

**Community Pharmacy  
NHS Lanarkshire  
13<sup>th</sup> April Update**

**Pharmacy First and Pharmacy First Plus Focus**

**Lets take a look back on 2025....** Appointments saved has increased by 28 % from approx. 3,300 in 2024 > 4,218 in 2025 (GP Appointments saved includes PGD Items and PF+ items only). This not only demonstrates the transforming/expanding roles of our pharmacy teams and clinical developments but the active roles our pharmacy teams play in keeping care closer to home. We have also seen an increase in patients accessing PGDs between 2024 and 2025; UTI items: 17,515 > 18,052; Hayfever items: 3569 > 5,209; Impetigo items: 1,446 > 1468; Shingles: 652 > 804; Skin Infections: 4,439 > 4,979; Pharmacy First Plus: 12,809 > 20,101. Our referral numbers have also dropped from 45,455 > 32,191, possibly demonstrating the impact of access to ECS/Clinical Portal and the Pharmacy First Plus service, with our prescribers being able to support patients beyond the PGDs and for a wider range of common clinical conditions. More comms re Consultant Connect to follow.

**Pharmacy First Activity  
2025**

Pharmacy First Items: 502,551	Pharmacy First Consultations: 167,601	Pharmacy First Referrals: 32,191	UTI Item: 18,052
Hayfever Item: 5,209	Impetigo Item: 1,468	Shingles Item: 804	Skin Infection Item: 4.979
	Pharmacy First Plus Items: 20,101	Approx. GP Appointments saved: > 4,218/month	

**Tack så mycket from Sweden!** A big thank you to the Crawfords Pharmacy team for welcoming a number of pharmacists from Sweden. All members of the team did a fantastic job at welcoming the

pharmacists and demonstrating how each of their roles play a vital part in patient care & was a highlight of the Swedish visit to NHS Lanarkshire! Scottish and Swedish pharmacists came together in a first of international collaboration, celebrating the shared ambition to elevate patient care. The visit shone a spotlight on the Scottish Community Pharmacy **Pharmacy First** and **Pharmacy First Plus** services, with Swedish colleagues particularly struck by the advanced clinical expertise and hands-on patient care delivered by Crawfords pharmacy teams, including the treatment of Common Clinical Conditions like Chest Infections, Sore Throats and Ear Infections. Together, the teams showcased how global partnership can spark new ideas, transform healthcare roles, and highlight the powerful impact community pharmacy can have on delivering care closer to home.



**How can access to the ECS and Clinical Portal support safer clinical decision making?** Pharmacist and Registered Pharmacy Technicians can apply for access to the Emergency Care Summary. This tool provides vital access to patient information which helps healthcare professionals to provide a safe and effective service, including information on repeat items and acutes. To access this tool please email

[NHSLanarkshire.PharmacyFacilitation@lanarkshire.scot.nhs.uk](mailto:NHSLanarkshire.PharmacyFacilitation@lanarkshire.scot.nhs.uk)

Clinical Portal is a 'read only' platform that pulls data from other clinical systems. As such there is an ECS tab in portal itself which provides information on acute and repeat medications. Clinical portal also allows access to further patient details including e.g. renal function for

Nitrofurantoin. Clinical Portal is currently available to IPs across Lanarkshire. To access this tool please email [NHSLanarkshire.PharmacyFacilitation@lanarkshire.scot.nhs.uk](mailto:NHSLanarkshire.PharmacyFacilitation@lanarkshire.scot.nhs.uk)

In March 2026, Community Pharmacies across NHS Lanarkshire accounted for approx. 10% of ECS records accessed across Community Pharmacies in Scotland. Don't forget, NHS Lanarkshire is moving away from the pandemic accounts that were created for branches and are moving to individual accounts for users.

March 2026	Lanarkshire
Number of times the ECS was accessed	1326
Number of ECS Accounts used	80
Number of Clinical Portal accounts	16
Number of times Clinical Portal was accessed	132
Number of users who didn't access Clinical Portal account	4

### Pharmacy First Plus: November & December

Locality	No. IPs	No. IP Sites
Airdrie	10	8
Bellshill	11	8
Camglen	18	12
Clydesdale	12	10
Coatbridge	10	6
East Kilbride	11	7
Hamilton	11	8
Motherwell	7	7
North Locality	10	9
Wishaw	13	10
<b>Total</b>	<b>113</b>	<b>85</b>

**A reminder, as per the recent [PCA\(P\)2025\(24\)](#) , items that are available under standard PF should be issued under the PF service and not the Pharmacy First Plus service.**

13. From 1 November 2025, contractors delivering the service as specified will also receive an activity payment from a newly established monthly pot for IP prescribing activity, initially agreed at £0.5m. There is no minimum activity threshold set to access the NHS PFS Plus activity payment pot.

14. As described above, Advice and Referral claims will continue to be paid from the NHS PFS activity pot with a relative weighting of 1. Where an independent prescriber has decided that it is absolutely necessary to treat a common clinical condition, they may submit an NHS Pharmacy First Plus "Supply" claim using the Universal Claim Framework (UCF) to access the newly established pot. Eligible outcomes include where prescriptions are written on NHS Board-issued IP pads for the supply of:

- a. a Prescription-Only Medicine (POM)
- b. a P/GSL product which does **not** appear on the NHS PFS approved list
- c. a P/GSL product which **does** appear on the approved list **but** is being used outwith its P or GSL license restrictions.

### November Prescribing to consider further

Item	Consideration	Approx. Cost, accounting for quantity
Loperimide	Available on PF	£0.75
Senna	Available on PF	£1.44
Aspirin 75mg	Available on PF	£0.25
Airomir	Did you diagnose? Are you providing on going monitoring, annual reviews, bloods etc? If a patient has ran out of meds, record under CPUS not PF+	£12.04
Salbutamol	Did you diagnose? Are you providing on going monitoring, annual reviews, bloods etc? If a patient has ran out of meds, record under CPUS not PF+	£11.68
Clenil	Did you diagnose? Are you providing on going monitoring, annual reviews, bloods etc? If a patient has ran out of meds, record under CPUS not PF+	£7.42
QVAR	Did you diagnose? Are you providing on going monitoring, annual reviews, bloods etc? If a	£7.87

	patient has ran out of meds, record under CPUS not PF+	
Soprobecc	Did you diagnose? Are you providing on going monitoring, annual reviews, bloods etc? If a patient has ran out of meds, record under CPUS not PF+	£4.82
Vivaire	Did you diagnose? Are you providing on going monitoring, annual reviews, bloods etc? If a patient has ran out of meds, record under CPUS not PF+	£9.95
Simple Linctus	Removed from PF due to low clinical evidence. Also on boards items of low clinical value / items which should not be prescribed, unless required for the <u>exceptional circumstances specified</u>	£7.68
Pseudoephedrine	On boards items of low clinical value / items which should not be prescribed, unless required for the <u>exceptional circumstances specified</u>	£1.77
Sertraline	Did you diagnose? Undertake mental health assessment? Are you providing on going monitoring, annual reviews, bloods etc? If a patient has ran out of meds, record under CPUS not PF+	£1.37
Morphine Sulphate solution	PF+ service for Common Clinical Conditions, please consider your indemnity insurance when prescribing outwith service specification	£2.25
Sumatriptan	Available on PF	£1.38

Gabapentin	PF+ service for Common Clinical Conditions, please consider your indemnity insurance when prescribing outwith service specification	£0.28
Pregabalin	PF+ service for Common Clinical Conditions, please consider your indemnity insurance when prescribing outwith service specification	£0.17
Exemestane	Not a Common Clinical Condition. If a patient has ran out of meds, record under CPUS not PF+	£17.28
Asparmag	On boards items of low clinical value / items which should not be prescribed, unless required for the <u>exceptional circumstances specified</u>	£6.78
Ensure	Should be initiated by dietician	£33.00
Iopidine	What eye examination did you undertake to diagnose? What ongoing monitoring are you undertaking? If a patient has ran out of meds, record under CPUS not PF+	£10.88
Beclometasone	Available on PF	£54.22
Beconase	Issue generically on PF	£10.52
Mometasone	Available on PF	£134.46
Benzylamine mouth spray	On boards items of low clinical value / items which should not be prescribed, unless required for the <u>exceptional circumstances specified</u>	£24.00
Chlorhexidine	On boards items of low clinical value / items which should not be prescribed, unless required for the	£3.01

	<u>exceptional circumstances specified</u>	
Amorolfine	On boards items of low clinical value / items which should not be prescribed, unless required for the <u>exceptional circumstances specified</u>	£16.62
Revaxis	Vaccinations do not typically fall within Common Clinical Conditions	£15.60
<b>Total</b>		<b>£397.49</b>

### December Prescribing to consider further

Item	Consideration	Approx. Cost, accounting for quantity
Glycerol Suppositories	Available on PF	£0.69
Telmisartan	Have you diagnosed? What assessments were undertaken? What ongoing assessment reviews are underway? Any U&Es required? If a patient has ran out of meds, record under CPUS not PF+	£3.50
Amlodipine	Have you diagnosed? What assessments were undertaken? What ongoing assessment/reviews are underway? If a patient has ran out of meds, record under CPUS not PF+	£0.93
GTN	Have you diagnosed? What ongoing assessment/reviews are underway? If a patient has ran out of meds, record under CPUS not PF+	£5.02
AIROMIR	Have you diagnosed? What ongoing assessment/reviews are underway? If a patient has	£6.02

	<p>ran out of meds, record under CPUS not PF+ . Don't forget a number of script switches are in place for respiratory.</p>	
EASYHALER SALBUTAMOL	<p>Have you diagnosed? What ongoing assessment/reviews are underway? If a patient has ran out of meds, record under CPUS not PF+ . Don't forget a number of script switches are in place for respiratory.</p>	£3.31
IPRATROPIUM BROMIDE NEBULISER	<p>Have you diagnosed? What ongoing assessment/reviews are underway? If a patient has ran out of meds, record under CPUS not PF+ . Don't forget a number of script switches are in place for respiratory.</p>	£17.44
SALAMOL	<p>Have you diagnosed? What ongoing assessment/reviews are underway? If a patient has ran out of meds, record under CPUS not PF+ . Don't forget a number of script switches are in place for respiratory.</p>	£1.46
SALBUTAMOL	<p>Have you diagnosed? What ongoing assessment/reviews are underway? If a patient has ran out of meds, record under CPUS not PF+ . Don't forget a number of script switches are in place for respiratory.</p>	£26.28
VENTOLIN	<p>What branded? Have you diagnosed? What ongoing assessment/reviews are underway? If a patient has ran out of meds, record under CPUS not PF+ . Don't forget a number of script switches are in place for respiratory.</p>	£4.50

CLENIL	Have you diagnosed? What ongoing assessment/reviews are underway? If a patient has ran out of meds, record under CPUS not PF+ . Don't forget a number of script switches are in place for respiratory.	£7.42
FOSTAIR	Have you diagnosed? What ongoing assessment/reviews are underway? If a patient has ran out of meds, record under CPUS not PF+ . Don't forget a number of script switches are in place for respiratory.	£29.32
LUFORBEC	Have you diagnosed? What ongoing assessment/reviews are underway? If a patient has ran out of meds, record under CPUS not PF+ . Don't forget a number of script switches are in place for respiratory.	£13.98
SERETIDE	Have you diagnosed? What ongoing assessment/reviews are underway? If a patient has ran out of meds, record under CPUS not PF+ . Don't forget a number of script switches are in place for respiratory.	£17.46
TRIMBOW	Have you diagnosed? What ongoing assessment/reviews are underway? If a patient has ran out of meds, record under CPUS not PF+ . Don't forget a number of script switches are in place for respiratory.	£89.00
Acepiro	On boards items of low clinical value / items which should not be prescribed, unless required for the	£1.75

	<u>exceptional circumstances specified</u>	
Robitussin	Brand? On boards items of low clinical value / items which should not be prescribed, unless required for the <u>exceptional circumstances specified</u>	£9.60
Simple Linctus	Removed from PF due to low clinical evidence. On boards items of low clinical value / items which should not be prescribed, unless required for the <u>exceptional circumstances specified</u>	£36.38
Mirtazapine	Did you diagnose? Undertake mental health assessment? Are you providing on going monitoring, annual reviews, bloods etc? If a patient has ran out of meds, record under CPUS not PF+	£2.00
MST	PF+ service for Common Clinical Conditions, please consider your indemnity insurance when prescribing outwith service specification	£2.13
Oxypro	PF+ service for Common Clinical Conditions, please consider your indemnity insurance when prescribing outwith service specification	£1.97
Tramadol	PF+ service for Common Clinical Conditions, please consider your indemnity insurance when prescribing outwith service specification	£25.90
Tramadol + Paracetamol	Items falls under boards; items which should not be prescribed under no exception	£14.06
Paracetamol	Available on PF	£53.83

Zomorph	PF+ service for Common Clinical Conditions, please consider your indemnity insurance when prescribing outwith service specification	£7.75
Lyrica	Branded? PF+ service for Common Clinical Conditions, please consider your indemnity insurance when prescribing outwith service specification	£128.80
Hiprex	What clinical assessment / diagnosis has been undertaken? What ongoing monitoring is CP undertaking?	£19.74
Mebendazole	Available on PF	£9.06
HYDROXOCOBALAMIN injection	What assessment has been undertaken by CP? What ongoing monitoring is CP giving? ? If a patient has ran out of meds, record under CPUS not PF+ .	£2.12
Toothpaste	What assessment has CP undertaken and ongoing monitoring On boards items of low clinical value / items which should not be prescribed, unless required for the <u>exceptional circumstances specified</u> . If a patient has ran out of meds, record under CPUS not PF+ .	£8.23
OTEZLA 30MG TABLETS	What assessment has CP undertaken and ongoing monitoring? ? If a patient has ran out of meds, record under CPUS not PF+ .	£3850.00
<b>Total</b>		<b>£4,385.59</b>

**Community Pharmacy  
NHS Lanarkshire**

## 8<sup>th</sup> April Update

**Do you stock Fostair or Luforbec?** Many inhalers prescribed in NHS Lanarkshire that treat both asthma and chronic obstructive pulmonary disease (COPD) are available as alternative brands. They are therapeutically equivalent, in like for like devices but are more cost effective. Switching patients to bioequivalent brands of inhalers which use the same devices allows us to release efficiencies from the spend on respiratory, whilst having no impact on patient care as they are maintained on the same device. **Work is underway with the PQES team to switch patients to a bioequivalent inhaler during Q1, please take this into account when ordering stock. Priority switches are below however a full list of planned switches can be found attached.**

Current inhaler	Cost-effective inhaler switch	Difference in price per inhaler
<b>Combination inhaler – ICS plus LABA (Beclometasone/Formoterol)</b>		
Fostair <sup>®</sup> 100/6 MDI	Proxor 100/6 MDI	£19.42
Fostair <sup>®</sup> 200/6 MDI	Proxor 200/6 MDI	£19.42
Luforbec <sup>®</sup> 100/6 MDI	Proxor 100/6 MDI	£4.08
Luforbec <sup>®</sup> 200/6 MDI	Proxor 200/6 MDI	£4.08

**Have you signed up to the NHS Lanarkshire Locally Enhances Services/Service Level Agreements?** Please note an email was circulated to all clinical mailboxes on the 16<sup>th</sup> of March, inviting sites to sign up to deliver services such as Methadone/OST, Hep C, Care Homes etc. Please remember this email should be actioned by the 30<sup>th</sup> of April. Please note the MAR service is still under review with the HSCPs and CPL.

**Do you offer the EHC and/ or BC service?** During a recent review of the national EHC service, it was agreed that a specific practice point around the use of Ulipristal should be highlighted due to a number of supply errors. The key information includes:

**Effectiveness of Ulipristal Acetate (UPA) may be reduced if:**

- A progestogen is taken in the 5 days after taking UPA
- A progestogen has been taken in the 7 days prior to taking UPA
- Note that some longer-acting contraceptives contain progestogen (e.g. implants)
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**If you would like to attend a NHS Lanarkshire Community Pharmacy Lunch and Learn session on Contraception this April, please use the below booking link:**

**April 21st** – Contraception – [Click here to Book](#)

**May 12th** – Palliative Care – [Click here to Book](#)

**June 10<sup>th</sup>** – Ophthalmology [Click here to Book](#)

**Have you seen the new Pharmacy First PGDs?** A reminder that there are now two new Pharmacy First PGDs which are both live for use within NHS Lanarkshire; Skin Inflammation and Oral Thrush. Emails have been sent to each clinical mailbox containing the PGD, Assessment Form and PCA. Pharmacists should read the PGD in full and sign it once they are confident they understand the content and have completed the necessary training.

### **West Of Scotland Regional Formulary Launch: Coming Soon!**

We are delighted to let you know that work to develop a West of Scotland Regional Formulary has reached a significant milestone with launch expected soon! Formulary recommendations for the Gastro-intestinal and Respiratory chapters will be the first to go live on 15/4/26, along with the bespoke new formulary website. Additional chapters are then scheduled to launch every two months following these. As we progress through chapter development for the regional formulary, recommendations for chapters that have yet to be launched regionally will still be available on our local formulary website on the Right Decision Service site as normal. Further communications will be coming out in the next few weeks on this exciting new development. If you have any questions in the meantime, please email [medsguidance@lanarkshire.scot.nhs.uk](mailto:medsguidance@lanarkshire.scot.nhs.uk).

**Do you ask your patients on the shop floor to confirm their dose?** We are hearing reports of individuals who are being asked to confirm their methadone dose in a public, non-confidential environment. Things to consider....do we undertake this for all medicines or just methadone? Is this treating all patients equally? Could this be stigmatising? We appreciate some sites confirm dose as an additional safety measure however if you are undertaking a dosing confirmation please ensure you do this in an appropriate confidential environment.

**How do you claim for your CP4 forms?** We want to make you aware that pharmacy-led service claims (CP4) must be sent electronically via your PMR system and, as the CP4 form plays no role in claims or payments, it must **not** be sent to NSS for scanning. Please see attachment from NSS for more information.

**Are you a newly qualified prescriber?** Please find attached a useful resources from NES outlining resources available, hints and tips and clinical conditions to consider as part for your service.

**Hayfever season is coming!** Please see information below which was sent to all GPs at the end of March.

## **NHS Pharmacy First Scotland and fexofenadine (Hay fever)**

Pharmacy First provides consultation-led support for patients with minor conditions. Since August 2023, community pharmacists can use PGDs to supply:

- Fexofenadine 120 mg tablets
- Mometasone nasal spray
- Olopatadine eye drops
- Beclometasone nasal spray

These PGD consultations must be completed in full by a pharmacist and are not intended as a routine supply mechanism.

### **Key Issue**

There have been increasing instances of fexofenadine (and related items) being removed from GP repeat prescriptions with patients directed to pharmacies instead. This creates problems because:

- Pharmacy First is consultation-led, not a replacement for repeat prescribing.
- PGDs have strict criteria, which often do not align with doses/indications previously prescribed in GP practices.
  - e.g. dermatology indications requiring off-label higher doses cannot be supplied under the PGD.

### **Guidance for GP Practices**

Patients with an established hay fever diagnosis who already receive these items on repeat should continue to receive them via GP prescribing.

This ensures:

- Best use of system-wide resources.
- Avoidance of inappropriate referral back to Pharmacy First.
- A smoother, more efficient patient journey.

### **Why this matters**

Pharmacy teams' time is better directed toward delivering the full range of Pharmacy First services and supporting wider system pressures and not replacing repeat prescriptions for known, stable hay fever cases.

### **Further questions?**

Please contact your local community pharmacy for further guidance if required.

## **Learning point to consider for the CP team....**

With chronic use, ketamine can cause severe and permanent damage to the bladder and urinary tract. This condition is commonly called 'ketamine bladder'. **People with ketamine bladder may therefore present to community pharmacy seeking treatment for a suspected urinary tract infection.** It is vital that young people and the services supporting them are aware of the signs and symptoms of ketamine bladder because early intervention is crucial to prevent irreversible damage.

### **Symptoms of ketamine bladder**

Initially the bladder lining becomes irritated by ketamine metabolites, causing symptoms like urinary frequency, urgency, dysuria, nocturia, incontinence and haematuria.

With ongoing ketamine use, bladder inflammation can progress to fibrosis, scarring and shrinking of the bladder, worsening symptoms of pain, frequency and incontinence as the capacity of the bladder reduces. Once these structural changes occur, it becomes harder to reverse the damage. Longer term consequences include hydronephrosis and kidney failure which are irreversible and can be fatal.

**The best way to reverse ketamine uropathy is to stop using ketamine.**

People with suspected ketamine bladder symptoms should be signposted to their GP to arrange a urology referral. Early intervention and support to reduce and stop ketamine use is vital to prevent irreversible damage to the urinary tract.

The British Association of Urological Surgeons have produced a [patient-friendly resource on ketamine bladder](#) which may support conversations with patients.

You can read more about ketamine harm reduction at [www.crew.scot/drug/ketamine](http://www.crew.scot/drug/ketamine)