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Directors of Pharmacy
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Dear Colleagues,

Firstly, I would like to very much re-iterate my thanks to you all for your ongoing efforts and support during this immensely challenging time. I thought it would now be helpful to provide a further update on our response to the COVID-19 pandemic.

Current situation – delay phase

On the 12 March 2020, the Scottish Government announced the move to the delay phase. The purpose of this is to flatten the peak number of cases and protect the most vulnerable.

The advice for anyone who has symptoms that may be caused by COVID-19 but don't need hospital treatment is that they should **self-isolate for 7 days**.

The advice for anyone who lives with someone who has symptoms that may be caused by COVID-19 is **the person who has symptoms should self-isolate for 7 days from the day their symptoms started. All other household members should stay at home for 14 days even if they don't have symptoms themselves.** The 14-day period starts from the first day the person had symptoms. **If others develop symptoms within the 14 days, they need to stay at home for 7 days from the day their symptoms started.** They should do this even if it takes them over the 14-day isolation period.

Those who are at increased risk of severe illness from coronavirus (COVID-19) are advised to be particularly stringent in following social distancing measures. Patients who are identified as extremely vulnerable will be contacted in the coming week to identify their needs. Further information on this will be provided in my next update, including how pharmacy may contribute to this work.

Please keep checking the most regular advice which can be found on NHS Inform at <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>

Community Hubs and Assessment Centres

Health Boards have been asked to establish community based Hubs and Assessment Centres to tackle the expected increase in the number of people presenting to primary care with COVID-19 symptoms. The Hubs have been up and running since Monday 23 March 2020, and the Assessment Centres, for people who need to be seen, should be up and running shortly thereafter. The aim is to provide rapid triage access through NHS 24, and further assessment where needed in local communities. This will support people who can stay at home safely to do so, and use local systems to ensure only those people who need to be in hospital are managed appropriately. It should also reduce the risk of individuals with symptoms visiting their GP practice, community pharmacy or hospital emergency department.

The Community Hubs and Assessment Centres will support a new three stage process:

- Individuals who have COVID-19 symptoms will be asked to phone NHS 24 (on 111), who will offer advice where necessary and direct non-COVID-19 cases to GP practices. This builds on the existing NHS 24 triaging process. Cases where COVID-19 is suspected and which require further advice will be passed on to the Community Hub.
- The Community Hub will deal with all suspected cases of COVID-19. This will be a non-patient facing Hub (a virtual hub) where clinical management advice will be given by trained clinical staff.
- Individuals who need to be seen in person, will be asked to attend a local Assessment Centre, where they will be assessed by an appropriate senior clinical decision maker. From there, following clinical assessment, patients will be directed either home, or to a hospital setting.

The Community Hubs will be staffed 24/7 and will include senior clinical decision makers drawn from across the whole system, and will be closely connected with local systems, including Health Protection Teams, General Practices, Scottish Ambulance Service, local hospitals and social care. You should receive further notification about local arrangements from your Health Board.

Expansion of the Minor Ailment Service

During the delay phase the Minor Ailment Service (MAS) has allowed community pharmacists to treat symptoms of COVID-19 (antipyretics, painkillers etc.) in the high risk groups such as the elderly, children, and those who cannot afford to self-care.

From Monday 23 March community pharmacy teams were able to offer MAS consultations to anyone presenting at the pharmacy. This will allow the wider population to receive advice or treatment for self-limiting conditions without the need to see a GP.

This will provide pharmacy teams with the opportunity to develop a single pathway of care for everyone seeking advice for minor conditions, and manage workload and queues more effectively. A circular PCA (P) (2020) 5 [https://www.sehd.scot.nhs.uk/pca/PCA2020\(P\)05.pdf](https://www.sehd.scot.nhs.uk/pca/PCA2020(P)05.pdf) has been issued 22 March to advise community pharmacy contractors of this change. This is an interim measure, and the NHS Pharmacy First Scotland service will go live in pharmacies as planned in April, replacing this 'Extended MAS'.

Ensuring people have access to regular medicines

We are actively encouraging GP practices to increase the use of serial prescriptions, where it is appropriate to do so, in order to help manage the demand for repeat prescriptions during the peak of the outbreak. In addition, community pharmacists should also use the Unscheduled Care Patient Group Direction (PGD) and supporting Universal Claim Framework (UCF), to maximum effect, to ensure people continue to have access to regular medicines in the event they run short or cannot get a prescription. This would not only be in out-of-hours situations, at weekends or on public holidays, but when GP practices and other healthcare professionals may be less accessible or when a person has NHS documentation that provides a clear instruction about the requirement for a medicine. Examples of this include: a local GP practice closing or being under-staffed, a referral from NHS 24 or the local out-of-hours providers or a patient presenting with a hospital discharge prescription or letter. This is a real opportunity for pharmacists to exercise their clinical judgement and professionalism to help people and healthcare professional colleagues.

Access to the Emergency Care Summary

In order to support the extended MAS and wider use of the Unscheduled Care PGD, Health Boards have been authorised to grant access to the Emergency Care Summary (ECS) system to community pharmacists, where it is practical and appropriate to do so. This will give pharmacists and pharmacy technicians access to medication and adverse reaction information. Your Health Board will be able to update you on local progress with enabling ECS access.

Patient Signatures on Prescriptions

The Scottish Government has agreed with NHS Practitioner and Counter Fraud Services that during this period there is no requirement for patients to sign paper forms or electronic signature pads. This is due to the potential mode of transition of COVID-19.

Workforce

There is an unprecedented demand on our NHS and this is being felt by pharmacy teams across the country be that in community, hospital or GP practices. Wherever you work, you are all playing a critical role as Scotland prepares for the challenge that we face as a country to slow down the spread of COVID-19 and reduce the peak in order to save lives.

I will shortly be writing to Directors of Pharmacy and Health and Social Care Partnerships (HSCPs) to encourage them to use the flexibilities available to them to ensure we support our pharmacy teams in community and hospital pharmacy, as well as those working in GP practices, during this time. It is important that these decisions are taken locally in response to a range of factors, including maintaining critical aspects of the pharmacotherapy service in GP practices, supporting any surge in intensive care capacity and maintaining a viable community pharmacy service.

The General Pharmaceutical Council (GPhC) has also exercised their powers to temporarily register fit, proper and suitably experienced people to act as pharmacists and pharmacy technicians to help protect public health in the event of an emergency. They have recently contacted former pharmacy professionals who have left the register in the last three years, who have 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. This will be another important cornerstone in managing the pressures of staff shortages due to either sickness or caring responsibilities. Further information about this can be found on their website at: <https://www.pharmacyregulation.org/standards/guidance/questions-and-answers-coronavirus>

Community Pharmacy Finance

We are discussing with Community Pharmacy Scotland (CPS) how we can best support community pharmacy contractors financially during this time of increased uncertainty. Already we have increased advance payments for contractors to 100% and I hope to notify contractors of additional measures in the coming days.

Working Environment

During these exceptional times we all find ourselves having to deal with greater pressures both personally and professionally. The community pharmacy network are a vital part of the NHS in Scotland and we are seeing and hearing of extraordinary endeavours from across the network. However, what is not acceptable is abusive or threatening behaviours to anyone providing services to the NHS. We will be issuing patient information posters for display in public areas of your pharmacies in the coming days.

Personal Protective Equipment (PPE)

We have agreed with CPS that PPE will be made available to community pharmacies in Scotland from the national pandemic stockpile for the purposes of deep cleaning only. Each community pharmacy will be provided with the following:

- Protective Gloves x 1 box 200
- Role of aprons x 1 role of 200

This is being provided to be used in line with the latest guidance from Health Protection Scotland for environmental cleaning following a suspected case being held in a room prior to transfer (in section 6 of the Guidance for primary care which can be found at <https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>). During such environmental cleaning it is recommended that the person undertaking the clean should wear PPE consisting of disposable plastic aprons and gloves. Distribution details are being finalised and community pharmacies should start receiving their stock thereafter.

Please be assured that we will continue to work with colleagues at CPS and NHS Directors of Pharmacy to ensure we are taking the appropriate measures to support the essential work of the whole pharmacy network.

Again I am extremely appreciative of the work that pharmacy teams are doing up and down the country and I will continue to keep you updated as and when appropriate. Thank you once again for your ongoing support, it is very much appreciated.

Yours faithfully

Rose Marie Parr

**Dr Rose Marie Parr
Chief Pharmaceutical Officer
Scottish Government**

