



Daily Update

Wednesday 21st October 2020

This daily update contains important information for community pharmacy teams about the ongoing response to the COVID-19 pandemic.

In today's update: SSP briefings; latest guidance on Test and Trace; getting the most out of HSCN; medicine supply notifications.

PSNC Briefings on latest Serious Shortage Protocols (SSPs)

Following yesterday's announcement of two new Serious Shortage Protocols (SSPs) – one for Fluoxetine 30mg capsules and the other for Salazopyrin® EN-Tabs 500mg – urgent action is required by pharmacy teams to implement them.

PSNC has produced two new guidance briefings providing further information on what to supply and demonstrating how to endorse prescriptions for these products:

[PSNC Briefing 036/20: SSP07 – Fluoxetine 30mg capsules](#)

[PSNC Briefing 037/20: SSP08 – Salazopyrin® EN-Tabs 500mg](#)

If you have any queries on these PSNC Briefings or you require more information, please contact the **[Dispensing & Supply Team](#)**.

Reminder: Updated guidance on Test and Trace

PSNC has updated its guidance on NHS Test and Trace based on recent discussions between NHS England & NHS Improvement (NHSE&I) and Public Health England (PHE).

These discussions have indicated that contractors should, in particular:

- Ensure the PHE Local Health Protection Team consider community pharmacy contact tracing cases. If the local team don't make the initial contact with the pharmacy, contractors should escalate cases to the team, or call the team direct. This may not be necessary if a contractor is satisfied with the decision without full assessment.
- Ask pharmacy staff NOT to give their colleagues' names to NHS Test and Trace if they test positive for coronavirus, but to provide the contact details of the pharmacy. This is because any names given will be entered automatically into NHS Test and Trace systems with no assessment of whether they are close contacts – this is difficult for the local health protection team to 'overturn' if its assessment finds that pharmacy colleagues are not close contacts of the individual.

- Continue to take all appropriate steps to make the pharmacy COVID-secure, so far as practicable, including social distancing, the proper use (donning and doffing) of appropriate PPE, but recognise that if one staff member tests positive, sometimes other staff may still be close contacts and asked to self-isolate depending on the PHE Local Health Protection Team assessment.

[View the updated guidance in full](#)

Guidance about your HSCN connection

PSNC has updated its guidance about getting the most out of your Health and Social Care Network (HSCN). HSCN replaced the N3 network. The briefing includes tips on how to best procure and use your connection.

[Learn more in our related PSNC Briefing](#)

Medicine Supply Notifications

The DHSC has also released some medicines supply notifications which community pharmacy teams may need to be aware of. Please click the links below for more information.

[Ferrous Fumarate 322mg/Folic Acid 350mcg \(Pregaday\) tablets](#)

[Fluoxetine 30mg capsules](#)

[Phytomenadione \(Konakion MM Paediatric\) 2mg/0.2ml ampoules](#)

[Salazopyrin En-Tabs \(sulfasalazine\) 500mg tablets](#)

Have you seen our latest FAQs?

PSNC's website has a large number of answers to queries posed by pharmacy contractors, their teams and LPCs; these are updated on a regular basis. Recent additions include:

Q. Where a COVID-19 symptomatic patient presents in the pharmacy and is unable to leave due to their medical condition, but the pharmacy does not have a closed area available for the patient to isolate in prior to the arrival of an ambulance, what should be done?

If, a person is too unwell to return home and there is no closed isolation area, the pharmacy may need to temporarily close to assist the patient and minimise the risk of transmission to other patients. The use of full personal protective equipment (PPE) – Type IIR mask, apron, eye protection and gloves – is necessary as detailed in the NHSE&I community pharmacy SOP to help to protect the wearer and avoid a close contact for the purposes of Test and Trace. All personal protective equipment should then be disposed of as clinical waste.

Keep up-to-date on COVID-19 with our hub page: psnc.org.uk/coronavirus

Pharmaceutical Services Negotiating Committee



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