Community Pharmacy Script

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<u>Meet the Team – Amy Biggins – Right Medicine Pharmacy Ochiltree</u>



What is your current role? FTY Pharmacist

How long have you worked in community Pharmacy?

I have recently graduated with my Masters in Pharmacy degree. Throughout university I completed summer placements with Right Medicine Pharmacy. Prior to this I was a Saturday girl for Lloyd's pharmacy in my last year at school. Now having earned my pharmacy degree, I am starting off my Training year in community pharmacy and hoping to progress into a career of being a community pharmacist.

What do you think about the future of community Pharmacy?

I believe this is a very exciting time to be becoming a pharmacist and the future is bright for community! We are

the first year of graduates to qualify with the independent prescribing qualification in the UK! This means the community pharmacy world will continue to evolve and offer more prescribing services.

What is the best bit about your job?

Being patient facing, always being part of a team so no decision is ever made alone and getting to know the patients in the community well.

RECENT COMMUNICATIONS SUMMARY

Monday 21st **July** – Clinical PCT - Pharmacy claims July 2025

- Update on reporting known or suspected illicit supply of obesity medicines Semaglutide (Wegovy) and Tirzepatide (Mounjaro)

Tuesday 22nd July – Clinical PCT – Counter Fraud for information Private Prescriptions CFS Alert

Thursday 24th **July** – National Adult Support and Protection Learning and Development Framework wider consultation

 aa.cpteam – Drug alert class 2 recall – no 35 2025 – Flutiform 250mcg/10mcg pressurised inhalation

Monday 28th **July** – aa.cpteam – Drug alert class 2 – no 36 2025 – Chloraprep 1ml clear sterile solution/applicator

Tuesday 29th July – aa.cpteam – Stop Press – Fair warning

This Weeks Key Messages

Fair Warning System

The Fair Warning System was first introduced 12 years ago to support staff understanding and awareness to ensure patient records are accessed appropriately and lawfully. A recent communication has been sent out as a reminder of this system. The link for this is attached below.

We ask that all community pharmacy teams familiarise their selves with this document, the Fair Warning System and bear in mind your responsibilities when accessing information.



Post-Registration Foundation Programme for Pharmacists Enrolment

The registration period for the Post-Registration Foundation Programme for Pharmacists is open from 1st August to 12th September 2025. For further information, please see the cps website or use the following link Post Registration Foundation Programme.

For those interested, please submit the Registration Form as soon as possible to secure a funded place.

Yellow Card Centre Scotland and NHS Education for Scotland e-learning

The Yellow Card Centre (YCC) Scotland and NHS Education for Scotland e-learning modules for adverse drug reactions have been updated. Modules can be accessed using the link below.



Updated adverse drug reaction e-learning modules available now





Click here for the Turas ADR eLearning Modules

- 6 modules developed by the Yellow Card Centre Scotland and NHS Education for Scotland covering key topics around adverse drug reactions and pharmacovigilance
- Additional accessibility options available
- Available on the TURAS Learn website
- No TURAS account? No problem! Anyone can register for free

Cessation Corner #9



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

Supporting a patient - Week 4

4-week follow-up collection

This is a key milestone for patients and Community Pharmacy. The 4-week follow-up is required to be collected on PCR (Patient Care Record) and the patient should also have a smokerlyser reading taken.

Once updated on PCR that the patient is still smoke-free, the 12-week follow-up tab will unlock. Remember you only have a 2-week window to enter the 4-week follow-up, or the 12-week follow-up tab will not open. If you can't get hold of the patient to collect their 4-week follow-up, DO NOT mark them as "lost to follow-up" on PCR. Quit You Way run weekly outstanding follow-up reports and will try to contact the patient on your behalf.

If the patient has smoked in the past 4 weeks, according to the pharmacy specification, they will have "failed", and the 12-week follow-up tab will not appear.

NEVER use the word "fail" with a patient. Each quit attempt is important and teaches the patient something new. Most people who want to stop smoking will have multiple quit attempts before they are successful. Make sure your patient knows this and sees this latest quit attempt as a stepping stone on their journey to being smoke free.

Refocus without judgement: Explain that if they are still motivated to quit then you will sign them up again as this is how the system works. If the patient has struggled, you can offer to refer them to Quit Your Way for more intensive support. If they don't appear motivated, offer them a break for now and suggest they return later when they feel more motivated.





Milestone Recognition:

The 4-week follow-up is a chance to congratulate your patient for staying smoke-free. It's also a chance to revisit their reasons for wanting to stop smoking, and to review and any benefits they've gained from stopping.

Triggers & Coping Strategies:

Encourage your patient to reflect on any situations that have tested their willpower and how they've managed them. This will keep them on track and looking forward.

Medication Review:

The 4-week follow-up is also an opportunity to review any medication your patient is on.

For Nicotine Replacement Therapy (NRT):

Are cravings becoming better managed? Discuss how thinking about smoking a cigarette is different to actually smoking a cigarette. The former is linked to the habit of smoking which will become less with time as they become used to the habits of a non-smoker. The latter is linked to nicotine addiction. Using more NRT will reduce this and weaning down will reduce it further over time. It is very important they use their NRT to keep them smoke-free in the first few weeks.

Is your patient using patches? After 4 weeks of use, the patch strength will normally be stepped down. Check the patient is happy to do this. Explain this is the usual process. If they are not happy to do this, ask why they are worried and provide reassurance. Yes the next patch down is smaller in size and in strength however if they have any issues they can use their second NRT product more.

Is your patient using gum or lozenges? Review how many they are using daily. Ideally by week 12 the client will be (or almost be) NRT free. This can only be accomplished by noting on each visit how many they are using and tapering as the weeks of support progress.

Is your patient using an inhalator? Review how many cartridges they are using daily and reduce as the weeks pass.

Is your patient using an oral spray? Review how many sprays they use daily and look at reducing as the weeks pass.

For Varenicline:

Have any side-effects settled? If not, discuss and try to find solutions. Most patients will still be on 1mg twice daily at this point or be on 0.5mg twice daily if the 1mg pills are too strong. Remind them that using Varenicline for 12 weeks is their chance to change their habits from that of someone who smoked to someone who no longer does.

Varenicline can help with nicotine addiction. Changing habits is something people underestimate and as such perhaps don't give that as much consideration as they should. Discuss how the patient has altered their habits over the past few weeks.



IMPORTANT: if a patient shows signs of lapsing or relapsing, don't reduce their NRT too quickly. It's about finding a balance between keeping them smokefree whilst reducing their addiction to nicotine.

Ask questions but do remind patients that the Community Pharmacy scheme is intended to be 12 weeks long.

After this time, any additional NRT would have to be purchased by the patient, or they would have to be transferred to QYW for additional support.

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