**Key Messages 22/04/2020**

Dear Colleagues,

**ACCESS TO EMERGENCY CARE SUMMARY (ECS)**

As you are (hopefully) aware, community pharmacy Clinical Portal users can access the Emergency Care Summary (ECS), with appropriate patient consent and reason. ECS is an extract of the prescribing information from the GP record and includes all repeat medication prescribed in the last 6 months and acute prescriptions in the last 3 months. It has been brought to my attention that when you attempt to access ECS, it may show as “not an ECS user”. This is a historic functionality and is now redundant. You should be able to continue to access the ECS record from Portal as expected. See below from eHealth:

*“Advice to community pharmacy staff should be to ignore this is if they spot it in their user settings, it is redundant functionality which doesn't in any way impact on their permissions to access the ECS system via the menu tab which is available to them when viewing a patient record on the clinical portal system.”*

**SUPPLY OF MEDICINES IN CARE HOMES**

Further to queries from community pharmacy contractors regarding prescription forms coming from care homes, please see below advice received from Care Inspectorate:

*“Existing practice for care homes ordering regular repeat and non-emergency acute medication is that they see sight of the prescriptions before they are dispensed by a community pharmacy (Handling of Medicines in Social Care, 2007). One reason for this is to ensure that the prescriptions agree with what the home ordered before the medicines are dispensed.  The community pharmacy service often transport these prescriptions from the GP surgery to the care home, and picking them up again when they have been checked.*

*Pressures on GP and pharmacy services during the Covid outbreak may mean that some pharmacies cannot perform this transporting role, and prescriptions may be automatically transferred from GP to pharmacy to save time and reduce opportunity for infection spread.*

*In such circumstances then homes would be advised to ensure they keep a copy of what they have ordered from GP and check this against the medicines and MAR chart received from the pharmacy.  (Handling of Medicines in Social Care, 2007; Managing Medicines in Care Homes, 2014*).”

Therefore, GP practices can send prescription forms direct to the community pharmacy for supply without the need to go to the care home for checking before dispensing.

**PPE – LETTER FROM CPO**

As intimated on Monday’s key messages, you should have received a letter from the CPO with regards to the ordering, and disposal of PPE. I have attached a copy for reference in case you have not received it.

**RECOVERY TRIAL**

One of the main trials used in hospital for CV19 patients is RECOVERY -[Recovery Trial](file:///\\sgd-fs-vs\s-pharmacy$\COMMUNITY%20CARE\COMMUNITY%20PHARMACY\Contracts%20Team\Intranet-Internet%20Sites\Community%20Pharmacy%20Website\Bridie\COVID-19\BLOCKEDrecoverytrial%5b.%5dnet\for-site-staffBLOCKED). This uses five treatment options of Hydroxychloroquine, Kaletra (Lopinavir and Ritonavir), Dexamethasone or Azithromycin. The trial meds are supplied in the hospital and taken **for a max of 10 days**. Once patient is fit enough to be discharged, the medication should be stopped.

There is a small risk that these could be prescribed on discharge (on the IDL) and therefore, could be continued inadvertently. There is also an additional, and opposite risk that patients on these medicines for chronic conditions could be inadvertently stopped. Please be aware of these situations should you be presented with a prescription for these items, especially if the patient has been recently discharged. If so, you can use the information from the IDL and contact the prescriber.

**NHS LOUISA JORDAN**

As you will be aware from news reports, the NHS Louise Jordan (built within the SEC campus) went live on Monday for patients. I have attached some information for you that I thought may be of interest, but particularly what sort of care this will be providing and how. A massive thanks to everyone involved with this, especially our NHSGGC Pharmacy Services team colleagues.

Regards

Elaine

Elaine Paton | Senior Prescribing Adviser | NHS Greater Glasgow and Clyde

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| Community Pharmacy Contractors  Community Pharmacy Scotland  Cc: Directors of Pharmacy |  |

18 April 2020

Dear Colleagues

**REORDERING OF PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Following my letter of 8 April you should all now have received 2 x boxes of 50 surgical facemasks for sessional use where 2 metres social distancing cannot be maintained. Due to the demand for PPE across Health and Social care settings, please ensure facemasks are only used when social distancing cannot be maintained and strictly in accordance with national guidance. **It should be noted that every effort should still be made to maintain the 2 metres social distancing.** Guidance on how to wear the masks is available at appendix 2 of the Primary Care Guidance - <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-primary-care/>

At the end of a session involving use of PPE, masks should be removed as per appendix 2. Masks should be placed in a disposable plastic bag, then placed in a secondary disposal bag, tied and held for 72 hours before being placed in the pharmacy’s domestic waste bin. If the pharmacy has a clinical waste contract or arrangements have been put in place with your local NHS Board, masks once removed can be placed into the clinical waste immediately.

A telephone reordering system specifically for pharmacies to order facemasks will be in place from Monday 20 April. This can be accessed on the following number, **0300 303 5550 – this line will be supported Monday – Friday betwee 08:00 – 20:00.** You will be required to have your contractor code and post code to hand when ordering. Orders will be limited to 2 boxes of 50 masks each time to help manage supply. **We would ask that you do not place an order until it is necessary and be mindful of the expected delivery time of 2 working days.** Orders will be delivered by courier.

Please note stock supplied may include those from the national stockpile that had an original expiry date dating back typically to 2016. As per the Interim Chief Medical Officer, Dr Gregor Smith’s letter of 17 March to Boards, this stock has been subject to rigorous assessment and shelf-life extension by the manufacturer and is therefore safe to use.

Yours faithfully

**Dr Rose Marie Parr**

**Chief Pharmaceutical Officer**

**Scottish Government**