Dermatology

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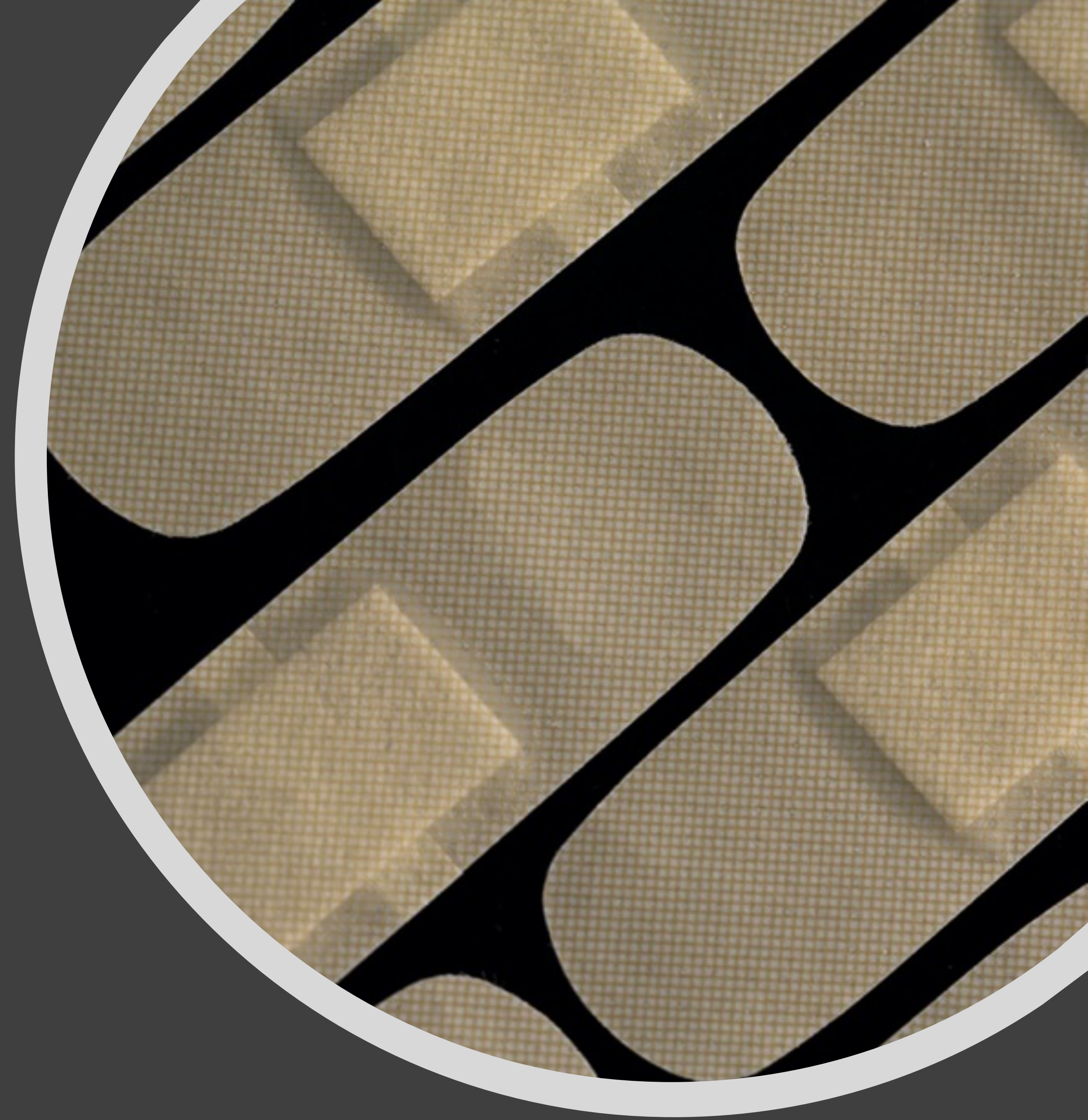


Aims part 1

My Journey to becoming a clinical pharmacist

How to recognise and transfer current skills and competencies

Have the confidence to try something new

Network with other similarly qualified pharmacists

Push boundaries

Further the profession

How did I get here

- Community pharmacist 1991-2009
- Bristol CCG's 1st Fulltime Medicines Optimisation Pharmacist (MOP) 2009
- Completed Independent Prescribing at Bath University 2011
- Lead MOP Bristol CCG 2013-2016
- Lead Clinical Pharmacist on AHSN pilot project 2014
- Joined Stockwood Medical Centre as Clinical Pharmacist 2015
- Joined Crest Family Practice as Senior Clinical Pharmacist 2016
- 1st Wave of NHS England Clinical Pharmacist Pilot 2016-2018
- Joined Frome Valley Medical Centre as Senior Clinical Pharmacist 2018
- Independent prescriber for The Independent Pharmacy (online pharmacy)
- Joined Student Health Service at University of Bristol 2019 (locum position)

Yes

- Worker in over 100 pharmacies
- Worked in HMP Horfield
- Taught Clinical Medicine to Alternative Health Practitioners
- Marked NVQ 3 Dispensing Tech course
- Helped distribute Oseltamivir during the swine ‘flu’ epidemic
- Worked in 40+ GP surgeries
- Helped pilot with the award winning DWAC AHSN project
- Co-ran a smoking cessation service for Bristol Council
- Act as a Mentor to many pharmacists

2009

Had been working as both community pharmacist and practice support pharmacist (PSP)

Decided to go full time as a PSP as I wanted to become a prescriber

Started working in 6 Surgeries

Discovered I was very good at persuading people to do what they hadn't realised they wanted

Eventually worked in 8 surgeries and supported 30+ pharmacist covering the surgeries across Bristol CCG

Predominantly Medicines Management work

2014/5

Role became much more patient facing

< medicines management > medicines optimisation

Clinical Pharmacist?

OR had I always been a clinical pharmacist?

1991

1991

Community pharmacists, the original primary care pharmacists?!

- Counter prescribe
  - Take a history
  - Check their PMR?
  - Discuss appropriate treatment options
  - Engage the patient with the treatment plan
  - Agree a treatment
  - Check understanding
  - Safety net
  - Provide product
  - You might follow up the next time you see them

- Clinic in surgery
  - Take a history
  - Check their Medical History
  - Discuss appropriate treatment options
  - Engage the patient with the treatment plan
  - Agree a treatment
  - Check understanding
  - Safety net
  - Issue Script?
  - You arrange a follow up to check tolerance/efficacy

You are

- Problem solver, extemp disp as an example
- An expert in medicines
- Able to distil complex information into a readily digestible format
- A ‘sharer of wheels’ aka networker
- Trusted
- Decision maker

For External Use Only

Hc45 advises not to be applied to broken or infected skin

Suggests increased local irritation

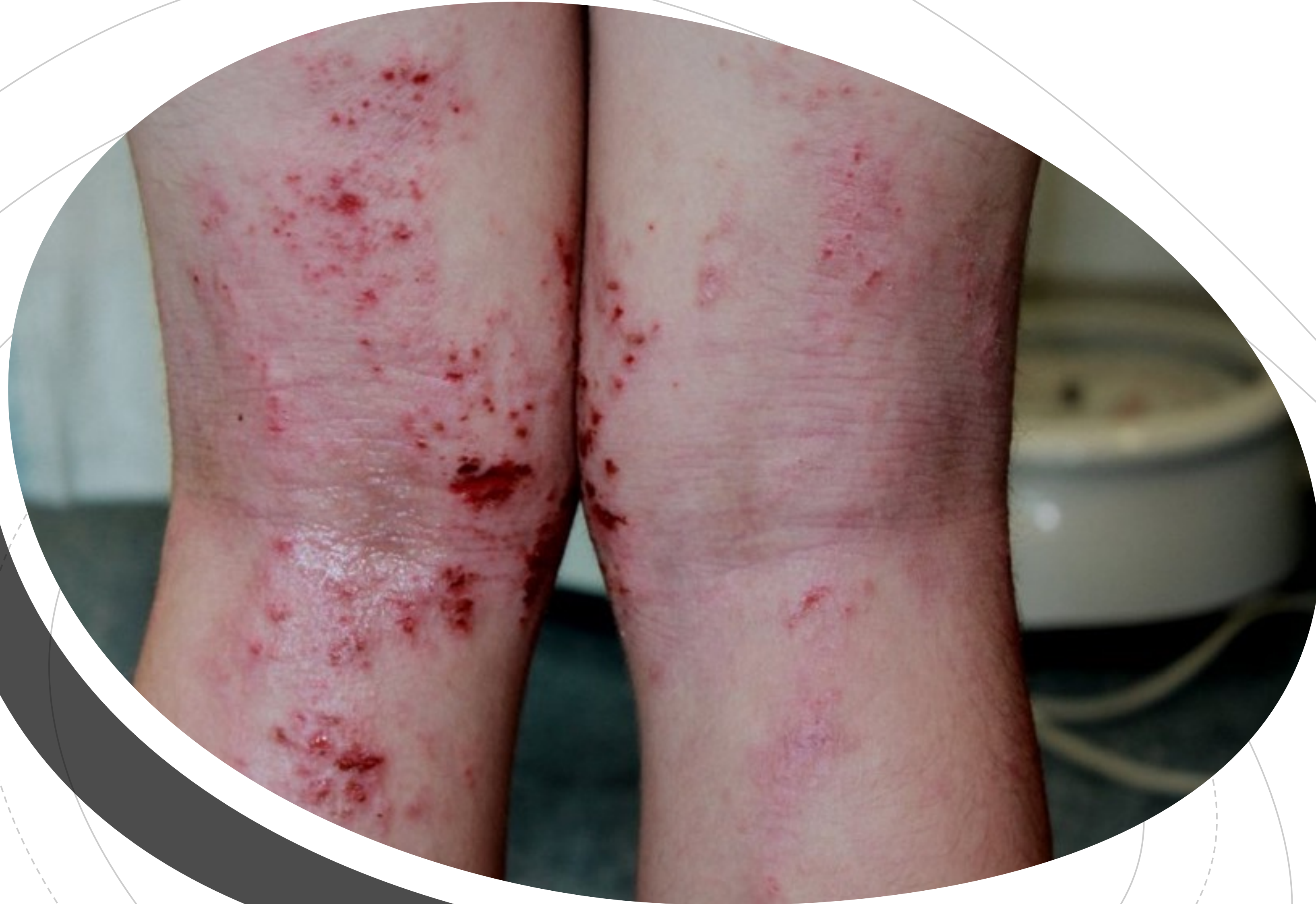
Eumovate leaflet gives a similar warning

Suggests increased local irritation

Delayed healing

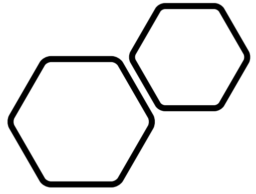
Greater absorption of ingredients systemically

Is there any evidence for this, is this a tradition based on former products with a greater % of alcohol?



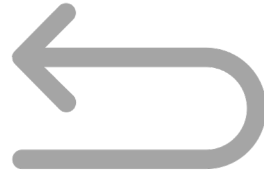
Xavier Emma

How would you counsel this patient’s mother?



Hc45 Licence

1st made OTC in 1986



Licence not changed since

But pharmacy and the practice of medicine has

Bolam Test

Based on 1957 negligence case

It was held that a doctor was not guilty of negligence if he has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art

It is recognised that medical opinion may differ. A practitioner who acts in conformity with an accepted current practice is not negligent "merely because there is a body of opinion which would take a contrary view".

Product licence

Can you counter prescribe beyond the product licence?

Certainly with a PGD,

- It’s encapsulated the principles of the Bolam Test for you.

What if a group of you decided on a particular course of action that was technically beyond the licence, does that satisfy Bolam?*

- eg Pharmacy only Hc vs POM Hc

Share the wheel, don't reinvent it

CHANCES ARE YOU ARE NOT THE FIRST PERSON WHO HAS HAD TO DEAL WITH THIS PROBLEM

LEARN HOW TO SEARCH FOR WHAT YOU NEED, DON'T FORGET TO RECORD IT AS CPD

GIVE THE ORIGINATOR FULL CREDIT, THEY DESERVE IT!

COME TO AS MANY OF THESE EVENTS AS POSSIBLE, IT'S THE NETWORKING THAT IS THE MOST IMPORTANT PART!

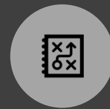
REMEMBER TO PEEK ABOVE THE PARAPET TO SEE WHAT OTHERS ARE DOING AND ALSO TO BE SEEN.

Clear and effective communication

- I have worked the last 10 years full time in general practice
- The surgeries I enjoyed working at the most are those that have had good relationships with their community pharmacy/pharmacist
- If you work in community pharmacy now, find out who your local clinical pharmacists are (if you do then ask them how you can work more closely together).
- Remember Community pharmacists are the original primary care pharmacists, many of us working in general practice today, started where you are.

Summary

Say Yes


Problem Solver

Medicines expert

Decision maker

Leader

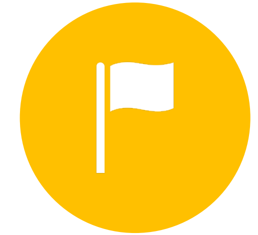
Translator

Trusted

Aims Part II

RECOGNISE YOUR EXISTING SKILLS AND COMPETENCIES

APPLY THESE TO A NEW SITUATION



BE AWARE OF DERMATOLOGY RED FLAGS

KNOW WHEN TO REFER AND TO WHOM

DECIDE ON NEXT STEPS

Why dermatology

- Not part of QOF
- Not a GP priority??
- Not their ‘best’ work
- BP
- T2DM
- AF
- HF
- Skin, If you get this right, patient will believe everything else you try and do for them

Don’t forget!

TO PROMOTE THIS NEW SERVICE TO YOUR LOCAL SURGERIES

USE THIS AS AN OPPORTUNITY TO DISCOVER REFERRAL PATHWAYS FOR RED FLAGS

Scope of red flags

Worked as a CP for > 10 years

Dealt with > 10000 discharge summaries

In all that time I've seen 1 emergency admission due to a skin problem

They don't happen very often

Consultation

- Are they generally unwell (fever, malaise, fatigued)
- Establish a time line
- Be more concerned with rapid spread from onset
- Have they been in contact with someone with a herpes/viral infection
- Are they immunocompromised
- Are they pregnant
- Asymmetric more likely infection
- Symmetric more likely allergy
- Has there skin suffered a recent trauma (Koebner phenomenon & psoriasis)

Keep records

- PGD's should allow this
- If not a PGD you may want to keep a paper note
- Avoid abbreviations
- Record the information you based your decision on
- The decision you reached with the patient
- The safety netting advice you gave the patient
- Any follow up you intend
- Ask yourself, if someone else read this do they know what you've done and why and could they do the next step?

Red Flags/Urgent referrals

Skin Cancers

Erythroderma

Infected Eczema

- Eczema Herpeticum

Acute Generalised Pustular Psoriasis

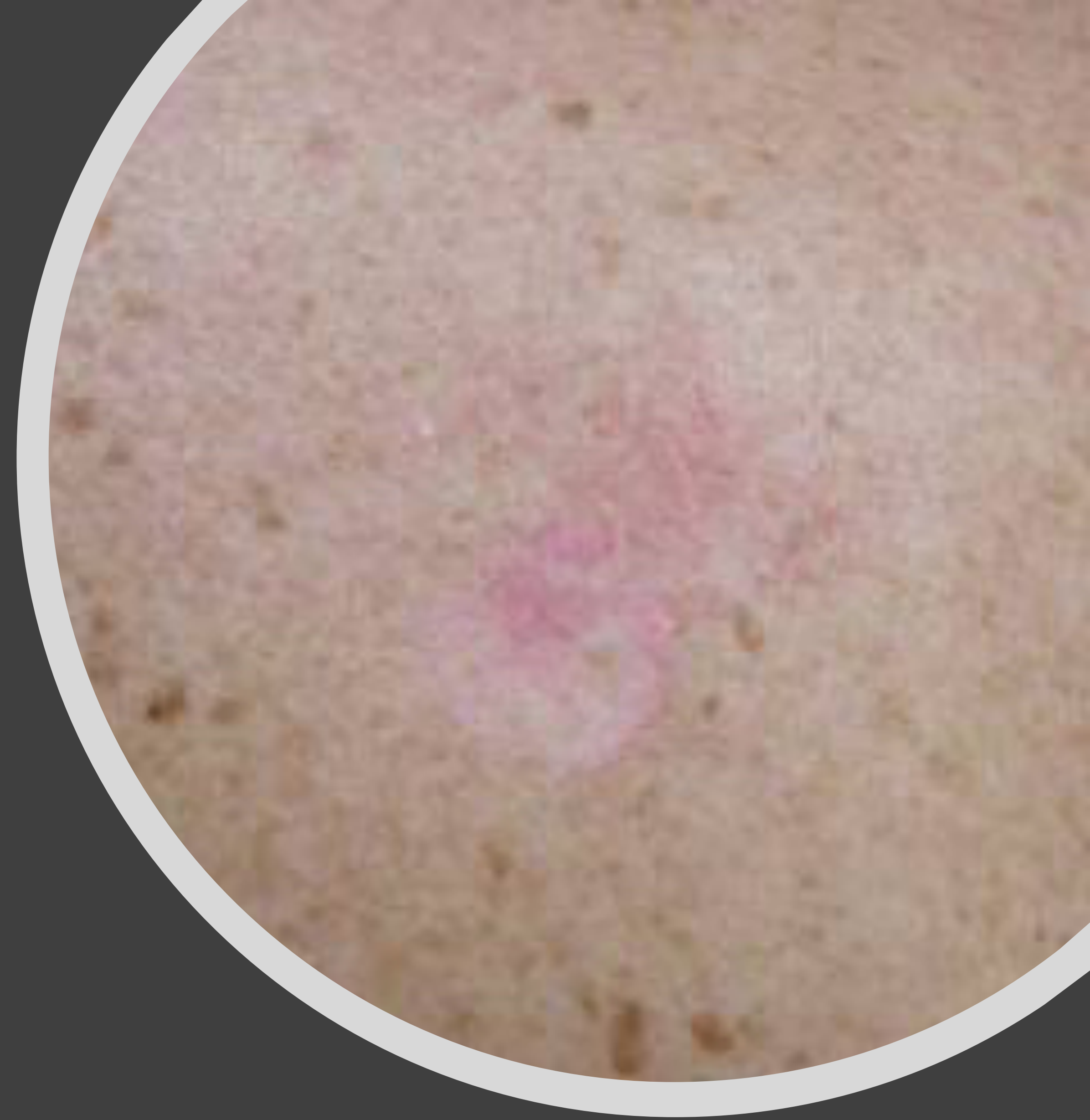
Drug Eruptions

Bullous Pemphigoid

Pemphigus Vulgaris

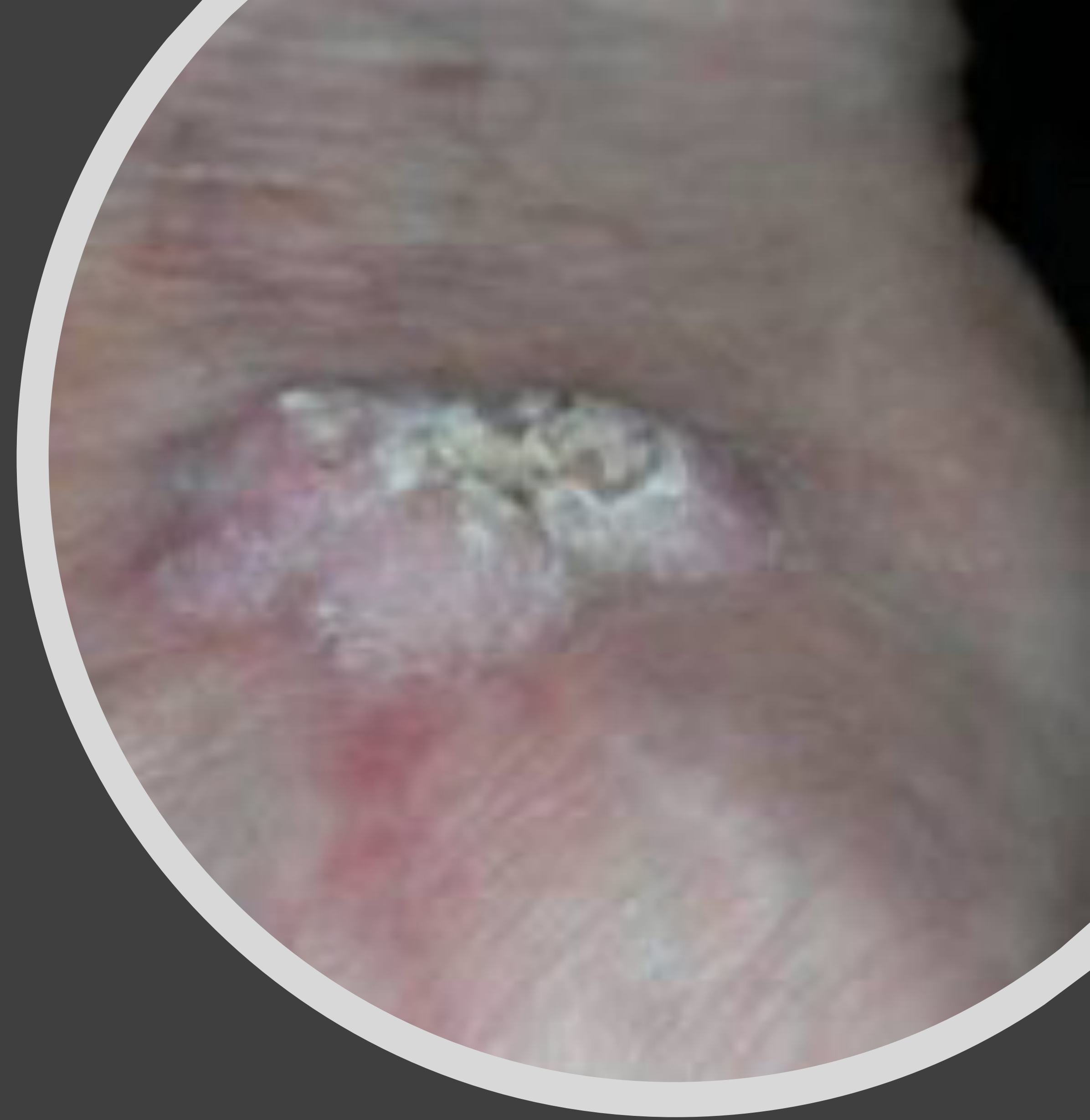
Superficial Basal Cell Carcinoma

- BCC tend to be **slow growing**, often increasing in size by 2-3 mm a year
- Most lesions are reported by the patient as never fully healing and either **bleed or produce a scab** from time to time



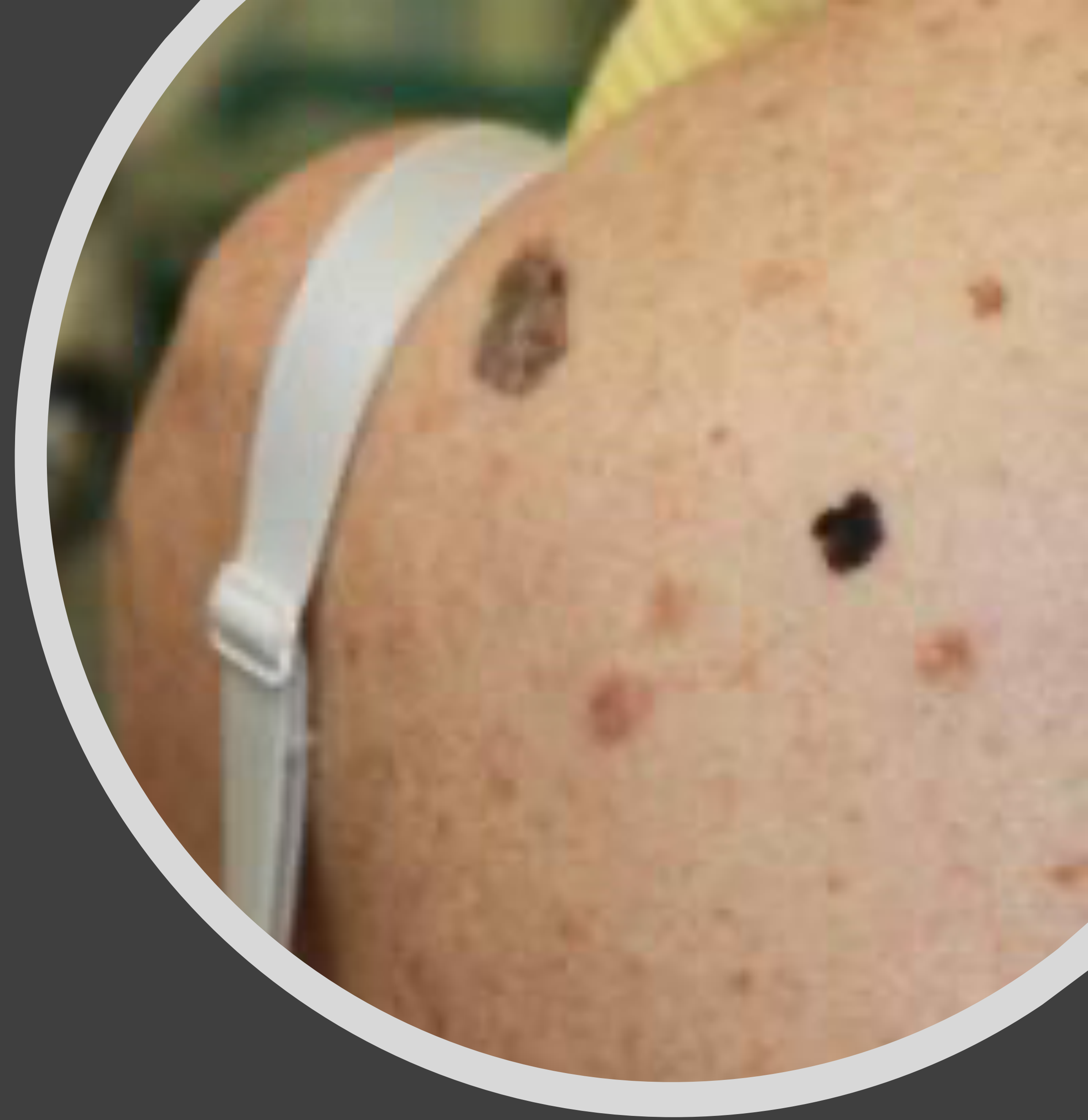
Squamous Cell Carcinoma

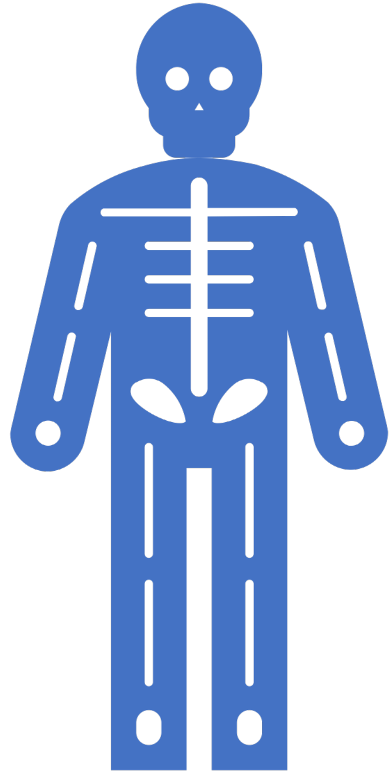
- SCC predominantly arise on sun-exposed sites and there are often other signs of sun-damaged skin
- SCC predominantly arise in older patients
- Faster growing than BCC



Malignant Melanoma

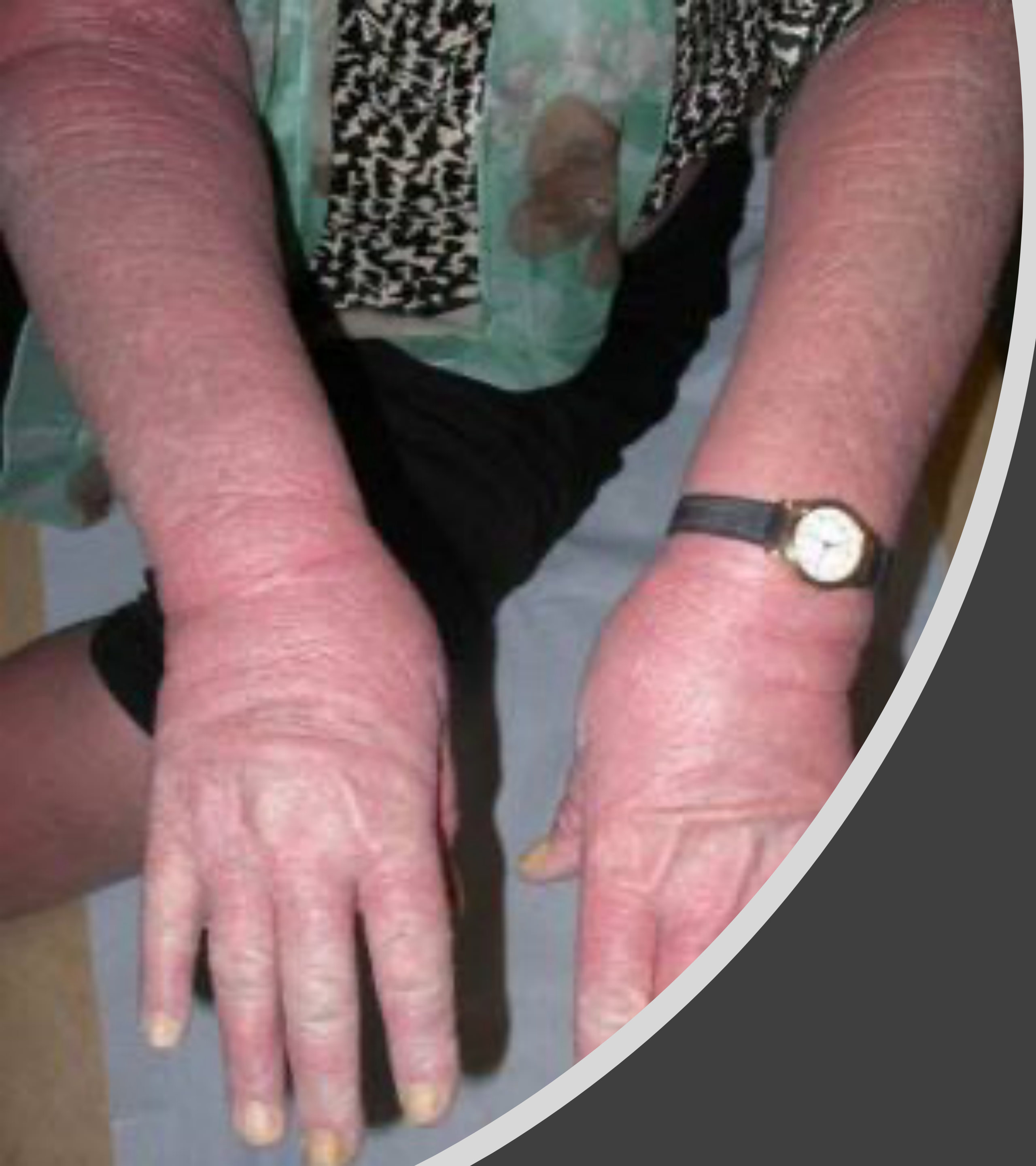
- A - asymmetry of shape
- B - irregular, notched border
- C - black colour, different to the patient's other moles





Skin Cancer think ABCDE

- Asymetrical lesion
- Irregular Border
- Multiple Colours/irregular pigmentation
- Large lesions >6mm in Diameter
- Evolving/changing lesion

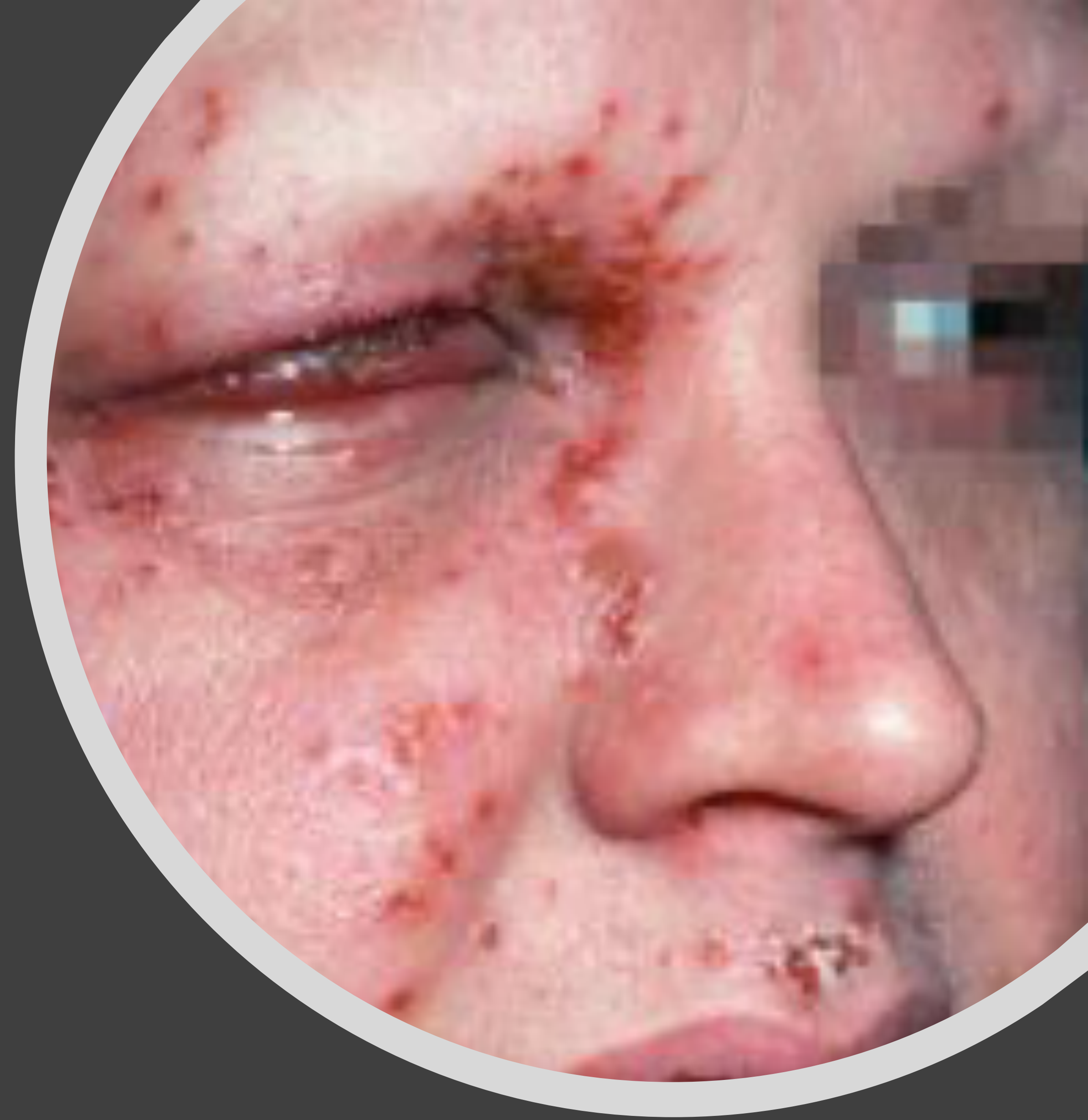


Erythroderma

Erythema affecting more than 90% of body surface

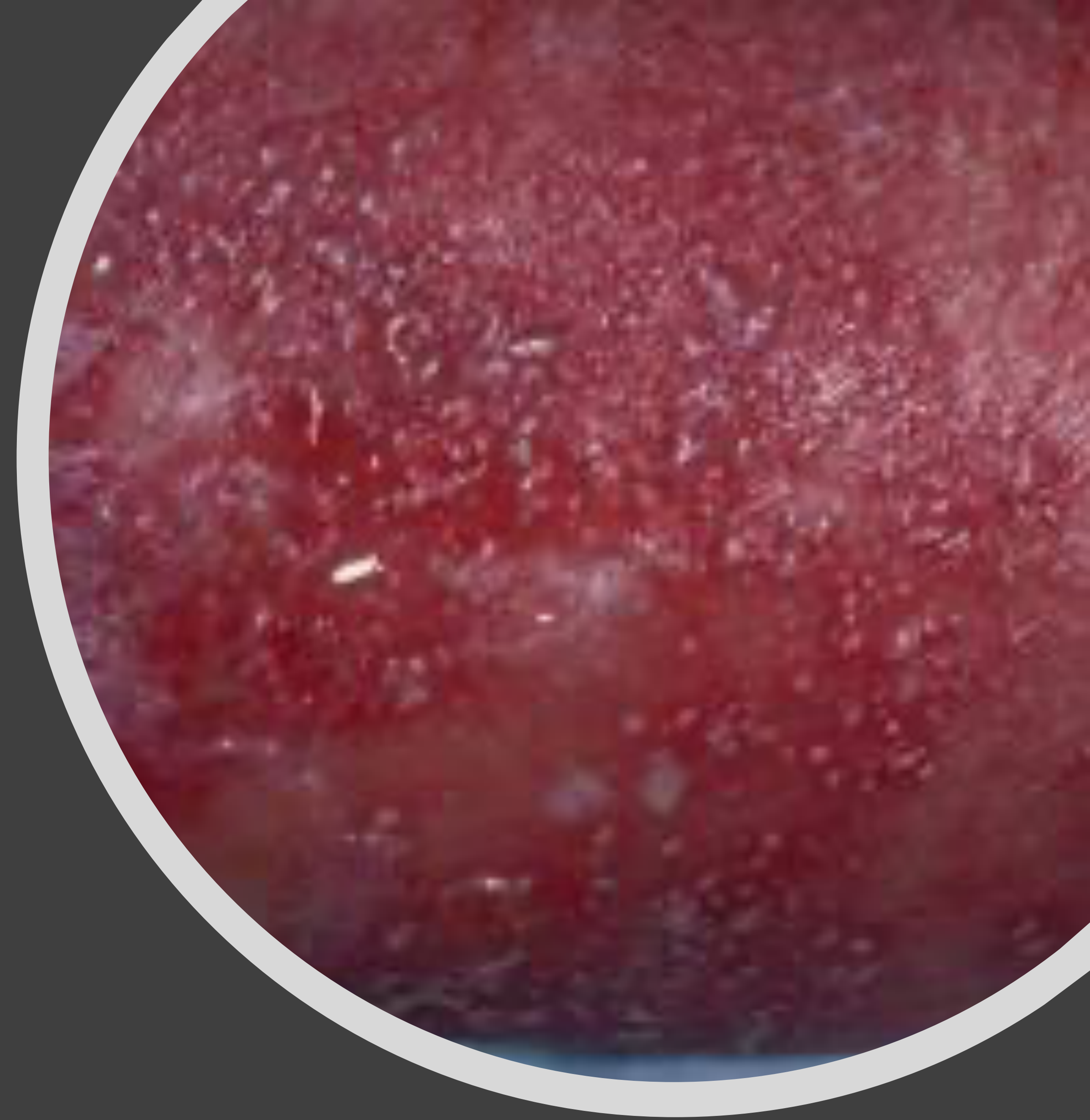
Eczema Herpeticum

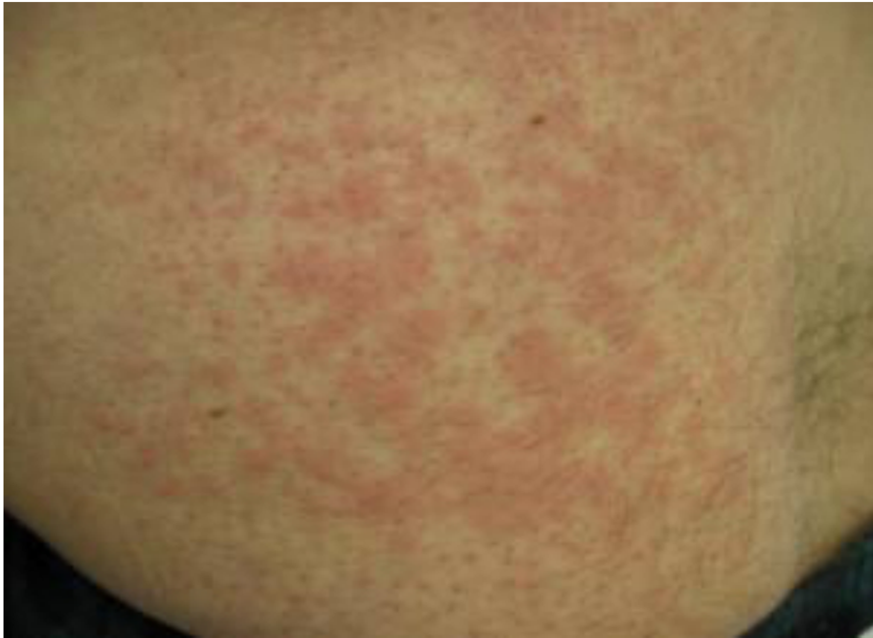
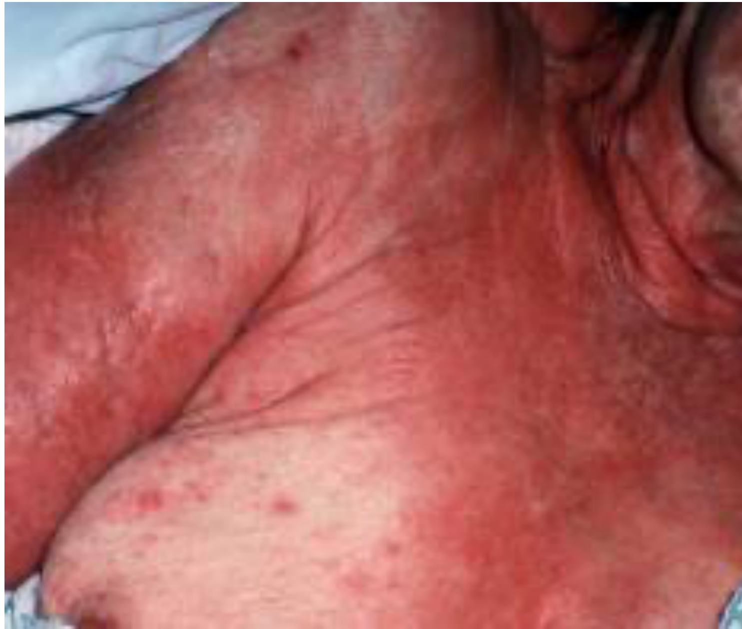
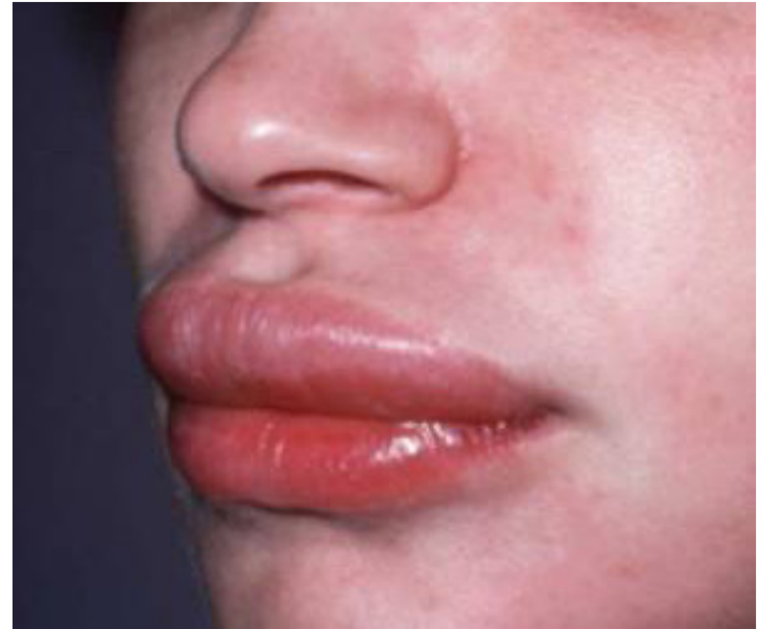
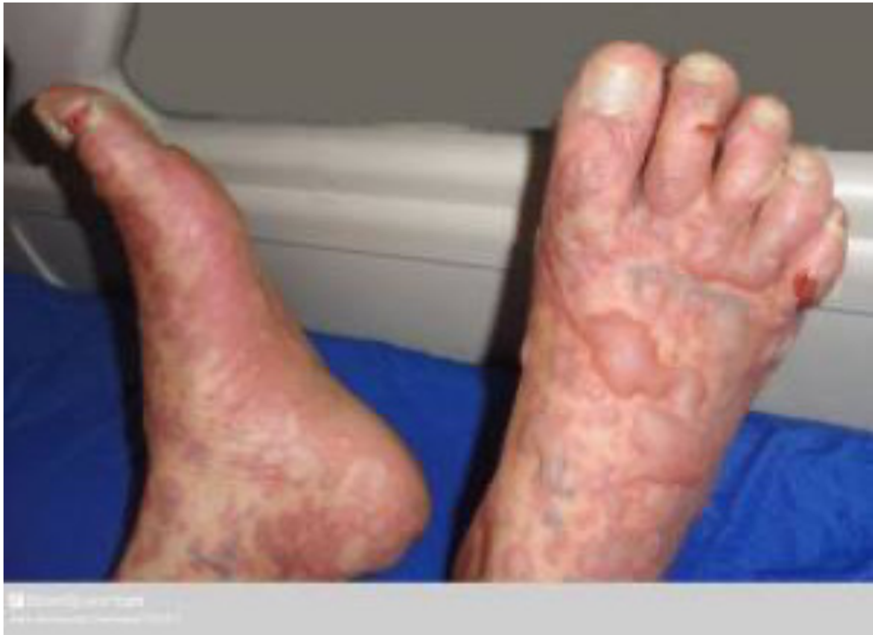
- Usually arises during a **first episode of a herpes simplex infection**
- Eczema herpeticum may also complicate recurrent herpes



Acute Generalised Pustular Psoriasis

- Patients **often have systemic upset** with sore skin, fever and malaise

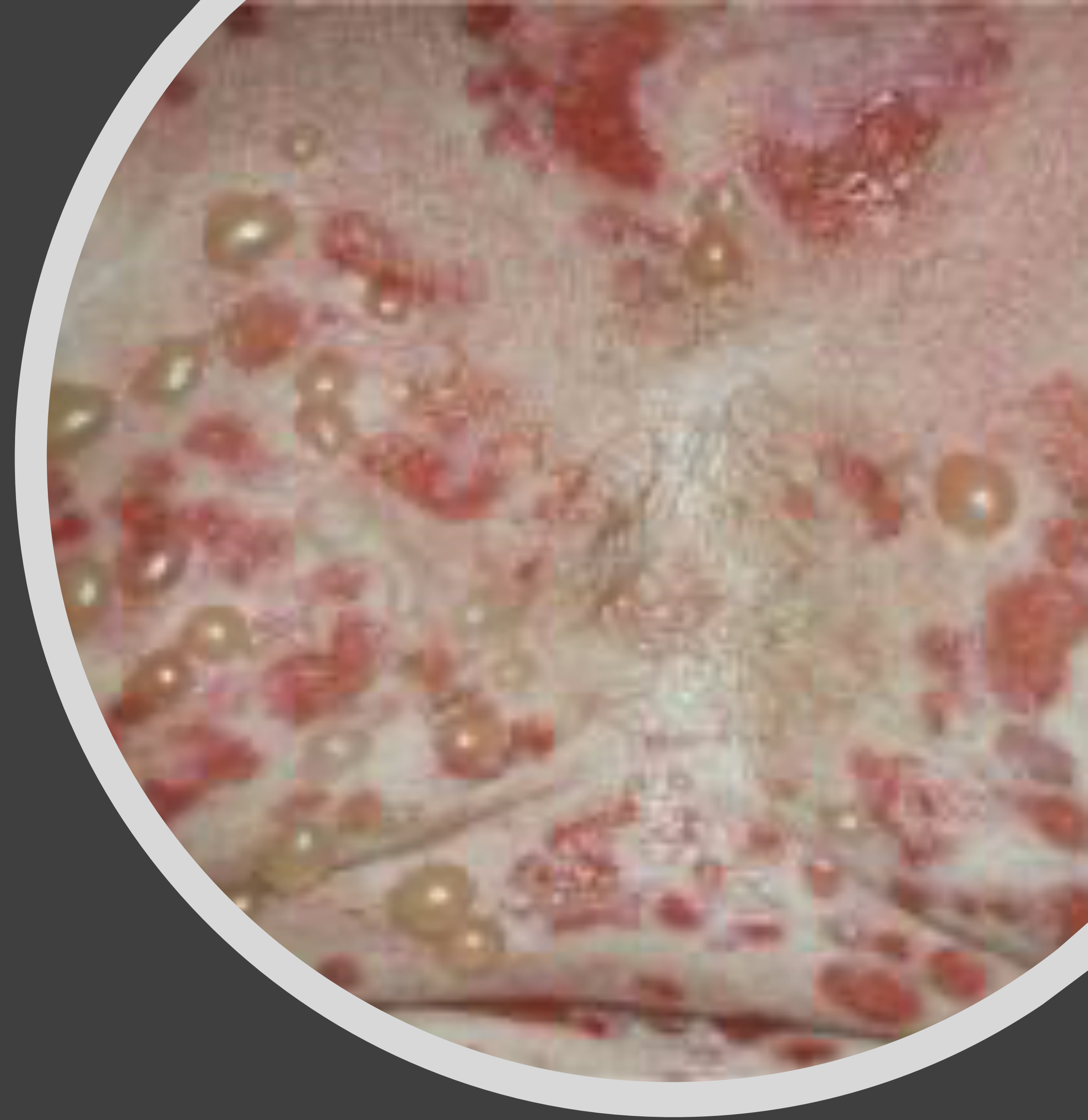


Drug Reactions

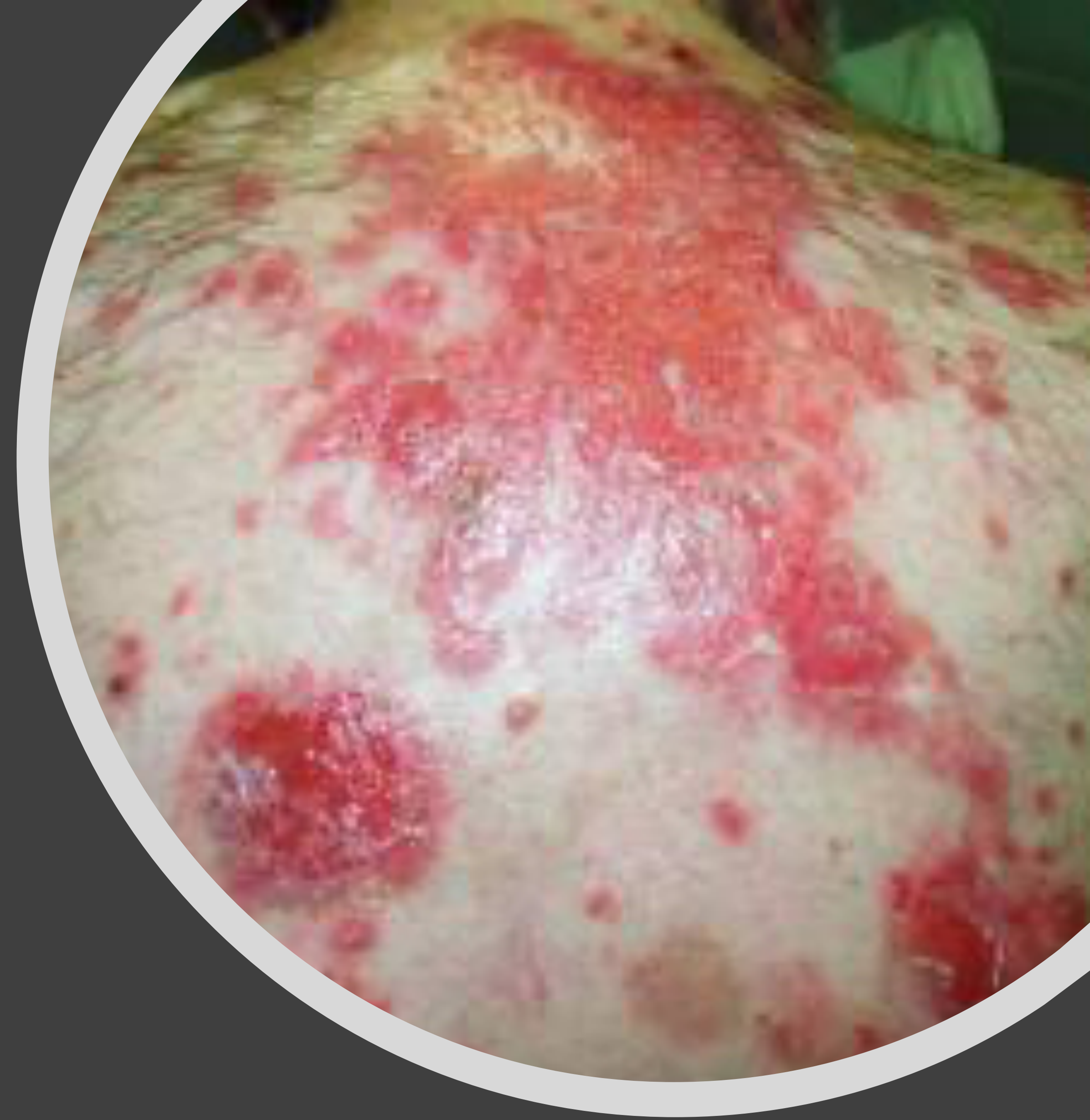
Bullous Pemphigoid

- **Onset** is usually after the age of 60 years, with a mean of 80 years. It is extremely rare in children and young adults
- **Itch** is a common feature, and may precede the rash by several weeks or months
- Even in cases of extensive blistering**, patients otherwise appear well**



Pemphigus Vulgaris

- Pemphigus vulgaris affects all races and both sexes
- It most commonly presents between the ages of **50-60 years**, but can affect any age, although rarely children



When to refer & to whom

Trust your judgement, if it doesn't look right it probably isn't

Dermatology or GP? Even A&E

BUT these conditions are comparatively rare

If in doubt refer to GP

Even if confident, safety net, if no better in x days see your own GP

Discuss with your local GP, you want to let them know you're starting a new service.

Summary

Product licences

External use only

Consultations

Keeping notes

Know your limits

Seen examples of red flag derm'

Greater collaboration with other Primary Care HCP's

Useful resources

- **CPPE Dermatology pocket guide: common skin conditions explained**
- Primary Care Dermatology Society
- Clinical Knowledge Summaries
- https://dermnetnz.org/
- https://www.skinsight.com/skin-conditions
- eczema the role of the practice pharmacist
- psoriasis the role of the practice pharmacist

Thank you

- Any questions

Mentor

- I'm always happy to act as a mentor
- Ruari.oconnell@nhs.net