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This letter is the fourth in a series of regular updates to community pharmacy about the COVID-19 situation. A copy of this letter, and all other guidance from NHS England and NHS Improvement, can be found here:

www.england.nhs.uk/coronavirus/primary-care/

Guidance and standard operating procedures for COVID-19 for community pharmacy are here: <https://www.england.nhs.uk/coronavirus/primary-care/community-pharmacy/>

We send out a daily primary care bulletin, which you can sign up for here:

www.england.nhs.uk/email-bulletins/primary-care-bulletin/

Dear colleagues

Following Jo Churchill's [letter](#) expressing her gratitude for the contribution being made by pharmacy teams, we would like to add our thanks. We are grateful to all pharmacists, pharmacy technicians and their teams who continue to work long hours to ensure people can get the health advice, care and medicines they need.

Please follow the government's advice if you have any symptoms of COVID-19.

Personal Protective Equipment (PPE)

[Updated guidance on PPE](#) was published by Public Health England (PHE) on 12 April 2020. If social distancing of 2 metres from patients attending the pharmacy can be maintained there is no indication for PPE in a pharmacy setting. If this distance cannot be maintained, use of fluid resistant surgical masks (FRSM) is recommended.

We recognise that some pharmacy staff cannot stay more than 2 metres away from symptomatic people and will need masks. It would be extremely helpful, both to protect longer term supplies to pharmacies and to keep supplies going to other health professionals, if pharmacies limit the number of staff that have to be within 2 metres of the public to help manage the use of masks and maintain availability.



Community pharmacies should use the PPE stock that has been delivered to them and, when needed, order more from their wholesaler. More stocks of fluid resistant surgical masks were made available to wholesalers to supply to community pharmacies on 9 April 2020.

NHS Home Delivery Service

An NHS Home Delivery Service has been commissioned from both community pharmacies and dispensing doctors from 9 April 2020 to ensure delivery of medicines to eligible patients who have been identified as 'shielded'. More details are in this [letter](#).

Patients who meet the 'shielding' criteria are encouraged in the first instance to see if their medicines can be collected from the pharmacy or dispensing practice and delivered by family, friends, a carer or a volunteer. Where this is not possible the patient's pharmacy or dispensing doctor team will arrange delivery.

NHS volunteer responders

We have had a fantastic response to our call for NHS volunteer responders with more than 750,000 signed up. Please see the [guidance for health professionals](#) to explain how the service can be used to support vulnerable and 'shielded' patients. Shielded patients can request Community Support volunteers themselves. You can refer patients for support via the [NHS Volunteer Responders referrers' portal](#), or you can call 0808 196 3382.

The Royal Pharmaceutical Society and the General Pharmaceutical Council (GPhC) will be issuing further guidance about pharmacies using volunteers. The Home Office has issued [updated DBS guidance](#) that states that volunteers are able to collect medication and shopping for those unable to leave their homes without DBS clearance. On accepting a task, the NHS Volunteer Responders are tracked on the Good Sam app. If the medication does not arrive with the intended recipient action will be taken. For more information on the GoodSAM app visit www.goodsamapp.org/NHS/.

Easter opening

A huge thank you to pharmacists and their teams for providing, alongside general practice colleagues, vital services over Easter. Pharmacies are able to claim a

payment of £750 for opening for at least three hours per day on each of 10 and 13 of April 2020. This claim will be made via the NHS BSA and more detail will follow.

Temporary closures and changes to pharmacy opening hours on your NHS 111 Directory of Services Profile and your NHS website profile

Pharmacies with different opening hours or pharmacies that are closed should ensure their NHS 111 DoS profile entries reflect their opening. (DoS profile updater is available at <http://dos-profile.service.nhs.uk> and the emergency change number is 0300 0200 363.)

With more people using online services, it is important to keep your NHS website profile up to date and to reflect any temporary closures or changes to your opening hours. Pharmacy profiles editors have received guidance via email from the NHS website service desk explaining how to do this for both short-term (up to four days) and longer term (five days or more) changes. [The step-by-step guide is also available here.](#)

Managing services to minimise the spread of infection in sites that have GPs and community pharmacy co-located

A [letter issued on 27 March](#) outlined options for GPs to manage essential face-to-face services while minimising the risk of cross-infection with those who are suspected non-COVID-19. We have included guidance on how community pharmacies that are co-located with general practices should operate alongside these arrangements in Appendix A.

General updates

- To mitigate **cash flow issues** due to COVID-19, an uplift of £300 million in total over the next two months will be made to contractors. Further information is available on the [NHS Business Services Authority website](#). We continue wider discussions with the Pharmaceutical Services Negotiating Committee.
- The GPhC and the Royal Pharmaceutical Society have published a [letter](#) to **verify your status as key NHS workers** when travelling to and from work.
- A [letter](#) has been published to support community pharmacies **providing health and justice services** and serving released detainees during COVID-19.

- Public Health England has confirmed that their training standards for the **Community Pharmacy Influenza Vaccination Advanced Service** will be amended for the 2020/21 flu season – see Appendix B.
- On 6 April 2020, NICE’s Medicines Awareness Service [shared information on respiratory inhalers](#), from the British Thoracic Society (BTS), in light of current significant demand. The BTS has warned that demand for inhalers had increased by 400%. It has advised clinicians to continue to write monthly repeat prescriptions rather than writing prescriptions for several months. Inhaler technique should also be optimised.

Operational support

- Use of the **Electronic Prescription Service (EPS)** has been extended to include additional care settings including GP/virtual hubs, reducing the current volume of paper prescriptions. Prescriptions for patients that do not have a nomination recorded are also being sent electronically (where applicable) and the prescription ID will need to be accessed from the prescription tracker for these patients.
- Patients can now view, set and change their **EPS pharmacy nomination** using the [NHS App](#). This new feature does not apply to dispensing practices or dispensing appliance contractors. To nominate an online-only pharmacy, users must register with the pharmacy through their website or contact them.
- From 3 April 2020, a **shielded patient flag** alert will appear in the SCRa for a person who is vulnerable because they are at risk of severe illness if they catch COVID-19 and has been advised that they should consider complete social shielding for at least 12 weeks. This alert will support community pharmacies to decide how they provide services to these people during the pandemic and needs to be interpreted in the context of other available healthcare information for an individual. We intend to extend this functionality to other solutions, such as SCR 1-click.
- Further to the statement in the [letter](#) to community pharmacies dated 19 March 2020, NHSX has taken the decision to **delay the final deadline for Data Security and Protection Toolkit (DSPT) submissions to 30 September 2020**. Organisations can choose to complete DSPT before that date. If they do so, and if they fully meet the standard, those organisations will be awarded 'standards met' status, as in previous years.
- Primary Care Support England (PCSE) are prioritising the fulfilment and delivery of supplies, orders and FP10DT dispensing tokens. The courier

network is operating a full service and there is no need to order more than you would normally. PCSE have taken an action to amend the total amount of FP10DTs available to order to four units per week. If you need additional supplies, contact PCSE pcse.urgentsupplies@nhs.net

Workforce

On workforce issues:

- Health Education England (HEE) has published [guidance for pre-registration trainee pharmacists and pre-registration trainee pharmacy technicians](#) across England, Wales and Scotland.
- On 19 March, the GPhC announced powers to temporarily register suitable people to act as pharmacists and pharmacy technicians during the COVID-19 pandemic. By 3 April 2020, over 1,200 had registered to return to the NHS, including 474 returning to community pharmacy. We will shortly be able to provide more details on the process for those returning to work.

Webinars and further communications

Our next webinar, hosted by Keith Ridge and Ed Waller, is on Wednesday 22 April 2020, 7pm to 8pm. Please see [here](#) to join.

Please subscribe to our daily primary care bulletin for the latest information: <https://www.england.nhs.uk/email-bulletins/primary-care-bulletin/>. Previous issues are here: <https://www.england.nhs.uk/coronavirus/primary-care/other-resources/primary-care-bulletin/>

Yours sincerely



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Appendix A: Managing services to minimise the spread of infection in sites that have GPs and community pharmacy co-located

Measures to achieve separation of essential face-to-face services and avoid cross infection in co-located GP and pharmacy services are summarised below:

- Zoning - manage patients within the same facility but with designated areas and workforce to maintain separation.
- Designation - designate practices or hubs, across a primary care network footprint, to either treat those with suspected COVID-19 needing further face-to-face contact (rare) or those patients without COVID-19 symptoms needing essential care.

The most appropriate option for each local area is for local determination based on local context and arrangements. It might be necessary to change and/or flex the chosen model due to a range of factors, for example, changes in demand and workforce capacity/availability, maintenance or establishment of EPS for all patients at a designated practice/hub.

In deciding the most appropriate option locally, it will be important to consider the implications for community pharmacy, especially those which are co-located with general practice (and potentially other community services). This is particularly a consideration for the designation option to avoid contact between those with non-COVID-19 symptoms who may use the community pharmacy and patients that are COVID-19 symptomatic and requiring treatment on site.

Patients with COVID-19 symptoms should be advised **not** to go to community pharmacies.

In planning your designation (if the preferred model), the following considerations should be factored into local decision making:

- Using co-located sites to deliver essential services to those with COVID-19 symptoms on a last resort basis, i.e. when it is not practicably possible to avoid this scenario.
- If this combination must happen, zoning will be required with strict infection control and cross contamination avoidance protocols in place between the GP practice and the pharmacy. Ensure the pharmacist/manager at the co-located pharmacy is advised on the plans early in the process and please liaise with

them as plans develop. It may be necessary to implement one or more of the following preventative measures:

- Prevent physical access into the community pharmacy from the general practice reception and waiting area.
- GPs to remind patients that they are under isolation because of their current symptoms and reinforce an expectation that they should go straight home after their appointment.
- GPs to advise patients who require a prescribed medication that this should be collected by someone who is not required to isolate themselves due to contact with the patient, for example, a neighbour or relative not in the same household or volunteer support.
- If there is a separate external entrance/exit to the community pharmacy that people can access, the pharmacy can operate as normal in line with the [Community pharmacy standard operating procedure](#) and [PPE guidance](#).
- Community pharmacy staff should not enter a GP practice or zoning areas that have been designated to treat those with COVID-19 symptoms and vice versa.
- If physical separation between the community pharmacy and GP practice in a co-located site cannot be maintained, then this should be reported to the NHS England and NHS Improvement regional team who will assess the impact.

Appendix B: Community pharmacy influenza vaccination advanced service

Following the close of the 2019/20 flu season, we are aware that training and refresher training for community pharmacy teams would normally start to take place, so everyone involved in administering the flu jabs are up-to-date with their training and ready for the new season from September.

Working with Public Health England (PHE) we have received confirmation that their immunisation standards will be amended for the coming season. Anyone who has not previously trained to undertake immunisations must undertake full training before commencing flu vaccination. However, for anyone who has undertaken the vaccinations training before and is due to undertake face-to-face training this year, in the current circumstances online training is the best option, and face-to-face training requirements can be undertaken next year instead.

PHE intend to update the HEE flu e-learning programme (available to all, free of charge at <https://www.e-lfh.org.uk/programmes/flu-immunisation/>) for the 2020/21 flu season. Those pharmacists who previously received immunisation training/had a role in immunisation in the past can undertake the assessment session before they undertake the whole knowledge session to see if there are gaps in their knowledge where they feel less confident. For those with some familiarity with immunisation, reading through the knowledge sessions should be relatively quick. Pharmacists can also use the knowledge and skills competency assessment tool (Appendix A in the [National minimum standards and core curriculum for immunisation training for registered healthcare practitioners](#)) or similar assessment tools to identify the areas they need further information/training on.

As at 1 September 2020, anyone who is due to undertake annual online refresher training, but has done so within the previous 18 months, does not have to do the training again for the 2020/21 season (although they may do so if they wish). However, they must ensure that they are familiar with the various documents to support the season, including choice of vaccine and contents of the annual flu letter.