Pharmacy Services

NHS Greater Glasgow and Clyde

Key Messages – Day 2 18/03/2020

Dear Colleagues,

As promised, here are some key messages for you to consider today.

1. Advice from GPhC:

I would also draw your attention to the email sent to all registered pharmacy professionals from GPhC yesterday. In particular, there is some really good advice for pharmacy owners.
We recognise that in highly challenging circumstances, pharmacy professionals and teams may need to depart from established procedures in order to care for patients and people using health and social care services. Our regulatory standards are designed to be flexible and to provide a framework for decision-making in a wide range of situations.

*We would encourage you to **read our joint statement** with the other health and social care regulators setting out our approach to regulation during the coronavirus pandemic.*

Some are based on information coming in from services, others are in response to questions being asked so I do that you find the balance helpful.

2. Emergency Care Summary:

Access to ECS was added to the Clinical Portal tabs for community pharmacy. It has been tested internally and we're hoping to deploy into your view overnight. I will confirm with you once this has happened.
Given the current situation and pressure being placed on community pharmacy services for medicines, this is a positive step towards helping. Access to ECS will allow you to view the patient's current repeat medication and any recently prescribed acute medications. I will keep you updated but this is an imminent release for you.

3. Addiction Services:

- Disulfarim: Please see below from Jenny Torrens with regards to breathalysing within community pharmacies.

"We have had recent communication regarding concerns using the breathalyser prior to supervised disulfiram during the current COVID-19 outbreak. We would like to inform you we have taken these concerns on board and breathalysing within Community Pharmacy for supervised disulfiram will now cease, until further notice. This puts the service in line with other Health Boards that do not have access to breathalysers but who supervise disulfiram, where the pharmacist assesses the patient objectively as they would for OST. Supervision frequency is also likely to be reduced on a case by case basis, via the prescriber. Doses should still be refused if in your professional judgement a patient is under the influence of alcohol. As usual concerns should be reported to the Alcohol and Drug Recovery Service within 24 hours. Thank you for your continued support".

- Opioid Substitution: I have attached below a correspondence from one of the Glasgow Addiction Service clinical directors. It is written for GAS staff but there are helpful changes in here for community pharmacy, particularly with the supply of methadone, buprenorphine. I have extracted these point below for ease:

1. *All prescriptions should now be prepared for 28 days and supervision and instalment dispensing should be reduced, ideally to weekly where possible (please note that supervision written on a prescription is guidance and pharmacists can decide themselves based on risk).*

2. *Change prescriptions, where appropriate to weekly dispense in order to minimise public contact in the pharmacy and reduce the growing pressures on the community pharmacy services.*

3. *Forward plan 28 days and same dispensing as risk assessed i.e. weekly dispense for most people*

4. *If patients are self isolating, identify a family member / friend who may be able to collect medication on the patient's behalf – this must be a named individual and this must be recorded in the patient notes AND communicated to the pharmacy by inclusion on the prescription. Follow the recently circulated – Contingency Management for Self Isolating Patients – updated staff medication collection.*

4. Deliveries:

Following yesterday's message, we still need to ensure delivery is to the patient. If the patient is a resident in a sheltered housing complex, deliveries shouldn't be left in the common area especially if this is unmanned. Yesterday's message gave some suggestions on how delivery to the door could be managed safely for both driver and patient.

Stay safe, and please contact us with questions so that we can inform the wider network.

Regards
Elaine

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ATTACHMENT

COVID 19 Contingency

In line with other services, ADRS will respond to the current Covid-19 situation with the following direction, we would suggest that Shared Care providers follow a similar direction

1. All prescriptions should now be prepared for 28 days and supervision and instalment dispensing should be reduced, ideally to weekly where possible (please note that supervision written on a prescription is guidance and pharmacists can decide themselves based on risk).

2. All but essential Face to Face contact with patients should discontinue and prescriptions should be delivered to pharmacies and arrangements confirmed for collection from pharmacies.

3. Clinic consultations should take place on the phone where possible with patients.

4. if they must attend patients should be contacted by telephone to ensure they are not experiencing symptoms consistent with Covid-19.

5. Routine medical reviews will not be undertaken meantime. If face to face medical assessment is required, then it is vital to ensure point 4 above has been completed.

6. If a patient comes into the building and has symptoms consistent with Covid-19, please isolate them in the room [identified hot room ideally] and communicate with them by telephone. Once they leave the room, it will require to be deep cleaned and should be vacated for hour before that happens

7. If any patient is attending today, confirm that they are free from fever / cough (see 4 above0 and see them for as brief a time as possible, maintain a distance of 2m if possible and wash hands before and after .

8. Inform the patient re plan to move to delivering prescriptions directly to pharmacies, and the importance of keeping in regular contact for further developments.

9. Change prescriptions, where appropriate to weekly dispense in order to minimise public contact in the pharmacy and reduce the growing pressures on the community pharmacy services.

10. Provide further advice re risks of taking medication not as prescribed and risks of drug use especially with possible chest infection

11. Provide naloxone and injecting equipment if required

12. Check contact details for the patient and community pharmacy details – ensure these are recorded on the patients notes.

13. Forward plan 28 days and same dispensing as risk assessed i.e. weekly dispense for most people

14. If patients are self isolating, identify a family member / friend who may be able to collect medication on the patient's behalf – this must be a named individual and this must be recorded in the patient notes AND communicated to the pharmacy by inclusion on the prescription. Follow the recently circulated – Contingency Management for Self Isolating Patients – updated staff medication collection.