

Community Pharmacy NHS Lanarkshire 30th September Update

Do you have a patient that is eligible for an NHS vaccination?

Pharmacies can refer patients, using the attached referral form '*Referral Form for Vaccination to Non Routine Clinic*', to the Non-Routine Vaccination Service where a comprehensive clinical assessment is undertaken to determine their eligibility and suitability for vaccination in line with current national guidance and local protocols. Following this assessment, they can arrange appropriate appointments for eligible patients and ensure they receive timely access to the required vaccinations. Where a patient does not meet the eligibility criteria, we can provide clear clinical rationale and advice regarding the decision, ensuring that both the referrer and the patient have a clear understanding of the reasons why vaccination cannot be offered through the service. This approach will help streamline the referral process, reduce unnecessary delays, and ensure that patients are directed to the most appropriate care pathway at the earliest opportunity.

Did you receive a copy of your prescribing data? Prescribing reports were shared with all CIPs for the period of **30/6/25 – 31/5/26**. If you have not received a report it may be due to

- no prescribing activity was identified during the above period (note there is a 3 month lag in data).
- we do not have a valid nhs email address on the IP tracker for you / email bounced back
- you have provided a gmail or shared clinical mailbox account oppose to personal nhs account

If you think this has been an error and would like a copy of your report please get in touch.

How many tubes of Permethrin 5% cream do you provide under Pharmacy First?

Don't forget, Permethrin 5% cream 30g is first-line treatment and requires **two applications, one week apart**. Depending on the size of the person being treated, more than one 30g tube may be required for each application. While the quantity supplied through Pharmacy First remains a pharmacist's clinical decision, consider whether the supply provided will enable the patient to **complete both applications, including the follow-up treatment one week later**. Recent data indicate that almost 50% of patients receiving treatment through community pharmacy receive only one tube, with no subsequent

supply recorded. There may be a number of reasons why the second treatment is not completed, but this is an opportunity to consider how your pharmacy can support patients to complete the full treatment course. Scabies can affect people of any demographic, and appropriate treatment of the individual and their contacts is important to achieve eradication and prevent ongoing transmission.

For further information, including treatment guidance, please refer to [Public Health Scotland – Public health management of scabies](#).

Do you dispense Clexane? NHSL Acute Sites are in the process of switching the brand of enoxaparin from Clexane® to Inhixa®. From **Monday the 5th of October** patients will be supplied with Inhixa on discharge. During this transition acute pharmacy teams have been asked to document which brand of enoxaparin has been supplied. Please note these products are considered bioequivalent and have the same licensed indications, dosing schedules and adverse effect profile. However, there are important differences in the administration device and injection technique. It is essential that all staff involved in administering enoxaparin are familiar with the Inhixa® device prior to use. Key points are summarised in the instructional video: <https://www.techdow-pharma.co.uk/videoplay.html> (Injection administration information begins at 03:10, further instructions are available in the manufacturer's information leaflet attached to this email). **Please note the Inhixa® needle safety device differs to Clexane®, requiring manual activation. Ensure you use the educational resources on administration technique to avoid risk of needle-stick injury.**

Have you seen the prescribing notes for September? Please see attached for more information on

- Levemir discontinuation
- methotrexate interaction with trimethoprim and co-trimoxazole
- updates on the West of Scotland Regional Formulary.

The Pharmacy First Approved list has been updated!

Please find the link below to the most recent PF Approved List valid from 1st October 2026. Update to Section 10.1 Skin – Eczema and Allergy for West of Scotland (this includes Lanarkshire); [Approved List - 1st October 2026](#)

NHS Lanarkshire			
West of Scotland Formulary			
(NHS Ayrshire & Arran, Dumfries & Galloway, Forth Valley, Greater Glasgow & C)			
<u>Emollients - creams:</u>			
	Epimax original cream	Pack Sizes	
	Zerobase 11% cream		
	Cetraben cream		
	QV cream	Pack Sizes	
Emollients – gels:			
	Epimax isomol gel	Pack Sizes	
	ZeroDouble Gel	Pack Sizes	
<u>Emollients – ointments:</u>			
1 st Line	White soft paraffin 50% / Liquid paraffin 50% ointment*	Pack Size	
1 st Line	Zeroderm ointment	Pack Size	
2 nd Line	Hydromol ointment	Pack Size	

*The following White Soft Paraffin/Liquid Paraffin 50%/50% are reimbursable as per Part 2 of the Scottish Drug Tariff-please prescribe by brand from below:

<u>White Soft Paraffin/Liquid Paraffin 50%/50% Reimbursable Items as per Part 2 of the Scottish Drug Tariff</u>			
	Fifty:50 ointment	Pack Sizes	
	KreaMoint 50:50 Ointment	Pack Sizes	

Did you miss this months CPIP newsletter? The Pharmacy First Plus service is available across 57% of the CP network. The latest CPIP newsletter has a focus on Skin, reflecting on our May CPIP prescribing data for Lanarkshire....Please remember, prescribing should now align to the [West of Scotland Formulary](#) . Full newsletter attached.

Do you need support with communicating with patients who use British Sign Language (BSL)? New support is being introduced to help community pharmacies communicate with patients who use British Sign Language (BSL). From 5 October 2026, a new Video Remote Interpreting (VRI) pilot will allow pharmacy teams to connect with a skilled BSL interpreter via video call. The service can be used for routine

pharmacy interactions and consultations and does not require any additional equipment or cost to the pharmacy. The service is delivered through Contact Scotland BSL, with the patient using their own mobile phone to access the interpreter via a QR code. **Community pharmacies are encouraged to display the provided poster to make patients aware that the service is available.**

Did you miss the Infant Feed – The Thrush Myth: What Really Causes Breastfeed pain webinar? Please note the recorded presentation and resources from the Thrush Myth webinar are now on Turas.

[WCYPF Infant Feeding - The Thrush Myth: What Really Causes Breastfeeding Pain? - 3 September 2026 | Turas | Learn](#)

If you attended the webinar and are yet to fill out the evaluation form, please feel free to do so below:

[WCYPF Infant Feeding Lunch and Learn: The Thrush Myth – Fill in form](#)

**Community Pharmacy
NHS Lanarkshire
7th September Update**

Due to AL, the next CP update will be WC 28th September

Are you prepared for the September public holiday? Please see attached guidance from the OOHs team detailing areas they can/can't support in as well as information they need you to provide during your P2P call. Attached is also a list of pharmacies opened over the public holiday, please ensure you sign post patients to their nearest CP opened over the public holiday. Don't forget, if a patient attends your pharmacy but the OOHs script hasn't arrived, please don't direct the patient to 111, the CP can call the P2P line where the OOHs team will be able to support in locating and/or redirecting the script to your pharmacy.

Are you an independent prescriber? There were 2721 items issued under the Pharmacy First Plus service in May 2026. This month's newsletter focuses on skin, looking at the prescribing data for May and mapping this to the West Regional Formulary. Please review the attached newsletter and reflect on your skin prescribing and adherence to formulary...particularly around soap substitutes...snippet below

Soap substitutes / showering/bathing	Bath and shower emollient preparations should be reserved for situations where the use of regular emollient preparations is not sufficient. In most cases regular emollient preparations are suitable for use as bath additives and soap substitutes. Zero Derm Ointment QV Gentle wash (<i>specialist recommendation therefore should not be initiated under PF+ service</i>) Dermol 500 lotion (<i>Restricted to use only when skin is infected or infection is a frequent complication (e.g. folliculitis or secondary infection of eczema). Not for prolonged use unless clinically indicated.</i>)
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Have you been using your Consultant Connect line? Don't forget CPs now have access to an in hours P2P line to support clinical decision making where appropriate, support patients who fall out with a PGD, as well as onward care if required (and more....). Please see a snippet of this month's activity via the Community Pharmacy Consultant line below. More information on Consultant Connect is available on the CPL webpage: [Consultant Connect – NHS Lanarkshire](#). If you have misplaced your consultant contact number please don't hesitate to get back in touch with ellenjo.fowler@lanarkshire.scot.nhs.uk

Case 1: 7 year old presented with cough which started 3 days prior. Crackling & wheeze chest sounds were present without stethoscope assessment, no barking cough was present. Oxygen levels & temperature were within range. Heart rate 136. Respiratory rate 32. Previous history of asthma several years ago but not currently on treatment. CPIP contacted Consultant Connect for support on their clinical decision making, querying whether an antibiotic and salbutamol was appropriate or whether an onward referral was needed.

Outcome: CC agreed spacer and 10 puffs of salbutamol + antibiotic was appropriate & provided worsening advice.

Case 2: Patient had been by assessed by the mental health team at the local acute site. Patient was issued a hospital outpatient script. Patient presented to CP with script as hospital dispensary was closed. Item was Diazepam and previous history of suicide.

Outcome: CC advised CP that the patient should return to acute site as often TTOs are available when the dispensary is closed.

Case 3: Rash present at right side of face. Started on cheek but has spread. Warm to touch and itchy but no weeping. Patient disclosed they had had something similar 6 years ago that required a hospital admission. Patient otherwise felt well.

Outcome: CC reviewed patient history and could see they were previously given IV antibiotics for facial cellulitis. As the patient didn't have a smart phone, the consultant was unable to take a video consultation and so referred to nearest acute site and inputted the patient details onto the ED system to expect patient.

Case 4: Patient with a history of migraines presented with severe pain on one side above the left eye, swelling and nauseous. Previously had been hospitalised with swelling however doesn't usually get nauseous with their migraines.

Outcome: CC arranged a video call with patient.

Case 5: Patient presented with signs of a skin infection due to a fish hook being caught in their foot. CPIP was querying if flucloxacillin was most appropriate antibiotic due to the environment/water the hook was embedded in.

Outcome: CC advised Co-amoxiclav was more appropriate. Patient was also advised how to arrange a tetanus.

Are you aware of the changes being introduced to NHS prescription stationery for non-medical prescribers working in GP practices and other community settings? The key change is the introduction of single-sheet GP10(SS) prescription stationery for non-medical prescribers using the OneAdvanced (Vision/Adastralink) or Optum (EMIS) GP IT systems. Community pharmacy contractors should note the change and refer to the [PCA](#) for full details of the new arrangements, including the associated system and governance requirements.

Are you aware of the NHS 24 NRT Referral pathway? Just a reminder, during NHS 24 consultations, opportunistic NRT interventions may occur. From April 2026, NHS 24 now ask the patient for a named pharmacy and will then notify the Community Pharmacy of this referral. NHS 24 hope by having a named referral point, this will encourage the patient to take up the referral and subsequently begin their quit journey.

Are you an IP? Do you have an ECS and Clinical Portal account? All of our IPs should have an ECS/CP account to support safer prescribing decisions when offering the Pharmacy First Plus service. Clinical portal also allows access to further patient details including e.g. renal function.

To access this tool please email

NHSLanarkshire.PharmacyFacilitation@lanarkshire.scot.nhs.uk

Number of Clinical Portal accounts	22
Number of times Clinical Portal was accessed	163
Number of users who didn't access Clinical Portal account	8

Flu vaccinations? Please note, Community Pharmacies across Lanarkshire have not been asked to support the delivery of the winter vaccination programme this year.

Have you seen the August prescribing notes? The August newsletter covers areas such as SGLT2 inhibitor switch to formulary Dapagliflozin, MHRA Safety Update: ACE Inhibitors – Delayed Onset Angioedema and Discontinuation Clenil 50mcg, Clenil 250mcg and Atimos 12mcg. Full details attached.

Are you aware of the rise in Clostridioides difficile infections (CDI) within NHS Lanarkshire? There has been a recent increase in Clostridioides difficile infections (CDI) within NHS Lanarkshire. Patient groups highlighted below have increased risk:

- Recent hospital/nursing home stay
- Antibiotic exposure
- Weakened immune system
- Aged 65 years and over
- History of CDI
- Inflammatory bowel disease (IBD)
- Proton pump inhibitor (PPI) use

Broad-spectrum antibiotics are known to increase CDI risk – ‘4 C antibiotics’: co-amoxiclav, clindamycin, cephalosporins (specifically later generations eg, ceftriaxone) and fluoroquinolones (eg, ciprofloxacin).

A review of recent cases helped identify key prescribing messages:

1. Review the need for antimicrobial therapy at all
 - if diagnostic uncertainty and/or clinically stable, consider if antibiotics can be discontinued/de-escalated.

2. Review and optimise antimicrobial prescribing, especially in vulnerable groups
 - consider if alternative agent could be used in place of co-amoxiclav in elderly patients;
 - consider antibiotic choices carefully in those with previous CDI.
3. Use shortest effective course in line with local guidelines
 - five days for lower respiratory tract infection (LRTI), three days for lower urinary tract infection (LUTI) in females and seven days for LUTI in males, five days for mild/moderate cellulitis.
4. Rationalise/stop antibiotics and other medications which may contribute/worsen CDI if appropriate
 - Think PPIs, laxatives, loperamide and opioids.
5. Complete severity risk assessments daily to help guide treatment.