

## COMMUNITY PHARMACY UPDATE 25.3.20.

1. **Workforce** – community pharmacy workforce is diminished by team members self-isolating (similar to all)
2. **Opening hours:**
  - a) Closed door.

Following the massive pressure in pharmacies, the following has been agreed nationally:

    - If under significant pressure, at the discretion of the responsible pharmacist, pharmacies may close their doors to the public for up to 2.5 hours a day, including lunch.
    - This provision will apply until further notice from NHS England and NHS Improvement.
    - All pharmacies will be expected, on every day they have contracted opening hours, to be open to the public between 10am and 12 noon and 2pm and 4pm as a minimum (if these are contracted hours). 100 hours pharmacies should be open from 10am–12pm and 2pm–6pm as a minimum. This will help us to give a consistent message to the public about accessing pharmacies.
    - A sign on the door must give information about how to contact the pharmacy if urgent help is needed.

The 'closed door' working gives them chance to get on with dispensing prescriptions in a safe and efficient manner.

- b) One off closures  
Pharmacist late, pharmacist suddenly self-isolating, insufficient staff to open pharmacy safely.  
Pharmacy must inform NHSE team.
  - c) Some discussions beginning about if many pharmacies closed, buddying up etc.

### 3. Stock

- Paracetamol OTC pack shortages. Pharmacists can pack down larger packs (RPS guidance) and will not refer patients to GPs.
- Big price increase from wholesalers to community pharmacies of paracetamol and other products. Most price increases in pharmacies to the public have been in-line with this. Media coverage was of a very small number of pharmacies who increased more than this – we do not support this in any way and such cases are being investigated.
- Inhalers. Clenil and salbutamol were being limited to 20 per pharmacy from wholesalers last week leading to owings etc.

### 4. Working Practices

- Maintaining the 2m distance by a variety of means including lines in front of counters for patients/public to stand behind, limiting number of people in pharmacy at one time (one in one out), asking patients who bring a Rx in to come back for it rather than waiting.
- Most consultation rooms in community pharmacies are less than 2m x 2m so pharmacists are not using them (as don't meet social distancing) and instead completing consultations/supervisions in quiet areas of the pharmacy
- Discussions with substance misuse teams/key workers to reduce the number of supervised clients and only supervise the most vulnerable

## **5. Deliveries**

- There is still no national NHS commissioned pharmacy delivery service
- Some pharmacies are continuing to deliver, some never have, some used to but have a driver who is self-isolating
- We are working with the Community Hubs to support self-isolating patients who have no family member who could collect for them

## **6. Behind the scenes**

- Thank you for your LMC support for no increase to period of treatment (so helping maintain stock supplies) and putting clear messages out about rescue packs only been appropriate to those patients who already have them in place, etc. We really appreciate this.
- Sam Travis and I joined a national Palliative Care call yesterday looking at how to ensure appropriate products are available at short notice for anticipatory and end of life care. Some FAQs and NICE guidance is expected on Friday. All current processes should be maintained as far as possible so as not to disrupt the supply chain – things like setting up boxes in Care Homes etc would cause massive supply and governance problems. We are reissuing comms about the local Palliative Care service.

## **7. Compliance Packs**

- a) Individual patients are being reviewed and the number of compliance packs reduced because there is simply not the workforce capacity in community pharmacy to continue with all of them. Only patients who are assessed by the community pharmacist as requiring a compliance pack will be provided with them in-line with the DDA. Martin Shepherd and Clive Newman, the Chief Pharmacists of both hospitals are aware of this.
- b) Many Care Homes have moved away from compliance packs and onto original pack dispensing over the last few years. The Academic Health Science Networks (AHSN) have a training pack for Care Home staff for use when medicines are administered from original packs. The CCG are distributing this training to Care Homes.