**Key Messages 28/04/2020**

Dear Colleagues,

**NHS24 – PHONED IN PRESCRIPTIONS**

NHS24 are understandably, handling more calls than ever throughout this pandemic. They are also doing much more prescribing from their call centres than normal;  bringing in 15 dental prescribers and some Pharmacist Independent Prescribers to avoid taking up local OOH appointments and preventing patients from having to travel unnecessarily or having a prolonged wait on a prescriber phoning them back.

This is a great development for patients, but being a temporary situation the **only** way that patients can get access to medicines prescribed by these Dentists and Pharmacists at the moment is for the prescriber at NHS24 to ring pharmacies directly with a phoned-in prescription, which is then posted out to the pharmacy within the 72 hours required by legislation. They do not have access to a secure email account and generally the patient need is immediate so this is the most appropriate legal route of supply for these prescriptions. Pharmacy teams are asked to share this information with all regular team members and any Locum Pharmacists booked for shifts over the coming months.

**COPD RESCUE MEDICINES – SUPPLY TO PATIENTS**

We wrote to all community pharmacy teams in March with a process for the supply of COPD rescue meds to patients assessed by their GP as requiring a supply of certain meds should they experience an exacerbation of their COPD. Once assessed, the GP will issue the meds on a GP10 for dispensing. These medicines should be retained for use only if the patient experiences an exacerbation. Patients should also be reminded to contact their GP to rule out CV-19 symptoms before commencing a course of rescue meds. In the event of this supply being used, the patient can access further rescue medicines from the community pharmacy using the Unscheduled Care PGD framework.

We are receiving reports from general practice where patients are being referred from community pharmacy back to their GP for a further supply of the rescue meds. This may well be absolutely appropriate but no information is being provided to the GP to help guide the conversation.

It would be helpful if the Pharmacist decided against supplying the follow up rescue meds supply, that this is shared with the patient’s GP using the SBAR tool. This will help the GP in his/her decision making process and whether to prescribe or not.

A copy of the original communication is attached below for information and your awareness of the process.

**CLINICAL PORTAL AND ACCESS TO ECS**

If you require a password reset or reminder for your Clinical Portal/ECS access, please contact the eHealth Help Desk on 0345 612 5000. The Clarkston team do not have access to the system to do this for you.

On the plus side, I received notification of a good news story of how a Community Pharmacist was able to access ECS and use information to help with a patient’s medication as part of discharge planning. Well done team!

**SPECIALS**

As previously indicated, we have suspended authorisation for Specials until 30th June where the current situation will be reviewed. We continue to monitor shortages as part of the Central Prescribing Team’s essential services and if we identify any need or likely need to use an unlicensed product that was not on the list initially circulated, then we will provide some guide costs for this as part of the comms to you. We are currently watching availability of Sertraline closely and will share information with the local network once we have more information.

Regards

Elaine

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

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 *See attachment below.....*

**COPD Exacerbation Treatment 25/03/2020**

Dear Colleagues,

You will be aware that we have been trying to establish a full COPD exacerbation treatment service across NHS GG&C in line with the successful pilot completed in Renfrewshire last year. This was seen as a successful way of helping patients get treatment quickly, safely and in a timely manner to help ease or prevent an exacerbation from developing in COPD patients.

Training was planned in for next week and also in April where the new PGDs would be circulated with the SLA in order to start the service on the first of June.

In light of what is currently happening there is a dire need to get treatment regimes out to this cohort of patients urgently when they are required in advance of the launch of the extended service.

To facilitate this and to allow emergency, quick patient access to the drugs under this treatment the Respiratory MCN has decided a supply of rescue medicines (Doxycycline or Amoxicillin and Prednisolone) can be made by community pharmacies to patients identified by their GP practice as suitable. Once the practice has identified the suitability of the patient, the prescription will be sent to the nominated pharmacy for dispensing and supply to the patient for use, as and when required, for an exacerbation of COPD.

Once the first supply is made, community pharmacies will be able to utilise the patient's PCR to allow further supplies when required using the unscheduled care PGD.

**Please note: This is a temporary measure to allow community pharmacies to support patients who may need emergency access to treatments that could prevent them from having to access acute care through our emergency services.**

As we progress through this pandemic and come out the other end we will revert to our original plan of a full COPD service with training in place to help and support you deliver a more supportive service to the patients however we believed that it was critical that we put something in place to for this vulnerable cohort of patients at this time.

For those pharmacies within Renfrewshire, you should continue with your current service delivery of the new service that was extended after the pilot.

Your help and support in this are as always appreciated.

Kind Regards,

Alan

Alan Harrison

**Lead Pharmacist for Community Care**