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Meet the Team – Kerry Ingram



What is your current role?

I am one of the Quit Your Way programme Leads with a lead role for Primary Care, Training, Mental Health and Performance Management

How long have you worked for the NHS and how long have you been doing this role?

I've been with the NHS since 1991. I've been doing my current role since 2011. I initially trained as a Computer Analyst/Programmer.

What does your role involve?

Partnership working around anything tobacco/vaping related. Quit Your Way in Ayrshire encompasses prevention, cessation and protection. I manage a team of 7. Part of my role is to get the tobacco agenda threaded through all the areas I cover. I work with some of the pharmacy staff to make sure that successful follow-ups are maximised and training opportunities are offered to staff whether they are new to post or are just looking for refresher training.

What do you enjoy most about your job?

I enjoy working with others involved in the tobacco agenda. I've worked closely with your own Alyson Stein for some time and more recently with Alan McGeer and your new Pharmacy Technicians - Lorraine Tait and Laura Mercer. I enjoy engaging with individual pharmacies especially around training opportunities and ad hoc queries. It will usually be myself you will get if you have any 😊

What do you do to relax outside of work?

I listen to jazz, I take photos, I read M.R. James & H.P. Lovecraft, I love K-dramas and K-movies - check out "The Silent Sea", "Train to Busan" or "Hellbound". I play with my 5 mogs and I'm a bit of a tiki mixologist.

RECENT COMMUNICATIONS SUMMARY

Friday 1st August – ClinicalPCT – Optometry Services

- aa.cpteam – Drug Alert Class 4 – Jubilant Pharma Ltd Olmesartan 10mg tablets

Monday 4th August – aa.cpteam – Drug Alert Class 2 –no 38 2025 – Fucidin 250mg tablets

Friday 8th August – aa.cpteam – Drug Alert Class 4 – no 39 2025 – Topiramate 200mg.ml solution

Tuesday 12th August – Clinical PCT – Flu service specification

Friday 15th August – aa.cpteam – Drug Alert Class 4 Accord Healthcare Ltd Levetiracetam 100mg/ml oral solution

This Weeks Key Messages

Breastfeeding Friendly Scotland

Why Your Pharmacy Should Join the Breastfeeding Friendly Scotland Scheme



As a pharmacy, you play a vital role in supporting families' health and wellbeing — and that includes creating a welcoming environment for breastfeeding mothers.

The **Breastfeeding Friendly Scotland Scheme**, run locally by the **Breastfeeding Network**, aims to:

- **Build women's confidence** to breastfeed in public
- **Promote awareness** of the *Breastfeeding etc. (Scotland) Act 2005* and the *Equality Act 2010*, which make it illegal to ask a woman to stop, move, or cover up while breastfeeding in public spaces

Why it matters for pharmacies:

- **Health benefits:** Breastfeeding has proven health benefits for both mother and baby. Supporting breastfeeding aligns with your commitment to public health and preventive care.
- **Early engagement:** Pharmacies are often one of the first places new parents visit for advice, prescriptions, and baby care products. A supportive environment can make a lasting impact and encourage continued breastfeeding.
- **Reducing NHS pressure:** Breastfeeding reduces the risk of many childhood and maternal illnesses, easing the burden on NHS services — including those related to medication and treatment.
- **Community leadership:** By joining the scheme, your pharmacy demonstrates leadership in inclusivity, family support, and legal awareness.

What's involved?

- Follow the link or QR code to sign up: <https://forms.office.com/e/DptWus647F?origin=lprLink>
- Ensure all staff know the law that a woman cannot be asked to move, stop or cover up when breastfeeding in a public place. (We can assist with memos, training ect if required)

Then...

- You'll receive a **window sticker** to display your support
- We'll take a **photo to share on social media**, celebrating your commitment
- Your pharmacy will be added to our **Google Map of over 3,500 breastfeeding-friendly locations** across Scotland

Any questions or queries do not hesitate to contact us on:

breastfeedingfriendlyscotlandayshire@aapct.scot.nhs.uk



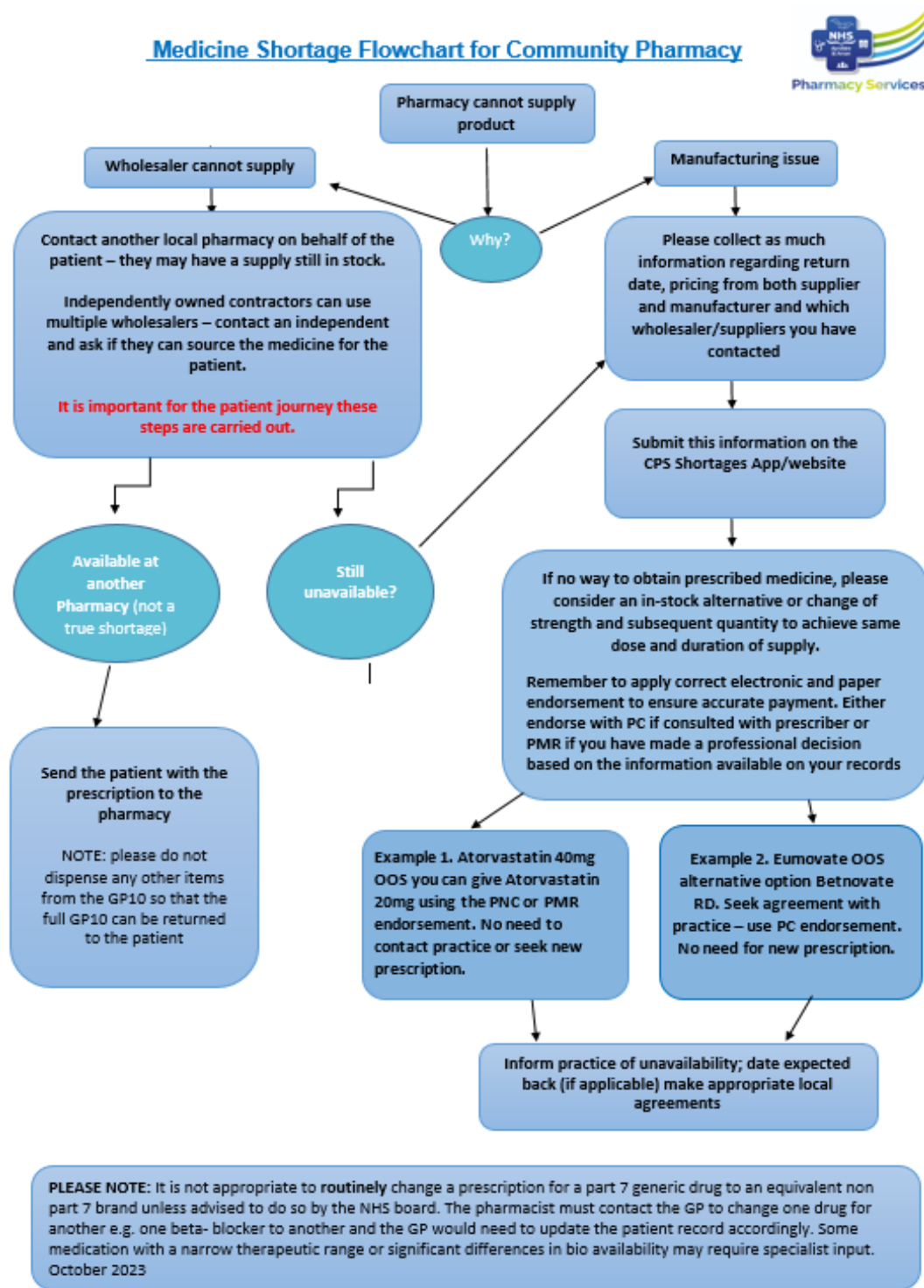
Holly Health App

East Ayrshire Health and Social Care Partnership has partnered with Holly Health to offer staff at NHS Ayrshire and Arran Hospitals 12 months of free habit coaching (to help sleep, exercise, eating and mental wellbeing). The app may serve as an extra tool to help feel physically and mentally better. You can sign up here: [Holly Health App](#)



Shortages

Shortages are unfortunately a common occurrence and have been for many years. NHS Ayrshire and Arran shortages process, which community pharmacy teams should use to attempt to resolve any supply issues before contracting GP pharmacy teams for alternative products is shown in the flow chart below. Further information on shortages is available in the shortages section of the NHS Ayrshire and Arran Community Pharmacy web site, available here: [Shortages – NHS Ayrshire & Arran](#)



Cessation Corner #10



I'm Kerry Ingram and I work for Quit Your Way (QYW) in Ayrshire. QYW Helpline 0800 783 9132. Over the next few issues, I'll be writing about all things smoking-related, with the aim of helping you to better support your smoking cessation patients. If you have any questions, please contact me directly: Kerry.Ingram@aapct.scot.nhs.uk

Progress & ending support with a patient – Weeks 5 to 12

By week 5, the patient should be comfortable using their stop smoking products. If using Nicotine Replacement Therapy (NRT), it is now about the patient reducing their NRT whilst maintaining their quit.

Patches generally tend to run for 12 weeks and have a set pattern for cutting down. The pattern for Nicotinell patches is: 4 weeks at 21mg, 4 weeks at 14mg and 4 weeks at 7mg for 20+ cigarettes per day, or 4 weeks at 14mg and 4 weeks at 7mg for < 20 cigarettes per day. Talking with your client can help decide which pattern to follow. Never spring a reduction in patch strength on them. Always discuss the week before and **explain that gradually tapering their NRT allows the body to adjust to less nicotine**. Also explain that a reduction in patch strength means the patch will be smaller too. Some patients can become worried about this.

If a second NRT product is being used along with a patch, it's also about reducing the number and/or strength of that product between weeks 5-12. For example, if a patient is using lozenges along with a patch, then you have a few options. If they are using a 4mg lozenge, you could reduce it to 2mg. This would allow the client to use the same number per day but still reduce their nicotine intake. Another option would be to set a limit on the number of lozenges the patient uses in a day. You should ask each time you see them how many they are using and **set a realistic goal** for reduction otherwise the patient may struggle.



Ask the patient to listen to their body as they reduce their NRT. If they experience intense cravings or withdrawal symptoms, then they need to slow the tapering process down.

It's **important to manage cravings and triggers** between weeks 5 and 12. Patients should think about situations, places, or emotions that trigger their urge to smoke. This could be stress, social gatherings, or even certain times of the day. Help them formulate a solution. If they can't think of one, ask if you can offer one. For example, many patients still retain cigarettes in their home even though they are quitting. If stress triggers their want to smoke, having cigarettes at home could be too tempting. Suggest that the patient gets rid of any cigarettes they have at home.

Varenicline use is slightly different, in that patients will stay on 2mg daily (1mg x am and 1mg x pm) until approx. week 10-11 then titrate down to 1mg daily for the remainder of the course. Patients who previously used Champix were less likely to relapse if their dose was titrated down towards the end of their 12-week course.



Coping Strategies: Whether a patient uses NRT, Varenicline or no product, the most important thing they can do to remain smoke-free, long term, is to develop coping strategies.

Help your patient prepare for long-term success by supporting them to develop some. **These could include:**

Deep breathing: Take slow, deep breaths to calm your nervous system.

Physical activity: Go for a walk, do some jumping jacks, or engage in any exercise they enjoy.

Mindfulness & relaxation techniques: Practice meditation or other relaxation exercises.

Engage in hobbies: Focus on activities they enjoy, like reading, listening to music, or spending time in nature.

Social support: Talk to a friend, family member, or support group about their cravings.



Week 12: At week 12, your patient will hopefully be finished or nearly finished, using their NRT or Varenicline. If they are using NRT and require additional support to wean them off, please refer them to QYW.

At this stage the patient's 12-week follow-up will be due on PCR. Even if you don't manage to contact them, update PCR to say you tried and when, and you will still receive payment. Don't forget to smokerlyser them too. **DO NOT** close their 12-week record if you have been unable to contact them as QYW will also attempt to reach them between weeks 14-16 after their quit date.

If they are still stopped, congratulate them on their journey to date. Remind them that long term success is linked to habit. Also remind them that if they do relapse, that you will be here for them, without judgement, to help them stop again.

KEY COMMUNITY PHARMACY CONTACTS			
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<p>GENERAL ENQUIRIES EMAIL: aa.cpteam@aapct.scot.nhs.uk</p> <p><i>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.</i></p>			