

Dear Colleagues,

In light of the current COVID-19 outbreak, Wessex LMCs have been working closely with the three Local Pharmaceutical Committees across our area to ensure smooth working in these unprecedented times.

## Summary

Pharmacies like us are changing their practice to minimise infection and to maximise efficiency with a reduced workforce. This means reduced opening hours for some. They will be open a minimum of 10am-12 and 2-4pm (6pm if 100-hour pharmacy)

Practices should not change their repeat prescription durations or support patients trying to stockpile: these actions may put a strain on the supply chain and exacerbate any potential shortages.

Practices may consider putting all suitable patients on electronic repeat dispensing but should only do this if they have expertise in it and know what they are doing otherwise there can be problems. Your medicine management team may be able to help. Your practice pharmacist may want to focus on this. The whole repeatable prescription can be valid for up to a year, but each repeat should be for no longer than the patient duration is currently. For example, if the patient has prescriptions for a month's supply now then the repeat dispensing could be set up as a maximum of 13 x 28 days' supply where appropriate.

Share your direct phone line with your local pharmacies for ease of access to each other with queries and see if they have one that you can use.

EPS prescriptions are downloaded several times a day by pharmacies – to avoid queues, warn those with acute EPS prescriptions there may be several hours wait until they are ready to collect (see below for options with very urgent)

Contact the LPC and LMC if you are having issues

MDS/ dosette boxes are likely to go back to original packaging with a MARS chart printed by the pharmacy.

**GP surgeries and pharmacies are encouraged to inform each other in the event either needs to close or if there is restricted access. The pharmacy will need to contact NHS E&I. If the pharmacy is closed, they are also encouraged to inform the LMC, LPC and the relevant CCG who can help establish contingency plans and facilitate local working.**



## Pharmacy Opening & Ways of Working

Like General Practice, some Community Pharmacies may begin to work in different ways this week to help protect their teams, patients and the public – largely in response to huge increasing workload of walk-in patients, minor illness, access to medicines (prescription & OTC), picking up additional workload as practice front desks are closed etc. This may include

- Limiting the number of people within the pharmacy at the same time
- Sectioning the pharmacy to encourage social distancing (at least 2 metres) for people coming into the pharmacy with floor markings (using tape) or barriers (if possible)
- Using a hatch (mainly for out of hours pharmacies) then using that for pick up and drop offs

**Pharmacies will remain open wherever possible, but you may see that some are now having to reduce the hours during which they can admit members of the public.** This is to ensure that pharmacy teams have time for cleaning, to safely deal with high volumes of work, allow time for teams to briefly recover before going again.

**Pharmacies may close their doors to the public for up to 2.5 hours a day, including lunch, however**

- **Community pharmacies are expected to be open to the public between 10am - 12 noon and 2pm - 4pm as a minimum (if these are contracted core or supplementary hours).**
- **Similarly, 100 hours pharmacies should be open from 10am – 12pm and 2pm –6pm as a minimum.**

This has been agreed with NHSE & I and more detail is here <https://psnc.org.uk/our-news/updated-covid-19-sop-and-opening-hours-flexibility-statement-from-psnc-cca-nga-and-aim/>

There may be longer closures for deep cleans or immediate staff sickness issues. In addition, some community pharmacies situated in other premises, for example, GP practices, supermarkets and shopping arcades may have other reasonable cause to close, due to circumstances beyond their control.

**In these situations, pharmacies are required to make arrangements with one or more NHS community pharmacies situated in the same area, inform local GP practices and the NHS England Regional Team in the South East.**



## In response to some other Frequently Asked Questions

- ***Should I change the prescription duration and the amount of medicines I prescribe?***

No, current repeat prescription quantities and duration **must remain the same as before**, this will ensure that community pharmacy can continue to manage stock levels in an already challenging environment. **This is national advice.**

We should not encourage too early prescriptions (up to a week before the due date should be sufficient). This will help to maintain stocks safely and avoid stockpiling.

- ***Should I prescribe things which are hard for patients to locate over the counter?***

Patients should not order paracetamol from the GP unless it is part of a routine prescription, it can still be sourced over the counter. Other items should not be prescribed as they can lead to issues with cash flow, with pharmacy having to wait for NHS reimbursements.

- ***How can I improve the management of prescription requests?***

Patients should be encouraged to register for patient facing apps e.g. NHS App, which allows patients to order prescriptions online and also to nominate their preferred pharmacy. This app does not require the practice to verify patient ID minimising footfall into the surgery.

- ***How can electronic prescribing assist practices and pharmacies?***

Electronic Prescription Service (EPS) should be utilised to electronically transfer prescriptions and reduce the need for paper prescriptions. Electronic Repeat Dispensing (eRD) is an integral part of the Electronic Prescription Service which is operated by NHS Digital.

Electronic Repeat Dispensing allows 12 months of prescriptions to be “batch prescribed” so that a patient can access supplies with just one digital signature. This is useful for patients stable on medications and will free up GPs medication tasks improving efficiency in a currently very stretched system. Beyond the benefits for the patient it also allows community pharmacists to manage their workload, reduce waste and play a role in medication management.

Patients currently need to give verbal consent for this to occur and are part of the decision making. There are moves nationally that this may change but not yet in place.

Since 2015 the Wessex Academic Health Sciences Network has been working to support practices to do this and there are great resources available

here: <https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing>





For more information on this from the national team:-

<https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers-how-does-erd-work>

- ***How do patients access pharmacy services?***

Encourage patients to make contact by phone or possibly the pharmacy website, this will help reduce risk to themselves and also to the staff from face-to-face contact.

- ***What can we suggest to assist patients who are self-isolating?***

Any prescriptions for patients who have been advised to self-isolate should be sent electronically to a pharmacy of the patient's choice and the patient advised to **contact** the pharmacy around collection of medication and inform the pharmacy who will be collecting the medicine on their behalf, for example a relative, neighbour, volunteer group.

- ***Can medicines be delivered by community pharmacy, including to those self-isolating?***

Medication delivery is not an NHS service and is a private arrangement between patient and pharmacy. Please advise patients to contact the pharmacy directly and to ensure other options for the collection of medicines are considered e.g. collection of medicines by relatives, neighbours or other nominated individuals. We have been informed may be a national solution coming for prescription delivery services via volunteer networks. When details are available, we will share them. Ideally the request for others to collect should come from the patient.

- ***What about urgent prescription requests including out of hours provision?***

The Community Pharmacist Consultation Service which is commissioned by NHSE allows referral of patient from NHS111 to community pharmacy for urgent supplies of medicines. NHS 111 online referral for medication is now online and live for Dorset, Hampshire, Thames Valley and Isle of Wight. Across Dorset, Hampshire and the Isle of Wight, the Pharmacy Urgent Repeat Medication Service (PURMs) operates over the weekend period for a one-off medication request at the pharmacist's discretion. Urgent care will not prescribe opiate or benzodiazepine medications.

- ***How can pharmacies and GP practices deal with queries between each other?***

NHSmail should be used to communicate with local GP practices and pharmacies. Also consider letting each other have priority phone numbers to ease access to each other. Please note faxes are no longer acceptable as a way of communicating between organisations and should not be used.





**WESSEX**

Local Medical Committees

- ***Should we still refer patients to community pharmacy for minor illnesses outside of COVID-19 symptoms?***

We should encourage patients to use online resource e.g. visit the NHS website ([www.nhs.uk](http://www.nhs.uk)). They may be able to contact the pharmacy by phone or possibly email. This will help to ensure the latest guidance is followed for common ailments, prevent the spread of infection and minimise risk to patients, staff and the public as opposed to attending directly.

- ***What should I tell patients about acute EPS prescriptions?***

Although prescribers send EPS instantaneously, and it is available to the pharmacy immediately, pharmacies have to actively download the prescriptions from the spine. They will do this several times a day. This means it is likely to take several hours for the pharmacy to process the prescription to the point it is ready to collect. It is helpful to warn patients of this. For very urgent medications then the patient can ask the pharmacy to download and process or you could give the patient a printed prescription that they can take to any pharmacy.

## Monitored Dosage systems

In light of the current challenges and increased workload, it is imperative that we can maintain continuity of patient facing services and access to medicines and therefore we have outlined a series of recommendations below:

- We would urge that no new referrals for dosette boxes or monitored dosage systems (MDS) are made.
- In this instance, we would encourage carers, family and friends to support patients with administering medication if required.
- We would encourage GP practices and community pharmacies to share local intelligence and current issues which impact patient access to services.
- We also recommend that GP practices and community pharmacies arrange suitable times and locations to collect prescriptions in the event that there is limited access to the practice.

The national pharmacy body, the PSNC has issued guidance that all pharmacies should consider the services they provide to patients with regard to the compliance aids for medicines such as dosette boxes. In order to protect the whole supply chain for medicines and to ensure all patients are cared for, pharmacies have been told to review these services in light of the fact that their workforce is likely to become reduced.

To support this recommendation, most pharmacies are therefore proposing that from the next time a patient's medicines are due and until such time as Covid-19 is no longer a significant threat, that patients will receive medication in original packs with a pre-printed administration



chart that will allow people to track when they have taken their medicines and will act as a reminder.

### Potential Closures due to Community Pharmacy being infected or staff shortages

As most prescriptions are now sent to a pharmacy electronically, should a pharmacy need to close, due to an infected patient presenting or due to staff shortages, the majority of prescriptions will be at the nominated (closed) Pharmacy, and inaccessible on the Pharmacy's PMR system. There may therefore be instances where GP practices may need to issue duplicate prescriptions which the patient or representative can take to an alternative Pharmacy. The GP practices would be advised to keep a list of these to share with the pharmacy when it reopens. This will prevent duplicate dispensing of items.

### Potential Closures due to GP Surgery being infected or staff shortages

Business continuity plans may require surgery staff to work from alternative accommodation and thus any new prescription requests may not generate a prescription as the practice may not be able to process them. E.g. if a patient drops the request for repeat medication directly through a letterbox at the surgery.

If there are repeat medicines ordering protocols that require patients to attend the practice, these may need to be reviewed to broaden the options to the patient. We would encourage patients to use online services if these are available. This will ensure patients continue to receive the same level of care.

### Communications to other Parties on Closures

Any GP surgery or community pharmacy in need of closing are to inform NHSE&I of the closure.

**GP surgeries and pharmacies are encouraged to inform each other in the event either needs to close or if there is restricted access. The pharmacy will need to contact NHS E&I. If the pharmacy is closing, they are also encouraged to inform the LMC, LPC and the relevant CCG who can help establish contingency plans and facilitate local working.**

GP practices or community pharmacies that are experiencing difficulties in delivering core services or reduced operational capacity should contact the LMC or the LPC in the first instance and their CCG. It is however recognised that there may be reduced levels of service provided.



## Sources of Help and Support

If anyone has any questions relating to working together or recognises difficulties with a local pharmacy and would like help, then GP Practices can contact the LMC or the LPC. The Chief Officers have agreed to be contacted on behalf of pharmacies in the first instance. Their contact details are below:

Amanda Moores, Chief Officer, Dorset area – 07777 681844  
[chiefofficer@dorsetlpc.org.uk](mailto:chiefofficer@dorsetlpc.org.uk)

Fiona Castle, Chief Officer BSW area – 07565 537319  
[fiona.castle@cpsw.org.uk](mailto:fiona.castle@cpsw.org.uk)

Debby Crockford, Chief Officer Hampshire and IoW area – 07818 094107  
[chief.officer@cpsc.org.uk](mailto:chief.officer@cpsc.org.uk)

It is a trying time and it is important for us to work closely together to ensure patients continue to receive continued access to high quality healthcare in our local communities.

All the LPCs have said they greatly appreciate your support during these challenging times.

Best wishes

With thanks to Greater Manchester and North Yorkshire LMCs and LPCs for some of the content included.

