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This is the third in a series of regular updates to community pharmacy regarding the emerging COVID-19 situation. An electronic copy of this letter and letters sent to the other primary care professions, and all other relevant guidance from NHS England and NHS Improvement, can be found here:

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

Dear colleagues

We would like to thank pharmacy teams wholeheartedly for stepping up in a truly professional way to the current demands and severe pressures on them. With GP services increasingly operating digitally, and the announcement by the Prime Minister of new measures to delay the spread of the virus, community pharmacies are now the NHS frontline for our response to COVID-19. We are extremely grateful to all pharmacists, pharmacy technicians and their teams, who are working long hours and putting patient care first to ensure people can get the health advice and medicines they need. We are doing all we can as quickly as we can to support you, and we urge you to follow the Government's advice if you have any symptoms of COVID-19.

This letter will update you with the latest information.

The Prime Minister announced on 23 March 2020 increased social distancing measures. Full guidance on staying at home and staying away from others is available at www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others.

Community Pharmacy Standard Operating Procedure (SOP)

The updated SOP was published on 22 March 2020 here:

www.england.nhs.uk/coronavirus/publication/standard-operating-procedure-community-pharmacy/.

Key changes include:

- an update to the case definition and household guidance
- updated advice for patients and the public and guidance for staff
- advice on making deliveries to those self-isolating
- advice on collaborative working and the potential need to close pharmacy doors to the public at the discretion of the responsible pharmacist for up to 2.5 hours to allow staff to continue to dispense medicines safely
- clarification of the key worker definition for pharmacy staff.

Advice on key workers

On 19 March, the Department of Health and Social Care (DHSC) [published guidance](#) on maintaining educational provision for children whose parents are critical to the COVID-19 response and cannot be safely cared for at home. Every child who can be cared for safely at home should be.

Community pharmacists and support staff, including delivery drivers necessary to provide pharmaceutical services from a registered pharmacy, are essential key workers at the present time. They are vital to the delivery of frontline health services like other primary care healthcare workers such as GPs, and school places should be offered to their children where necessary. The same applies to staff involved in the production and distribution of medicines such as those working for pharmaceutical wholesalers and NHS Business Services Authority staff.

Personal protective equipment (PPE)

Please follow the Public Health England (PHE) guidance on use of PPE [here](#). Social distancing is most effective, especially when it is enforced with, for example, bollards, physical barriers and screens.

Where more PPE is needed, pharmacies should be able to order it from their wholesalers for use by their staff only in line with the PHE guidance and not for resale. Stock is being made available to wholesalers.

Support for installation of physical barriers

We understand that staff in pharmacies working hard at the frontline of our fight against coronavirus are understandably feeling very anxious about the risks to them at work. In line with the guidance in the standard operating procedure we will pay all pharmacies (who are not distance-selling pharmacies) and all dispensing doctors a £300 payment to support installation of physical barriers such as screens and retractable tape barriers or other adjustments to help enforce social distancing.

NHS Community Pharmacist Consultation Service (CPCS) via NHS 111 Online

As we are advising patients to use [NHS 111 online](#) rather than phoning NHS 111 we have enabled referral to the CPCS via the online route for urgent medicines supply. From 24 March 2020 this is live in all areas of England. Patients being referred to the CPCS will be advised to telephone the pharmacy to access the service.

New registrations for NHS CPCS

From 23 March 2020, pharmacies that newly register for the NHS CPCS service via the NHS BSA website are not being made live for the service. The registration will be

acknowledged but the work involved in testing the referral and processing the registration has been de-prioritised. This will be kept under review and any change to this will be communicated to those pharmacies that have registered.

Supply chain

DHSC continues to work closely with industry, the NHS and others in the supply chain to ensure patients can access the medicines they need, and precautions are in place to reduce the likelihood of future shortages.

The steps being taken to protect UK supplies in response to the COVID-19 outbreak were set out in the Department's press statement issued on 11 February 2020. This statement can be read here: <https://www.gov.uk/government/news/government-to-monitor-impact-of-coronavirus-on-uk-medicine-supply>.

It is essential that GPs do not issue prescriptions for a longer duration, pharmacies do not order larger quantities, and patients and the public do not order their prescriptions early or seek to stockpile medicines, as these behaviours could put the supply chain at risk.

Support to maximise use of electronic repeat dispensing (eRD)

Primary care is being asked to increase the use of eRD, in suitable patients, as part of the pandemic response.

The NHS BSA is supporting this initiative by helping GP practices to identify patients who may be appropriate for transfer to eRD. They are doing this by creating individual practice lists of NHS patient numbers identified from their dispensing information to be suitable for eRD.

This service will allow GP practices to identify patients who have received the same medications in the last 12 months of dispensing data (up to January 2020). The initial practice list will identify patients receiving 1, 2 or 3 medications allowing practices to start the process of moving patients to eRD where this is considered appropriate, and where the move is likely to be straightforward.

Increasing eRD will have the following benefits in the current situation:

- reducing footfall to both the practice and to your community pharmacy, supporting social distancing
- reducing workload for prescribers, allowing better prioritisation of resources
- controlled management of the supply chain reducing the number of temporarily unavailable medicines.

Practices wanting to increase eRD are recommended to already have a tried-and-tested, robust process in place for eRD before implementing for large numbers of patients.

Collaboration is key to the successful implementation of eRD:

- CCGs embarking on moving patients to eRD are expected to discuss plans with their local pharmaceutical committee (LPC) prior to switching
- practices moving to eRD are expected to discuss their plans with local community pharmacies.

More information on electronic repeat dispensing can be found here:

<https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-dispensers>.

Please be aware that where release 4 of the electronic prescription service is being used, there is no requirement for a nomination to be set. Further information on how to operate release 4 can be found here: <https://digital.nhs.uk/services/electronic-prescription-service/finding-an-electronic-prescription>.

NHS Digital is also working to expand the Electronic Prescription Service (EPS) to additional settings including GP hubs, paramedic prescribing and additional urgent care sites. The NHS App team is seeking to deploy the capability for patients to set or amend their nominations via the NHS App. Further information will follow in due course.

Smartcards

Pharmacies are encouraged to ensure that all staff requiring access to the national spine services, including EPS, the Patient Demographic Service (PDS) and the Summary Care Record (SCR), have active smartcards. Contact details for registration authorities within primary care can be obtained here:

<https://digital.nhs.uk/services/registration-authorities-and-smartcards/primary-care-service-provider-contact-details>.

Capacity changes

We will be using the Directory of Services (DoS) data to record capacity changes within primary care associated with COVID-19. Please continue to maintain your capacity status as per standard processes for keeping your 111 Directory of Services profile up to date. Please also remember to inform your local NHS England and NHS Improvement team of unavoidable closures and update the NHS website for patients and the public.

Formula milk

In our previous letter we asked that pharmacies restrict quantities of hand sanitisers, soaps and over the counter medicines and supply a sensible quantity of all of these products to as many of their customers as possible. Today we are asking you to do the same for formula milk.

Wholesalers

Wholesalers are consolidating their deliveries in some cases and will be working with contractors regarding this. Government officials are in daily contact with wholesalers regarding the current situation.

The Healthcare Distribution Association (HDA) is asking that community pharmacy teams support the supply chain by ensuring delivery tote boxes are returned to suppliers of medicinal products as quickly as possible. The significant increase in the volume of orders due to the COVID-19 pandemic has left some distributors severely short of the totes required for deliveries. This is starting to affect the speed at which medicinal products can move through the supply chain. Tote boxes are essential for safe medicines supply as they help suppliers to protect and track medicines. HDA is therefore asking pharmacy teams to return any totes to their supplier's delivery driver when they are making a delivery.

Care home services

Community pharmacy teams should be aware of the advice to pharmacists and pharmacy technicians working in settings where they may have to visit the resident (e.g. care homes or care at home). Where such visits are necessary, measures should be put into place to reduce risk to the resident, the care home staff, and themselves. You will be only too aware of the vulnerability to COVID-19 of care home residents and you must do all you can to shield them from the virus as you go about your vital work. That said, care home residents are very dependent on the care your services provide.

Work with the care home and its staff to establish systems to minimise the number of visits and only visit if it is necessary.

Consider bulk prescribing in care homes for medicines like paracetamol:
www.prescgipp.info/media/1159/b66-bulk-prescribing-in-care-homes-21.pdf.

The latest guidance for residential care, supported living and home care is here:
www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance.

Treatment of COVID-19

The Department of Health and Social Care (DHSC) is carefully considering all available evidence around the potential of different medicines for use in treating COVID-19. Clinical trials are ongoing and being developed to assess the benefits of a number of different medicines in treating COVID-19. Further medicines may be trialled should evidence indicate to DHSC this would be an appropriate course of action. Suppliers of medicines being tested have been asked to monitor requests and restrict orders in line with historic ordering requirements.

The Medicines and Healthcare products Regulatory Agency (MHRA) have issued a [press release](#) highlighting that chloroquine and hydroxychloroquine are not licensed to treat COVID-19 related symptoms or prevent infection. Hydroxychloroquine and chloroquine should be used only as part of a clinical trial for the treatment of COVID-19 and we ask pharmacists and GPs to support this message and restrict prescriptions and supply to those with current clinical need for licensed indications or as part of a clinical trial.

Market entry

NHS England and NHS Improvement and Primary Care Support England will suspend market entry applications from 25 March 2020 to allow staff who work on these tasks to be redeployed to functions which have higher priority during the current pandemic.

Webinars and further communications

Please sign up for the primary care bulletin [here](#).

NHS England and NHS Improvement held the first in a fortnightly series of webinars on COVID-19 response for community pharmacists, contractors and teams on 25 March 2020. Details of future webinars will be made available shortly.

In addition, we are having constructive weekly calls with the chief executives of national pharmacy stakeholder bodies, and a webinar was held last week for Local Pharmaceutical Committees.

FAQs

We have asked the national pharmacy owner representative bodies (Pharmaceutical Services Negotiating Committee (PSNC), National Pharmacy Association (NPA), Company Chemists Association (CCA), and the Association of Independent Multiple Pharmacies (AIMP)) to co-ordinate and manage your FAQs and submit them to us – so please channel your questions through them. We will not be able to provide written answers back to all questions but will publish/share regularly updated materials as soon as possible that seek to address them.

Returning to the register

On 19 March 2020, the General Pharmaceutical Council (GPhC) issued a [statement](#) announcing powers to temporarily register fit, proper and suitably experienced people to act as pharmacists and pharmacy technicians during the COVID-19 pandemic. The GPhC is contacting former pharmacy professionals who have left the register in the last three years with up-to-date skills and experience and who may be able to help. This includes people who have voluntarily removed themselves or were removed for non-renewal from the GPhC register in the last three years. These individuals would be included on the temporary register and could practise in Great Britain if they chose to do so. Those choosing to return to practise should only do so if they are fit to practise, taking into consideration their health, skills, knowledge, experience and personal circumstances.

NHS resources for pharmacies to use

We are aware that some pharmacies are calling for clear signage so that the public know whether they can enter the pharmacy or not. Public-facing materials are continually being developed to help community pharmacies. Please use these official NHS materials to communicate with patients. All materials are available to download at the [Public Health England Campaign Resource Centre \(CRC\)](#) (you will need to register and create an account if you do not already have one). Materials are digitally available because they are frequently being updated and added to the CRC to reflect new policy and guidance. We are working on a poster to warn the public that abuse of staff will not be tolerated.

Materials include a generic poster for display at the entrances to all NHS facilities, instructing people with symptoms not to enter the building. These can be printed in black and white. There is also print-ready colour artwork available on the CRC for a generic pull-up banner, A3 and A4 posters. We are currently looking at a mechanism to get professionally printed posters out to all pharmacies in the near future.

Additional sources of information

All our guidance for healthcare professionals can be found on our website:

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

The General Pharmaceutical Council (GPhC) has issued new guidance to help people keep safe when getting medicines or treatments online:

[https://pharmacyregulation.us2.list-](https://pharmacyregulation.us2.list-manage.com/track/click?u=2a9eeb21f465e0931a30e5d65&id=3763cb612e&e=34d98fa0d3)

[manage.com/track/click?u=2a9eeb21f465e0931a30e5d65&id=3763cb612e&e=34d98fa0d3](https://pharmacyregulation.us2.list-manage.com/track/click?u=2a9eeb21f465e0931a30e5d65&id=3763cb612e&e=34d98fa0d3). Since the last letter, GPhC has issued statements on abuse of staff,

postponement of revalidation, regulation and inspections, and profiteering. These can be found on the [GPhC website](#). Both the GPhC and the NHS also consider profiteering of any sort, for example excessive profit-making on over the counter medicines or charging exceedingly high locum rates, as taking advantage of the challenging situation and therefore conduct unbecoming of a registered professional.

We will use a variety of additional methods to keep you informed of the emerging situation, alongside regulators and professional bodies, and through formal and informal networks including social and wider media. You can follow these Twitter accounts to keep up to date:

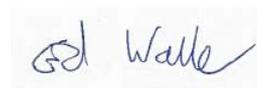
- NHS England and NHS Improvement @NHSEngland
- Department of Health and Social Care @DHSCgovuk
- Public Health England @PHE_uk

We do understand that at this time pharmacy staff may need to make difficult decisions to do their best for patients and the public. We would like to reassure you that these circumstances will be fully taken into account by NHS England and NHS Improvement in exercising our responsibilities as the commissioner of pharmaceutical services. Thank you for your understanding and continuing support, it is very much appreciated.

Yours sincerely



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