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## Community pharmacy, minor ailments and the LJF

Consulting and advising on the treatment of minor ailments has always been a key role for community pharmacists. The Minor Ailment Service (MAS) has been a core element of the community pharmacy contract since 2006 with the aim of supporting the provision of direct pharmaceutical care on behalf of the NHS. The Scottish Government recently revised the MAS service specification, with strengthened requirements for registration and remuneration for the community pharmacy contractor. There is strengthening and clarity around the pharmacist's professional and ethical responsibilities, and the importance of obtaining patient consent.<sup>1</sup>

The core objectives of MAS are to: improve access to consultations with pharmacists; provide advice and medicines for common/minor illnesses; transfer care from GPs and nurses to community pharmacists where appropriate; help address health inequalities.

For eligible patients presenting to the pharmacy with a symptom, the service consists of a consultation with a pharmacist and advice on the self-limiting condition presented. If the pharmacist considers it appropriate, they will supply a medicine or appliance or refer the patient to another member of the primary healthcare team. Pharmacists are encouraged to prescribe in line with national and local prescribing policy and guidance (e.g. LJF), thereby supporting evidence-based, cost effective prescribing, and to prescribe generically when possible. The products that may be supplied under MAS are: Pharmacy (P) and General Sales List (GSL) medicines which are not 'blacklisted'; certain dressings and appliances and Prescription Only Medicines (POMs) that are detailed in a PGD in relation to MAS.

### Reference:

1. Additional Pharmaceutical Services – Minor Ailment Service Directions and Service Specification. NHS Circular. PCA(P)(2016)12. The Scottish Government. 20 July 2016. [www.sehd.scot.nhs.uk/pca/PCA2016\(P\)12.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2016(P)12.pdf)

*Thanks to Dawn Owen, Lead Pharmacist,  
Pharmacy Locality Groups &  
Community Pharmacy Development.*



The NHS **Lothian Minor Ailments Formulary** (MAF) has recently been reviewed by a multidisciplinary working group. The MAF recommendations for adults and children now more closely reflect the LJF with extended prescribing notes. Paper copies have been distributed to all community pharmacy contractors. The MAF is also available on the LJF website and as part of the LJF App.

### EXAMPLE

#### Bacterial conjunctivitis – adults and children

Eye drops:

**First choice:**

no treatment

**Second choice:**

**chloramphenicol \***

\* National PGD in place for supply of 10mL POM pack from 1 year of age

#### Prescribing Notes

- Most cases of acute bacterial conjunctivitis are self-limiting. Treatment should be given if the condition has not resolved spontaneously after 5 days
- Clean away infected secretions from eyes with cotton wool soaked in cooled boiled water
- Remove contact lenses until all symptoms have resolved and any treatment completed for 24 hours
- Wash hands regularly and avoid sharing towels.

#### When to advise patient to contact GP

Patient under 1 year

Suspected foreign body in the eye or eye injury

Pupil looks unusual, i.e. irregular, dilated or non-reactive to light  
Photophobia

Severe pain within the eye or changes in vision

Pain or swelling around the eye or face, with or without, an associated rash

Eye surgery or laser treatment in the past 6 months

Pregnant or breastfeeding

No improvement is seen after 48 hours or symptoms becoming worse

# Controlled Drug Governance Team – who are we and what do we do?

Life is never dull when you work in the Controlled Drug Governance Team (CDGT). In the course of a week a CD Inspection Officer may inspect a GP practice, destroy out of date CD stock at a prison, provide advice on the relocation of a CD cabinet in a substance misuse clinic and attend a CD awareness raising session in a hospital area.

The role of the team is not just about ensuring compliance with legislation, regulations and policy. A lot of time is invested in providing education, advice and support in all things CD related across all stakeholders in NHS Lothian from doctors and dentists to nurses, pharmacists and many others who prescribe, supply or administer CDs as part of their role.



The team strive to ensure that they make the application of complex legislation as simple and as pragmatic as possible. On one occasion, a GP was struggling with having to continually lock and unlock his on-call bag in

which he stored his CD stock. We suggested the purchase of a small, lockable cash box which fitted neatly inside the on call bag to store the CD which solved this problem. This satisfied the legal requirement to store CDs in a locked receptacle but makes life so much easier for the GP.

Queries range from



I am a locum GP - where can I obtain a CD register?

through to



Can I use my shotgun cabinet to store my CDs?

P.S. We can supply personal CD registers to locums and no – not good practice to store your CDs along with your shotgun!



## Who to contact?



**Angela Timoney**  
CD Accountable Officer  
[angela.timoney@nhs.net](mailto:angela.timoney@nhs.net)  
0131 465 5667

**Judie Gajree**  
Lead Pharmacist  
[judie.gajree@nhslothian.scot.nhs.uk](mailto:judie.gajree@nhslothian.scot.nhs.uk)  
0131 465 7831 or 07771 390 024

**Michael Coleman**  
CD Inspection Officer  
[michael.coleman@nhslothian.scot.nhs.uk](mailto:michael.coleman@nhslothian.scot.nhs.uk)  
0131 465 7835 or 07771 390 229

**Karen Robb**  
CD Inspection Officer  
[karen.robbs@nhslothian.scot.nhs.uk](mailto:karen.robbs@nhslothian.scot.nhs.uk)  
0131 465 7834 or 07771 390 226

**Miguel Ferrand**  
Data Analyst  
[miguel.ferrand@nhslothian.scot.nhs.uk](mailto:miguel.ferrand@nhslothian.scot.nhs.uk)  
0131 465 7832

**Izzy Goodwin**  
Admin. Support Officer  
[isobel.goodwin@nhslothian.scot.nhs.uk](mailto:isobel.goodwin@nhslothian.scot.nhs.uk)  
0131 465 7833

Or if you are unsure who to speak with you can email your query to us at  
[ControlledDrugGovernance@nhslothian.scot.nhs.uk](mailto:ControlledDrugGovernance@nhslothian.scot.nhs.uk)



Our role is to ensure the safe use and management of CDs so remember no question is a silly question – except the one you don't ask!

Thanks to Judie Gajree, Lead Pharmacist, Controlled Drug Governance Team.

# Open and transparent decision making

NHS boards must function with openness and transparency. The [NHS Lothian Area Drug and Therapeutics Committee Policy for open and transparent decision making in medicines governance](#) aims to ensure that the ADTC and its subgroups, members and other participants are aware of the NHS Lothian policies relating to good business conduct. It defines the roles and

responsibilities of medicines governance committees and individuals with respect to open and transparent decision making. The policy uses the template produced by the [ADTC Collaborative team](#), part of Healthcare Improvement Scotland. Medicines governance committees should also refer to their NHS board procedures and guidance for good business conduct.

## *The policy states that individuals must:*

- ✓ Adhere to the seven principles of public life as set down by Lord Nolan<sup>1</sup> (see below).
- ✓ Declare any interest (connection with a third party that may be at odds with public office) which may influence their advice.
- ✓ Complete a register of interests form on an annual basis, and provide an updated form to the ADTC and/or its subgroups throughout the year if required, if, and as soon as, circumstances change.

The declarations of interest of members of the NHS Lothian ADTC and its subgroups can be found at this [link](#).

The **seven principles of public life**<sup>1</sup> apply to anyone who works as a public office-holder, including all those who work in health services.

**1** **Selflessness**  
Holders of public office should act solely in terms of the public interest.

**2** **Integrity**  
Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

**3** **Objectivity**  
Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

**4** **Accountability**  
Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

**5** **Openness**  
Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for doing so.

**6** **Honesty**  
Holders of public office should be truthful.

**7** **Leadership**  
Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

## Reference:

1. Ethical Standards for Providers of Public Services – guidance. Committee on Standards in Public Life. December 2015. [www.gov.uk/government/publications/online-guidance-on-ethical-standards-for-public-service-providers](http://www.gov.uk/government/publications/online-guidance-on-ethical-standards-for-public-service-providers)

# DVT prevention for travellers

**Clinical Knowledge Summaries** (CKS) provide concise current evidence for primary care professionals. The topics are developed on behalf of NICE, written by an expert multidisciplinary team and focus on the most common presentations in primary care. One scenario that CKS covers is [DVT prevention for travellers](#).

The guidance includes assessing the risk of, and preventing, all types of venous thromboembolism (deep vein thrombosis and/or pulmonary embolism) in people travelling long distances, using the term DVT throughout. The absolute risk of an individual developing a travel-related DVT remains low even if they are classed as being at relative moderate or high risk. A person is classed as high risk if they have:

- undergone surgery under general anaesthesia lasting more than 30 minutes in the previous four weeks
- known thrombophilia
- cancer - untreated or currently on treatment.

For those assessed as having a relatively high risk of developing travel-related DVT, specialist advice should be sought from a haematologist regarding whether the use of low molecular weight heparin (LMWH) is indicated. Seeking specialist advice is recommended before prescribing LMWH because:

- the use of LMWH for the prevention of travel-related DVT is unlicensed
- there is no good evidence for their use for the prevention of travel-related DVT
- there is uncertainty regarding how LMWH should be used in the prevention of travel-related DVT

CKS found no clear guidance on the prescribing of LMWH, e.g. choice of preparation, dosage, time of administration, and duration of treatment.

## CKS recommendations if LMWH is prescribed:

- ✓ Ensure that appropriate arrangements are in place for LMWH administration (for example that a nurse is available) or that the person is given training if the drug will be self-administered.
- ✓ LMWH should be administered before departure.
- ✓ The British Medical Association warns that cabin crew are generally not trained in the administration of drugs by injection, and therefore, the passenger or an accompanying person must be able to do this when necessary.
- ✓ Prescribe sufficient LMWH to cover the outgoing and any subsequent connecting or return flights.
- ✓ Prescribe LMWH as pre-filled syringes for ease of administration.
- ✓ Provide the person with a letter that explains why they have to carry needles and syringes while travelling, to show to security, immigration, and customs officials.
- ✓ Warn about the increased risk of bleeding and bruising.
- ✓ Advise the person to seek urgent medical advice if there is uncontrolled or excessive bleeding or bruising, or if they have a sudden severe headache (possible intracranial haemorrhage), or gastrointestinal pains (signifying possible gastrointestinal bleeding).
- ✓ Give advice on the safe storage and disposal of needles and syringes ('sharps').



## Supplements:

**Recent SMC and Lothian Formulary Committee Recommendations**  
The supplements can be accessed via the LJF website [www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk) in 'Prescribing Bulletins'.

Correspondence address:  
Medicines Management Team (MMT)  
Pentland House  
47 Robb's Loan  
Edinburgh  
EH14 1TY  
Tel: 0131 537 8461  
Email: [prescribing@nhslothian.scot.nhs.uk](mailto:prescribing@nhslothian.scot.nhs.uk)

## Editorial Team:

Ms Aiswarya Balakrishnan, MMT Administrator  
Ms Hazel Brown, Integrated Care Pharmacist  
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Ms Alison Coll, Lead Pharmacist for Medical Education  
Ms Tracy Duff, Pharmacist, Medicines Information  
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Ms Zuzana Krajčovič, MMT Administrator  
Ms Alison Rowe, Formulary Pharmacist  
Dr Richard Williams, GP Sub-Committee  
Ms Anne Young, Primary Care Pharmacist

View the Lothian Joint Formulary at [www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk)