

# Community Pharmacy Script

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## Coeliac Disease

Coeliac disease is an autoimmune condition in which the immune system mistakes substances found inside gluten as a threat to the body and attacks them. This damages the surfaces of the intestines and disrupts the body's ability to take in nutrients from food. Coeliac disease can develop at any age and reported cases are higher in women than men. People with certain conditions such as Type 1 Diabetes, autoimmune thyroid disease and Turner syndrome have an increased risk of developing this.

Whilst there is no cure for coeliac disease, following a healthy and varied gluten free diet should help control symptoms and prevent long term complications of the condition.

Potential long term complications can include:

- Osteoporosis (encourage use of the Great British Bone Check campaign)
- Iron deficiency anaemia
- Vitamin B12 or folate deficiency anaemia

Details of the community pharmacy gluten free service can be found on our website here - [Gluten Free Food Service – NHS Ayrshire & Arran](#)

This site contains resources and support material for pharmacy staff including order forms, GF formulary as well as an assessment tool which can be used when undertaking a patient's GF annual review

For further learning NES have provided the following resource - <https://learn.nes.nhs.scot/63144>

## **This Weeks Key Messages**

### **HRT – Unopposed Oestrogen Project**

All community pharmacies should have received the NHS Ayrshire and Arran HRT Unopposed Oestrogen patient information cards by 16/1/26. If these have not been received, please email the CP team at: [aa.cpteam@aapct.scot.nhs.uk](mailto:aa.cpteam@aapct.scot.nhs.uk)

We encourage pharmacy teams to watch the video which was shared in December (link provided below) and engage in conversations with patients who fall into this category, using the patient safety cards to aid these patient discussions. This should help to provide enhanced support for patients, highlighting the importance of taking progestogen alongside oestrogen HRT – where clinically indicated – to reduce the risk of endometrial hyperplasia and its potential progression to endometrial cancer.

[https://scottish-my.sharepoint.com/:v:/g/personal/andrew\\_melvin4\\_aa\\_nhs\\_scot/ETscHnWnOudPg8dAv1n4ZBoBGn1vhvNdWCleax7WWEmVqA?isSPOFile=1&xodata=MDV8MDJ8bGF1cmEubWVvY2VvQGfHcGN0LnNjb3QubmhZLnVrfGY2Yzg5Y2JlMmRlMjQ4YzQ2YzQ1MDhkZTMxODJkZTI0fDEwZWZlMGJkYTAzMdRiY2E4MDIjYjVlNjc0NWU0OTlhfDB8MHw2MzkwMDM3MzQ4MDQ0MTQxOTh8VW5rbm93bnxUV0ZwYkdac2IzZDhleUpGYlhCMGVVMWWhjR2tpT25SeWRXVXNjBFlpT2Ild0xgQXVNREF3TUNJc0lsQWlPaUpYYVc0ek1pSXNJa0ZPSWpvaVRXRnBiQ0lzSWxkVUlqb3lmUT09fDB8fHw%3d&sdata=cjhVMzVpb3NHM2tZbHRiRFRYcWhXdVF5T0hUT0xxeTRsVXdzYys1WTBZdz0%3d](https://scottish-my.sharepoint.com/:v:/g/personal/andrew_melvin4_aa_nhs_scot/ETscHnWnOudPg8dAv1n4ZBoBGn1vhvNdWCleax7WWEmVqA?isSPOFile=1&xodata=MDV8MDJ8bGF1cmEubWVvY2VvQGfHcGN0LnNjb3QubmhZLnVrfGY2Yzg5Y2JlMmRlMjQ4YzQ2YzQ1MDhkZTMxODJkZTI0fDEwZWZlMGJkYTAzMdRiY2E4MDIjYjVlNjc0NWU0OTlhfDB8MHw2MzkwMDM3MzQ4MDQ0MTQxOTh8VW5rbm93bnxUV0ZwYkdac2IzZDhleUpGYlhCMGVVMWWhjR2tpT25SeWRXVXNjBFlpT2Ild0xgQXVNREF3TUNJc0lsQWlPaUpYYVc0ek1pSXNJa0ZPSWpvaVRXRnBiQ0lzSWxkVUlqb3lmUT09fDB8fHw%3d&sdata=cjhVMzVpb3NHM2tZbHRiRFRYcWhXdVF5T0hUT0xxeTRsVXdzYys1WTBZdz0%3d)

### **Simulation Sessions 2026**

As part of continuing education and development for our established community pharmacy independent prescribers, we are planning to host a series of simulation sessions. For those of you who are not familiar with the concept of simulation, it is a technique of safely replicating 'real life' skills, drills, and experiences in an effort to realistically rehearse and train in an environment that is safe for both patients and learners. This concept has been used across a variety of healthcare settings for several years as part of clinical training to provide a safe and controlled learning environment where clinicians can make prescribing decisions and learn in real time without compromising patient safety.

The aim of our sessions is to create a supportive learning opportunity in an entirely safe and confidential space to enhance our legacy community pharmacy prescribers' confidence and skills in delivering Pharmacy First Plus. The added bonus is a network opportunity to get to know other community pharmacy prescribers within A&A!

If you are interested in attending, please email [aa.cpteam@aapct.scot.nhs.uk](mailto:aa.cpteam@aapct.scot.nhs.uk)

## Reminder

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

Guidelines were published in the last year providing information on the prescribing of proton 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 orodispersible 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**. Aclomep is on the pre-approved proforma so authorisation does not need to be obtained providing it is within the price stated.

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.

## Cervical Screening Professional Information

PHS has recently reviewed and revised our professional facing content for cervical screening: [Overview - Cervical screening - Disease screening - Conditions and diseases - Population health - Public Health Scotland](#)

The target audience for this content includes health professionals who don't work within cervical screening but work with individuals eligible for cervical screening. The purpose of the pages are to provide health professionals with information needed to feel informed about the cervical screening programme, and to feel confident to have conversations with their patients about cervical screening and informed consent.

## Rybelsus Formulation Switch

We have received notification from NovoNordisk UK that a new formulation of Rybelsus tablets has been launched in the UK.

The new formulation of Rybelsus tablets has higher bioavailability (the proportion of the active substance absorbed into the blood stream) than the initial formulation, which means that lower doses are needed to achieve the same effect.

At present, both formulations are temporarily available meaning there is a risk of patients being prescribed the incorrect dose, which could result in potential overdose and increased risk of gastrointestinal side effects. [Distribution of Rybelsus 3mg, 7mg and 14mg tablets will stop from 31st January 2026.](#)

Primary care teams have been tasked with switching patients to the new formulation by 31<sup>st</sup> January.

More information can be found [here](#)

[Rybelsus transition to new formulation and risk of medication error.pdf](#)

# Cessation Corner #20

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 better support your smoking cessation patients. If you have any questions, please contact me directly:

[Kerry.Ingram@aapct.scot.nhs.uk](mailto:Kerry.Ingram@aapct.scot.nhs.uk)

## NEW YEAR, NEW GOALS – SUPPORTING QUIT ATTEMPTS

### STARTING THE YEAR SMOKE-FREE



January is one of the busiest months for quit attempts. Many people set health related resolutions, and your support can make the difference. Encourage patients to take the first step toward a smoke-free 2026.

### RE-PHRASE YOUR DIALOGUE

**Quitting smoking isn't about what a patient gives up. It's about what they get back.** This can include a better

sense of taste and smell; more energy; saving money etc. Make sure when you chat with your patient about stopping smoking that you focus on their gains.



### WHY PEOPLE QUIT IN JANUARY?

**A Clean Slate:** The beginning of a new year provides a strong psychological boost and a sense of a "clean slate" or a natural point to make positive, long-term changes.

**Alignment with Other Resolutions:** The goal of quitting smoking aligns well with other common New Year's resolutions like improving fitness, saving money, or generally embracing a healthier lifestyle.

**A Manageable Start:** Following the social events and indulgences of the festive season, the quieter month of January can offer fewer social triggers for smoking, making the initial phase of quitting feel more manageable.

**Community Support:** Many people attempt to quit at the same time, leading to a sense of shared purpose and increased availability of public health campaigns, support groups, and resources, such as those from the NHS and their local Community Pharmacy.

### QUIT TIPS FOR COMMUNITY PHARMACY TEAMS

- Ask, Advise, Act: Every interaction counts
- Promote your Smoking Cessation service, Quit Your Way – simple and effective.
- Display Stop Smoking materials and models in your pharmacy.

### CORE PERSONAL REASONS

Smokers are primarily motivated by two fundamental factors that apply regardless of the time of year, but are often the focus of New Year's resolutions:

**Health Benefits:** This is the single most important reason. Quitting dramatically improves health and quality of life, with benefits starting almost immediately. Reasons include:

: Reduced risk of serious illnesses like cancer, heart disease, stroke, and respiratory conditions.

: Improved breathing, lung function, and more energy.

: Better physical appearance, including improved skin and whiter teeth.

: Protection of loved ones from the harms of second-hand smoke.

**Financial Savings:** Smoking is expensive, and the opportunity to save significant money is a powerful motivator. The average smoker in the UK can save thousands of pounds annually, which can be reallocated to other priorities like holidays or savings.

*Produced: January 9th 2026*

If there are specific topics, you'd like me to cover in future issues, please drop me an email at [Kerry.Ingram@aapct.scot.nhs.uk](mailto:Kerry.Ingram@aapct.scot.nhs.uk) Thanks.

## RECENT COMMUNICATIONS SUMMARY

**Wednesday 24<sup>th</sup> December – ClinicalPCT** – Circulars PCA2025-(P)-27,28 & 29

**Wednesday 7<sup>th</sup> January - Clincial PCT** - Prostate Cancer Service

**Thursday 8<sup>th</sup> January – aa.cpteam** – Nestlé recall of several SMA Infant Formula and Follow-On Formula as a precaution because of the possible presence of cereulide (toxin)

**Friday 9<sup>th</sup> January – ClinicalPCT** - PR409 - Integra Neuroscience Ltd - MediHoney Wound and Burn Products

### KEY COMMUNITY PHARMACY CONTACTS

<b>CP Team</b>	Community Pharmacy Administration	<a href="mailto:aa.cpteam@aapct.scot.nhs.uk">aa.cpteam@aapct.scot.nhs.uk</a>	01292 513905/513833
<b>Kirstie Williams</b>	Principal Pharmacist, Community Pharmacy, Public Health & SA HSCP	<a href="mailto:Kirstie.williams@aapct.scot.nhs.uk">Kirstie.williams@aapct.scot.nhs.uk</a>	07970439225
<b>Shannon Ormsby</b>	Senior Pharmacist, Primary Care & Community Pharmacy	<a href="mailto:Shannon.ormsby2@aapct.scot.nhs.uk">Shannon.ormsby2@aapct.scot.nhs.uk</a>	
<b>Alan McGeer</b>	Senior Pharmacist, Primary Care & Community Pharmacy	<a href="mailto:Alan.mcgeer@aapct.scot.nhs.uk">Alan.mcgeer@aapct.scot.nhs.uk</a>	07827840326
<b>Lorraine Tait</b>	Pharmacy Technician Primary Care and Community Pharmacy	<a href="mailto:Lorraine.tait@aapct.scot.nhs.uk">Lorraine.tait@aapct.scot.nhs.uk</a>	07811224231
<b>Laura Mercer</b>	Pharmacy Technician Primary Care and Community Pharmacy	<a href="mailto:Laura.mercer@aapct.scot.nhs.uk">Laura.mercer@aapct.scot.nhs.uk</a>	07816096162
<b>Fiona Knight</b>	Palliative Care Pharmacist – Ayrshire Hospice	<a href="mailto:Fiona.knight@ayrshirehospice.org">Fiona.knight@ayrshirehospice.org</a>	01292 269200 Ext. 495
<b>Sharleen Bell</b>	Controlled Drug Inspection Officer	<a href="mailto:Sharleen.bell@aapct.scot.nhs.uk">Sharleen.bell@aapct.scot.nhs.uk</a>	01292 513822
<b>Alex Adam</b>	Specialist Pharmacist in Substance Misuse	<a href="mailto:Alexander.adam@aapct.scot.nhs.uk">Alexander.adam@aapct.scot.nhs.uk</a>	07557 083093
<b>ePharmacy Facilitator</b>	Facilitator, Digital Services	<a href="mailto:aa.digitalservicescommunityfacilitators@aapct.scot.nhs.uk">aa.digitalservicescommunityfacilitators@aapct.scot.nhs.uk</a>	

### PRIMARY CARE CONTACTS

<b>Anne Shaw</b>	Primary Care Manager, Pharmacy and Optometry	<a href="mailto:Anne.shaw2@aapct.scot.nhs.uk">Anne.shaw2@aapct.scot.nhs.uk</a>	07805248789
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**GENERAL ENQUIRIES EMAIL:** [aa.cpteam@aapct.scot.nhs.uk](mailto: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.*