



Pharmacy Services

NHS Ayrshire & Arran

Community Pharmacy Script



Friday 4th July 2025.

No: 14

Summer Message

Communication Summary: 9

Cessation Corner #7

This Week's Key Messages:

Review of PPI Prescribing In Children

IP Simulation

Daffodil Standards

Call for Representatives for Neurology Specialist Interest Group

With it being peak summer season and the school summer holidays now in full swing, many of our community pharmacy teams will be enjoying a well-deserved summer break with their friends and family. Whatever you have planned over this period, the NHS Community Pharmacy Team would like to wish you a lovely break. Hopefully the sunshine makes an appearance again soon in Ayrshire & Arran!



RECENT COMMUNICATIONS SUMMARY

Wednesday 25th June – aa.cpteam – Class 3 Drug Alert Immunocore LTD Kimmtrak 200mg/ml

Thursday 26th June – aa.cpteam – Class 2 Drug Alert Quadrant Pharmaceuticals LTD/Maxeart LTD – Depo-medrone 80mg/2ml

- Clincial PCT – ECS Essential Maintenance
- Clincial PCT – Gonorrhea Vaccination programme 2025
- Clincial PCT – Circulars PCA2025 –(P)-15 and PCA2025 – (P)-16

Monday 30th June - aa.cpteam – Class 3 Drug Alert Glenmark Pharma Europe Ltd Omeprazole 20mg/15ml oral solution

Tuesday 1st July - aa.cpteam – Class 3 Drug Alert WockhardtUK Ltd Tamoxifen 20mg film coated tablets

aa.cpteam – Class 4 Medicines Defect Amdipharm UK Ltd Erythromycin Stearate BP250mg Tabs

Thursday 3rd July - aa.cpteam – Class 4 Medicines Defect Crescent Pharma Ltd Simvastatin 10mg tabs

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

PCR to ISD explained

PCR stands for **Pharmacy Care Record**. It's the Smoking Cessation Support Assessment Tool that all Community Pharmacies across Scotland use when they sign someone up to receive support to stop smoking. Every time pharmacy has contact with, or attempts to contact, a patient PCR should be updated.

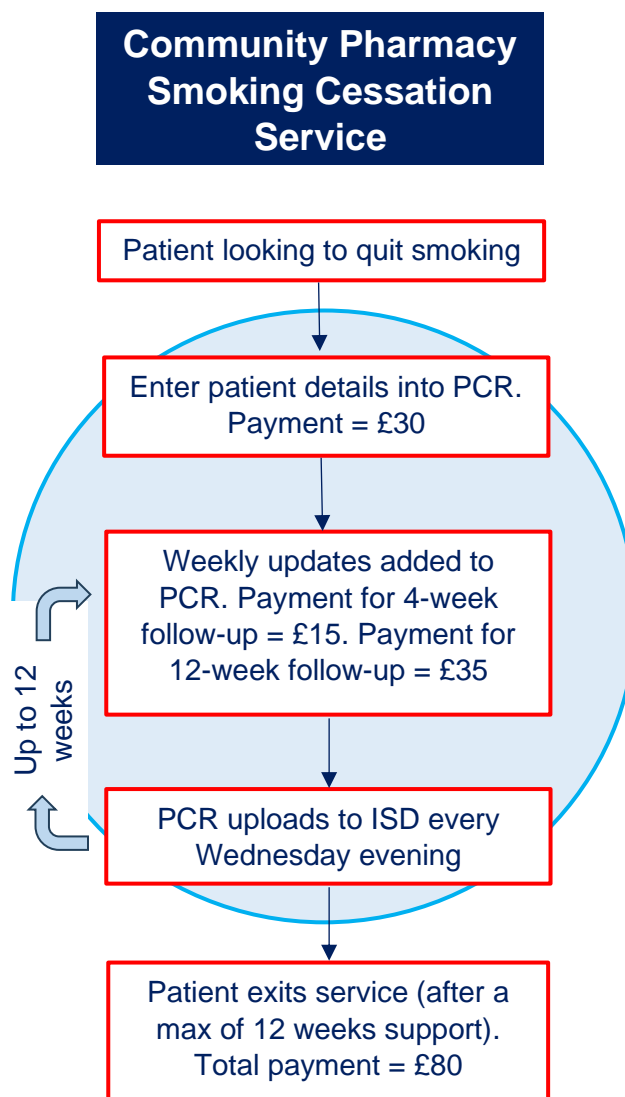
ISD is an electronic system managed by Public Health Scotland (PHS). PHS collects and provides health information, intelligence, and statistical services to support the NHS in improving healthcare and planning. Every Wednesday evening, information added to PCR automatically uploads to ISD. This allows for the collection of your patients smoking data, and it also allows for payments to be made to Community Pharmacies for the work they've completed in relation to those patients.

Importance of correct data entry

When PCR uploads to ISD, the records go through a vetting process (represented by the blue circle in the diagram). Records that have errors are corralled into a holding bay. These records, along with an error code and description, are returned to NHS Ayrshire & Arran. One of the pharmacy team will then get in touch with you to try to rectify those errors so they can successfully upload to ISD. A common error is where the pharmacy's telephone number has been entered instead of the patients.

After the records successfully upload to ISD, they are further vetted, and error reports are generated where the data collected on PCR is either missing or requires validation. Common examples are: (1) NRT products are missing but are being claimed for (2) a patient is young however "retired" has been selected under Employment Status.

Failure to update these records can mean no payment so please make sure all the data required is entered and entered correctly.



Check this link which explains PCR in more detail:

[PCR Pharmacy User Guide](#)

Weekly follow-ups

Where you are attempting to contact a patient for their four or 12-week follow-up, make sure you update any contact or attempted contact on PCR as you will get paid for following a patient up. Try to set aside one day a week when you check PCR and action any follow-ups.

If you try to contact a four or 12-week follow-up and are unsuccessful, leave them open as QYW will also attempt to contact them on your behalf.

REMEMBER, if you do not attempt to contact outstanding follow-ups, you will receive no payment. Updating PCR with any attempts you make = payment.

You have 2 weeks to contact a 4-week follow-up after it's due date. After this, even if you enter an update, the 12-week follow-up screen will not open.



You have a maximum of 4 weeks to contact and collect a 12-week follow-up after it's due date. After this time, the follow-up will be invalid and there will be no payment.

National targets

Weekly ISD reports are run by every health board in Scotland. These attempt to maximise the collection of four and 12-week follow-up data. Each health board has a Local Delivery Plan (LDP) target which is set by the Scottish Government. NHS Ayrshire & Arran's annual target is 518 successful 12 week quits from the 40% most deprived areas. In Ayrshire, 50% of these quits come from Community Pharmacy and the other 50% come from QYW.

How this data can help your pharmacy

I am regularly asked to produce reports for Contractor Codes across Ayrshire. These reports help inform NHS Ayrshire & Arran Pharmacy staff when they visit you to discuss your smoking cessation rates, and it also helps highlight any training issues your staff may have. Feel free to contact me for your own pharmacy stats and guidance on how you might be able to improve them.

Vaping

DO NOT enter people who vape on to PCR unless they also smoke and are looking to stop smoking. PCR is only to be used with those patients who smoke. Anyone looking to stop vaping should be referred to QYW. See the below as a guide.

	SUPPORT TO	OFFER
Smokes & Vapes	Stop smoking	NRT only
Smokes	Stop smoking	NRT or Varenicline
Smokes & Vapes	Stop vaping	Refer to QYW
Vapes	Stop vaping	Refer to QYW

This Weeks Key Messages

Review of PPI Prescribing in Children

The Primary Care Pharmacy Team will shortly begin the review of PPI prescribing in children. This will be in line with information sent out previously and will align with the NHS Ayrshire and Arran Paediatric Guideline.

Patients suitable for a change to the 1st line choice of either a capsule or MUPs formulation will be informed and counselled on the change by the practice pharmacist.

A PIL has been developed to aid parents/carers of children who require to have a MUPs tablet administered via oral syringe. A copy of this leaflet is attached for your information. These patients will require to have an oral syringe supplied, and the practice pharmacy team will annotate this requirement on the prescription.



PIL - Giving your
child proton pump i

As a reminder, **should a liquid formulation be required, Aclomep Oral Solution is NHS Ayrshire and Arran's preferred choice**. This is unlicensed however has been recommended by the paediatrics department due to issues with potassium content and flavour of the licensed preparation. A supporting letter for use of an unlicensed special is available from the practice pharmacy team, should this be requested by your wholesaler.

Simulation sessions for Community Pharmacy IPs

A further simulation session has been added for 2025.

- **Friday 22nd August 0900-1300 hours (Education Centre, Crosshouse Hospital)**

Sessions will be limited to a maximum of 4 people per session.

If you are interested in attending, please email aacpteam@aapct.scot.nhs.uk.

RPS Daffodil Standards

We have had a report that the link we included in our communication following the Community Pharmacy Networking Event in March did not work. Please see below a further link. The details can be found on the Royal Pharmaceutical Society website. A reminder that this partnership will help teams support palliative and end of life care. Please don't hesitate to get in touch with the team if you wish to discuss further.

[Daffodil Standards sign up](#)

Call for Cross Sector and Board-Wide Representatives for Neurology Specialist Interest Group

A Neurology Specialist Interest Group is being established and we are seeking expressions of interest across Scotland for a Cross Sector, Board Wide Representatives to join the group. This is an exciting opportunity for a pharmacist or technician working in any sector of practice, including acute, primary care or community pharmacy - with an interest or a role in the care of people with neurological conditions. You will represent pharmacy colleagues across Scotland, sharing knowledge and expertise, contributing to national discussions, service developments and advancement of neurological care.

Neurological conditions are a priority for the following reasons:

- Neurology is the 3rd highest contributor to burden of disease
- Public Health Scotland are predicting a 34% growth in disability adjusted life years for neurological conditions over the next 25 years
- New advances in Migraine, Alzheimer's, MS, Epilepsy, Myasthenia Gravis and Parkinsons will offer new complex medication regimens with pharmacy ideally placed to advise patients on symptom and side effect management, offering shared decision making conversations and personalising medication regimens.
- Pharmacy can play a key role in neurological care pathways across all sectors. A great example is the recent migraine project with community pharmacy in partnership with The Migraine Trust and migraine clinicians.

The vision is to have Board-wide and cross sector pharmacy representation to ensure neurological patients receive the right care at the right place and time and optimise opportunities for pharmacy in pathway and service redesign. A neurology specialist interest group will be formally established and meet quarterly. A draft TOR is attached (adapted from the Respiratory SIG).

Expressions of interest in joining the SIG are invited and should be sent to arlene.coulson@nhs.scot

KEY COMMUNITY PHARMACY CONTACTS

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PRIMARY CARE CONTACTS

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GENERAL ENQUIRIES EMAIL: aa.cpteam@aapct.scot.nhs.uk

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.