1. Do not inhale into the lungs like a cigarette and do not use it like a traditional asthma inhaler.
2. Take frequent, short, and shallow puffs from the inhaler, similar to how you might sip from a straw.
3. If you feel a burning sensation at the back of your throat you are using it correctly. If you don't you may want to puff harder.
4. Each cartridge lasts 40 minutes which can be split up anyway the client wants it to be e.g. 8 x 5 mins or 4 x 10 mins sessions.

- Common side-effects include: dizziness, feeling faint, nausea, sickness, hiccups, nasal congestion and headaches.
- No more than 6 cartridges should be used per day.



Nicotinell Gum (fruit or mint, 2mg or 4mg)

1. Chew Nicotinell gum slowly until you can taste the flavour strongly or feel a tingling sensation in your mouth.
2. Stop chewing and park the piece of gum between your cheek and gums.
3. After about a minute, when the tingling/flavour is almost gone, start chewing again.
4. Repeat this process until the tingle/flavour is gone (about 30 minutes).

- Clients who smoke <20 cigarettes a day, should use 2mg gum.
- Clients who smoke >20 cigarettes a day, should use 4mg gum.
- No more than 1 piece of gum should be used per hour and no more than 12 pieces of gum should be used in a day.
- Sometimes the gum sticks to dentures.
- Using the gum can sometimes cause hiccups.
- Common side-effects include: increased blood pressure, fast heart rate, dizziness, insomnia, irritability, loss of appetite, indigestion/heartburn, hiccups.



Nicotinell Rapid Relief 1mg Mouthspray (single or double, mint)



If you are using Nicotinell Rapid Relief for the first time you must first load the spray pump.

Point the spray safely away from you and any other adults, children or pets that are near you. Press the top of the dispenser with your index finger 3 times in the air until a fine spray appears (priming).

If you do not use the spray for 2 days, this loading procedure will need to be repeated.

How to use after priming:

1. After priming, point the spray nozzle as close to the open mouth as possible.
2. Press firmly the top of the dispenser and release one spray into your mouth, avoiding the lips.
3. Direct the spray tube between the cheek and the lower gum / teeth, aiming for the inside of the cheek, avoiding the lips.

Start by using 1-2 sprays when you would normally smoke/vape a cigarette or e-cigarette or have cravings to smoke or vape.

Use one spray first and if your cravings do not disappear within a few minutes use the second spray.

If 2 sprays are required, future doses may be delivered as 2 consecutive sprays.

Do not use more than 2 sprays at a time or 4 sprays per hour for 16 hours.

The maximum dose is 64 sprays over 16 hours in any 24-hour period.

Very common side-effects include:

- Hiccups (these are particularly common)
- Headache, nausea (feeling sick)

Important things to consider

ALWAYS ask which NRT product(s), if any, that the client has tried before and how they managed with them. This will help inform which formulary products might work best for them this time.

Nicotinell Patch – does the client have any allergies that would cause the patch to irritate their skin, had trouble with the patch sticking previously, any issues with sleeping when using the 24hr patch?

Nicotinell Gum or Lozenge – is the client aware they should park the product and not constantly chew/suck as it's parking the product which allows the nicotine to be released into their blood stream to help with any cravings? Do they have dentures that the gum may stick to? Please note if the client is under 18 years of age lozenges cannot be given.

Nicotinell Rapid Relief – is the client able to open the unit? Do they have sufficient hand strength to use the spray and understand how to prime the unit before use?

Nicorette Inhalator – does the client have sufficient breath to use the inhalator properly? Do they have a condition like COPD which means they could struggle to use the inhalator properly?

Make sure your client uses their NRT enough - especially at the beginning of their quit attempt. Stress to them that it is the other components in tobacco that cause ill-health – **not the nicotine** – and that NRT contains a clean form of nicotine.

KEY COMMUNITY PHARMACY CONTACTS

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