

Community Pharmacy Status Update for Stakeholders – 3rd April 2020

Please note this is only to be shared within your organisations and not made public

Second Update:

Supply Chain

Most wholesalers have switched to once daily delivery rather than twice daily. Pharmacies are still experiencing high volumes of prescriptions, but not hitting the levels of last week generally. Still lots of shortages, some listed below. Pharmacists have been asked to suggest alternatives when contacting prescribers about shortages.

- **Inhalers:**
 - Clenil & Fostair (made in Italy) – major issues all strengths
 - Qvar & Salbutamol / Ventolin inhalers – short supply
 - Inhalers in general under pressure due to demand and may show intermittent shortages
- **As per last week:**
 - Ranitidine all strengths & liquid – major issue – virtually no stock and may be none before July
 - Paracetamol tablets and liquid (POM and OTC) – some stock but still struggling with demand
 - Aspirin GR and dispersible – intermittent
 - Fluoxetine 10mg still subject to SSP (Serious Shortage Protocol)
 - Sertraline all strengths -limited or no stock
 - Evorel patches – all strengths limited or no stock
- **New this week:**
 - Co-codamol 8/500 and 30/500 – intermittent
 - Ramipril 10mg – intermittent
 - Amlodipine – intermittent
 - Azathioprine – intermittent
 - Hydroxychloroquine – may become an issue as previously rarely used so stocks may be low
 - Palliative care – currently OK but as systems gear up EOL stocks may become an issue
 - Piriton and Physeptone situation has improved

We can all help avoiding more being added to this list by following the guidance from DHSC and NHSEi shared last week especially around not extending duration of treatment.

Prescriptions:

- There is a big push on **electronic Repeat Dispensing e-RD**, we hope that surgeries will support this process to smooth the repeat prescription process. Information can be found on: <https://www.nhsbsa.nhs.uk>
<https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers>
The CCGs / CSU are working on this. If would you like any support from the LPC please ask.
- **PAPER PRESCRIPTIONS:** Some locations may not have access to EPS, the preferred method of transfer, in these instances pharmacies obviously will accept these additional paper prescriptions. The prescriber / patient / pharmacy must agree a mechanism of getting the prescription to the pharmacy and patient / representative ideally collect their medication from the pharmacy. If they are shielded patients then accessing the Council organised volunteers or any pharmacy delivery service in place may be used as

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available. Where the medication is not urgent then posting the prescription is acceptable, whilst the postal service is still fully operational and should be sent to the patient's preferred pharmacy (or to the patient themselves if they prefer).

Urgent prescriptions need to be sent to the pharmacy – possibly utilising the volunteers, preferably the patient's preferred pharmacy but this may not always be practicable if a volunteer has several urgent prescriptions to be managed. In the current exceptional circumstances scanning copies of the prescription and emailing to the pharmacy's NHS shared email address may be necessary to support the patient getting urgent medication. This must be with the agreement of the pharmacy and the original prescription posted or delivered to the pharmacy within 72 hours under current regulations.

- **Nominations** of pharmacies should not be amended unless at the express request of the patient. **Prescribers must not direct prescriptions** to specific pharmacies, a few pharmacies are reporting that this becoming an issue either directly or indirectly by apparent restricted choice. This also applies to any volunteer groups utilised who should use the patient's nominated pharmacy for routine repeat medication requests.

Easter

There will be pharmacy provision during the Bank Holidays, we are waiting on details from NHSEi as to what that looks like – but expected to be a few hours in most if not all pharmacies. Many pharmacies open on Good Friday and East Monday anyway. As soon as details are made available, we will share it. This is still not available as of 4.45pm Friday 3rd April

Hot / Red sites

If pharmacies are co-located with hot / red sites – please liaise with the pharmacy to ensure that can continue to operate safely with separate entrances and clear signs telling patients not to go in person to the pharmacy. If the pharmacy as a result needs to amend their opening hours, then they will need to inform NHSEi and DoS.

Monitored Dosage Systems (MDS)

Some pharmacies are reviewing their MDS provision and providing reminder charts instead for some patients. This is to ensure that they have capacity for those who really benefit from it. We have reminded pharmacies that as part of any review they should discuss with the patient / carer any proposed changes and give enough notice to seek other arrangements if required. We also note that currently with some patients being isolated / shielded with reduced carer (formal and informal) support the need for MDS for some patients remains. From an infection control viewpoint, disposable MDS is preferable and returns not being accepted now.

Controlled Drugs

Methadone supplies seem to have recovered and pharmacies are largely able to meet demand, although CD cupboards are therefore pretty full.

NHSEi CDAO – warnings: muggings, forged scripts, attempted forced access to pharmacies / dispensaries, delivery vans targeted. Some issues around large supplies of Methadone to some clients.

West Midlands Police Update

- Step up in targeting of pharmaceuticals as a commodity, particularly since the illicit drug market has become strained

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- Pharmacies in Wolverhampton and Birmingham have predominantly been the target of offences predominantly and during office hours
- There are however numerous reports of suspicious behaviour near to pharmacies and dentists/vets, but these are sporadic across the force and predominantly overnight
- Three reports so far that can be found of vehicles being targeted for pharmaceutical goods, all pharmacy delivery vans.
- Violence against pharmacists, risen in certain areas

For reassurance all pharmacies are on West Midlands Police patrol strategy due to the heightened risks. This also applies within West Mercia.

Palliative Care medicines – NHSEi is collating information on service provision across the Midlands in case need to bolster services or look across borders. Coventry has a few pharmacies commissioned to hold agreed range of stock through CWPT. Herefordshire has 15+ pharmacies holding stock through the CCG and Worcestershire will be instigating a similar provision shortly. Warwickshire nothing through pharmacy at present.

Resilience in pharmacies

Generally, community pharmacies are still struggling under the pressure of significant increase in workload both from prescriptions and patients for advice and OTC support. However, it is better than the peaks of the last two weeks. Staffing situation is still difficult, pharmacies still having patients with symptoms coming to the pharmacy and they are short of / out of PPE and no testing for staff. Queues are also difficult to manage. Some pharmacies have erected Perspex screens, and 2m markings, for staff and patient safety.

Some are operating a restricted access policy and asking patients not to wait for scripts unless urgent, otherwise it is challenging to maintain 2m distances for small pharmacies etc. The latest guidance (2nd April) is for the staff to wear masks, where they cannot maintain 2m distance. We are still waiting for more supplies / route to obtain supplies. Updated PPE guidance from PHE just published at: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Pharmacies have been given authority to work behind closed doors for 2.5 hours of each working day, without consulting NHSEi, excluding 10-12 am and 2-4/6 pm.

They are also allowed to close for longer under temporary closures agreed with NHSEi. We are still waiting on regular updates of RAG status of pharmacies from NHSEi who are now collating the information. We will have, as LPCs, access to reports soon from pharmacies reporting to us through PharmOutcomes and will share these.

Pharmacies as part of their wider Business Continuity Plans are also looking at buddying arrangements, these will be further developed over the next week or so and will incorporate geographical and company- based plans, to support continued access to pharmacy services from as many locations as possible.

We are still waiting on a co-ordinated process for status on pharmacy opening, as several systems in place. NHSEi, DoS and other alternatives. DoS will probably have the best information currently.

You may have seen in the press that Community Pharmacies have had a cash injection to manage cash flow. This is a **loan** to support pharmacies pay their increased staff and wholesalers bills. It must be paid back.

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Deliveries update

There is still not yet an agreed funded delivery service through Community Pharmacy, despite all the announcements. We hope that this is imminent but as of 4.45pm Friday it still has not been agreed. As soon as we hear anything, we will let you know. Some pharmacies have and continue to provide an 'in house' delivery service although this is largely for regular patients and is under extreme pressure due to staffing and workload issues.

There are some DBS checked volunteers being coordinated by the Council Hubs to support shielded patients, who will support collecting medicines this may exclude controlled drugs and fridge lines. Each area is at different stages with this and when all arrangements are finalised, they will be announced.

National RVS / Good Sam App has also been launched – although liability issues have precluded pharmacies from engaging with this currently. It is however available for patients to use to arrange a volunteer.

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NB: This is not for publication or sharing with the public or the press and intended to provide information to local healthcare settings only covered by the three LPCs.