

## Community Pharmacy NHS Lanarkshire 20<sup>th</sup> October Update

**Is Chlorphenamine solution your only option?** You may be aware that the price of **Chlorphenamine 2mg/5ml oral solution SF** has increased significantly, impacting the prescribing spend. The prescribing of this product within NHS Lanarkshire is predominantly via Pharmacy First and is on the approved list for supply, however it is not the only product available....where appropriate, please consider other available & cost effective antihistamine solutions on the approved list such as:

- **Cetizizine 1mg/ml solution (suitable for 2 years and over) 70ml > £3.62**
- **Loratidine 5mg/ml solution (suitable for 2 year and over) 100ml >£4.27**
- **Chlorphenamine 2mg/5ml sugar containing (suitable for 1 year and over) 150ml > £3.91**

**Are you reporting missed doses via NEO and/or prescriber?** There have been six recent drug related deaths, two of which were receiving treatment via Community Pharmacy, neither patient had been reported via NEO or to the prescriber that they had missed greater than 3 days/doses. Please remember missed doses should be reported on NEO and/or prescriber, this alerts the specialist team to initiate a welfare check. The number of NEO reports has dropped significantly over the past few months, **please see attached 'OST Missed Doses' letter** reiterating the importance of reporting missed doses, particularly with the recent RADAAR alerts.

**Are you interested in adherence to anti-depressants?** A PhD student is currently recruiting Community Pharmacists to explore the views, barriers, and facilitators to implementing a Community Pharmacy-Led Depression Treatment Adherence Service in Scotland. The time commitment is max 1 hour and pharmacists who get involved will be offered a £75 voucher. Recruitment poster and participant information sheet attached.

**Are you an Independent Prescriber or about to undertake an IP course?** Please see attached the *Pharmacy First Plus – May 25 Newsletter* which provides an overview of our CPIPs prescribing activity in May.

**Is your pharmacy team aware of the red flag symptoms of cancer?** Gateway C has a dedicated Scottish Referral Guideline page which includes short videos of key updates for each cancer type. This resource is free & supported by NHS Education for Scotland. Throughout the guidance **weight loss is now defined as 5% or more of body weight or strong clinical suspicion**. This emphasises the importance of weighing patients whenever they are in contact with healthcare services. Please see attached '**WoSCAN Newsletter SRG**' which outlines the Scottish Referral Guidelines (SRGs) for Suspected Cancer 2025. Don't forget, NES are also hosting a Cancer Care for Pharmacy Teams webinar, 28<sup>th</sup> October, 1930-2100. [Cancer Care for Pharmacy Teams | Turas | Learn](#)

**Do you have an Emergency Care Summary account?** Don't forget, Pharmacy technicians and locums can apply for their own individual ECS account. Single site accounts have been extended to March 2026. Do apply for an individual account please contact [NHSLanarkshire.PharmacyFacilitation@lanarkshire.scot.nhs.uk](mailto:NHSLanarkshire.PharmacyFacilitation@lanarkshire.scot.nhs.uk)

**Please see attached the Public Health MPR.STYSFE poster which you may want to display in your pharmacy to support patients to reduce the spread of infection over the winter period!**

## Community Pharmacy NHS Lanarkshire 6<sup>th</sup> October Update

**Are you reporting missed doses via NEO and/or prescriber?** There have been six recent drug related deaths, two of which were receiving treatment via Community Pharmacy, **neither patient had been reported via NEO or to the prescriber that they had missed greater than 3 days/doses.** Please remember missed doses should be reported on NEO and/or prescriber, this alerts the specialist team to initiate a welfare check. The number of NEO reports has dropped significantly over the past few months, a letter will be shared shortly to all Community Pharmacy teams reiterating the importance of reporting missed doses, particularly with the recent RADAAR alerts. **In the meantime please share the below NEO module user guides with all members of the pharmacy team.**

- [NEO Module User Guide](#)
- [NEO Messaging Guidance](#)

**What are your concerns if the Pharmacy Champion role is to cease?** As you are aware, Scottish Government have ceased funding for the Community Pharmacy Champion role. NHS Lanarkshire would like to hear your views and feedback on the role and any concerns with the funding ending. Please take the time to complete the following [Pharmacy Champion Survey](#)

**Do you know where to send your MCA/MAR/Palliative/Care Home claims to?**

Please note [claim forms](#) should be sent to [Ewa.Kargul@lanarkshire.scot.nhs.uk](mailto:Ewa.Kargul@lanarkshire.scot.nhs.uk) & [Dominic.Hughes@lanarkshire.scot.nhs.uk](mailto:Dominic.Hughes@lanarkshire.scot.nhs.uk)

**Are you using the updated ULM Form?** Don't forget the unlicensed authorisation form was updated in July 2025. A copy of the form can be found attached and on the Community Pharmacy Lanarkshire webpage; [NHSL-ULM-Authorisation-Request-Form-FINAL-V3-July-2025.docx](#)

**Thank you to Camglen & Clydesdale!** Thank you to all of the Pharmacy Teams in the Camglen/Clydesdale locality over August & September, for hosting the Lead Pharmacist for Community Pharmacy services. An invite will be sent shortly to the Hamilton & Wishaw pharmacy teams for October/November. There were lots of positive discussions and interactions with the teams & it was great to observe the relationships with the local community. There have been a number of areas raised & actioned during the CP visits including;

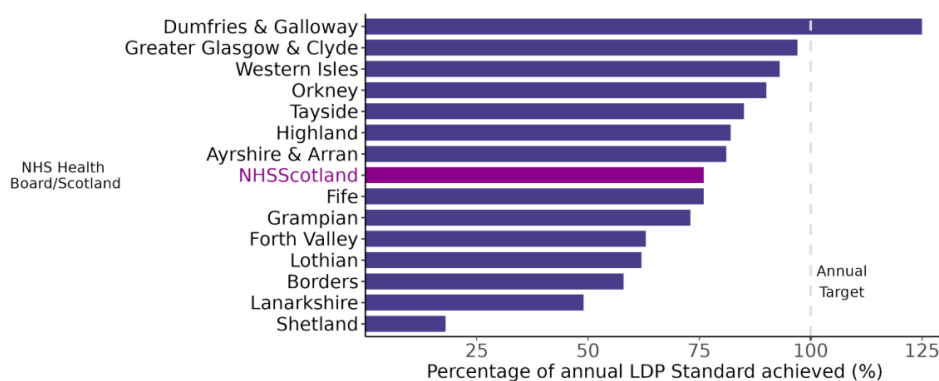
- **Change Forms** – Following discussions from multiple site visits and further discussions with the Area Pharmaceutical Committee (which includes representatives from Community Pharmacy Lanarkshire, Primary Care, Education & Training, and the Acute Sector), change forms will now be introduced across the NHS Lanarkshire Pharmacy Hubs. We hope that this will improve communication around changes to MCAs, provide an adequate audit trail and reduce any errors regarding changes not actioned/communicated. While these change forms are encouraged as best practice, they are not a legally required document for the dispensing of an MCA. There will be a transitional period, which will be managed at a locality level, where you will receive both a phone call and a change form to your

clinical mailbox. Over this period the phone call will be phased out and you will receive a change form to your clinical mailbox only. It is therefore vital that the clinical mailbox is viewed daily, if anyone within your branch requires access to a mailbox please contact

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

- **Barcodes** - Please be reminded that fax/digital/barcode copies of prescriptions do not fall within the definition of a legally valid script and therefore should be reserved for emergency situations only & is down to individual discretion. If considering to request an emergency medicines via fax/digital/barcode copies of a prescription, please ensure you take appropriate steps to safeguard patient safety and where possible mitigate any risks associated. Please be aware that some barcode scripts do not display additional notes e.g. instalment dispensing, dispense TEVA brand, patient allergies, patient next due bloods on 21/2/25. **The Area Pharmaceutical Committee have advised that barcodes alone should no longer be accepted via Community Pharmacy.** Emailed copies of prescription and/or telephone calls can mitigate this risk as well as identify who has signed the prescription.
- **NRT reporting** - The Q4 LDP performance was released this month. In the financial year 2024/25, NHS Scotland achieved 76% (5,352 quits out of 7,026) of the required annual LDP standard, NHS Lanarkshire achieved just under 50% of its target, remaining as the second lowest in performance. The specialist Quit Your Way team are currently reviewing the way we communicate NRT progress and are looking to develop locality reporting. More information to follow.

Scotland and NHS Board performance against the LDP Standard at end of Quarter 4 (Q4)



**Have you seen the NES Pharmacy Update?** NES have updated a number of Turas Learn resources including Gluten Free, Medicines in Care Homes, Impetigo Pharmacy First and UTIs Pharmacy First. A copy of the most recent NES update can be found here; [NES Pharmacy Update - October 2025](#)

**Do you want to take part in the NHS Lanarkshire Buvidal pilot?** An email was shared to all clinical mailboxes (19/9/25) inviting pharmacy teams to express interest in the NHS Lanarkshire Buvidal pilot. **Expression of interest closes on the 10<sup>th</sup> of October.**

**Do you use the professional to professional line?** There was an **incident over the recent public holiday** where a patient was provided this number by a Community Pharmacy to contact the professional line directly for support. Please remember this is not a public facing number and is for professional > professional use only.

**Don't forget, Pharmacy in Practice are running a webinar tomorrow on Pharmacist Prescribing: Impetigo, UTI and Shingles....Going beyond the PGDs!** [Pharmacy in Practice](#) has a range of upcoming webinars designed to support Community Pharmacy teams. These webinars are free to book onto with a membership. Membership is free.

**Please see the attached for the official launch of CPD Connect Women's Health Educational Resources – Menopause and Menstrual Health eLearning modules on TURAS.** NHS Education for Scotland were commissioned to create a bespoke training package and framework focussed on menopause and menstrual health, which includes endometriosis, for NHS healthcare professionals. The new eLearning modules are now live on [Woman's Health Hub | Turas | Learn](#)  
**Breast Cancer Awareness Month October 2025**

Breast Cancer Awareness Month (October) is an opportunity to raise awareness of breast screening.

- Breast cancer is the most common cancer in Scottish women with one in nine developing the disease.
- Women are five times more likely to survive if it's caught in it's earliest stage.

In Scotland, the NHS offers routine breast screening to women aged 50 to 70. Those who are eligible are invited every three years, and the process typically takes around 10 minutes. **Breast screening doesn't prevent cancer, however it helps to detect cancers at an early stage when they are too small to see or feel.**

Public Health Scotland have launched a new video, showing step-by-step what happens during a breast screening appointment. As the video shows, the process is simple and takes around 10 minutes. The video is available on [YouTube](#). Look out for further information about breast screening and breast cancer awareness on NHS Lanarkshire social media platforms.

For information in other languages and formats visit

<https://www.nhsinform.scot/breastscreening>

For information for the transgender community visit this link [NHSinform- transgender](#)

**Please see the below monthly update from medicines guidance and attached September prescribing notes:**

**Chapter 4: Central Nervous System > Drugs Used in Substance Dependence > Nicotine Dependence**

[Nicotine Dependence | Right Decisions](#)

Prescribing Notes updated to reflect the updated Patient Group Direction for the supply of varenicline tablets from community pharmacies.

**Chapter 6: Endocrine System > Drugs Affecting Bone Metabolism > Calcitonin and Parathyroid Hormone**

[Drugs Affecting Bone Metabolism | Right Decisions](#)

Preferred brand updated from Myovmia to Teriparatide SUN®.

**Chapter 9: Nutrition and Blood > Fluids and Electrolytes > Oral Potassium**  
[Oral Potassium | Right Decisions](#)

Kay-Cee-L syrup removed as this product has been discontinued.

**Chapter 11: Eye > Dry Eye Conditions > Tear Deficiency, Ocular Lubricants and Astringents – Mild to Moderate Dry Eye**

[Dry Eye Conditions | Right Decisions](#)

Clinitas brand of carbomer eye gel re-added to the formulary following a period of supply issues.

**Chapter 12: Ear, Nose and Oropharynx > Drugs Acting on the Oropharynx > Oropharyngeal Anti-Infective Drugs**

[Drugs Acting on the Oropharynx | Right Decisions](#)

Nystatin moved from being a Total list option to a Preferred list option for those who cannot tolerate miconazole.

**Chapter 13: Skin > Topical Corticosteroids > Topical Corticosteroid: MODERATE Potency**

[Topical Corticosteroids | Right Decisions](#)

Alclometasone 0.05% cream (Modrasone) and fluocinolone acetonide 0.00625% cream (Synalar 1 in 4 Dilution cream) removed as these products have been discontinued.

**Chapter 13: Skin > Shampoos and Other Preparations for Scalp and Hair Conditions > Shampoo Preparations**

[Shampoos and Other Preparations for Scalp and Hair Conditions | Right Decisions](#)

Dermax shampoo added to Preferred list. Alphosyl® 2 in 1 shampoo, Selenium Sulfide shampoo and Ceanel® Shampoo removed as discontinued.