**NHS Fife COVID-19 Process for Community Pharmacies Requiring Support**

NHS Fife Pharmacy Services have set up a single point of access for community pharmacies requesting support if they are experiencing significant operational difficulties due to COVID19, such as a threat to the pharmacy staying open and their ability to provide core services. This ensures that any NHS Fife or volunteer staff resource available to help can be used to the best effect.

**Name and Contractor Code of Pharmacy: Contact Number:**

**Name of person making request:**

**Date:**

**Actions taken before Contacting Pharmacy Services:**

|  |  |  |
| --- | --- | --- |
| **Action** | **Yes/ No** | **Comments** |
| Have you already actioned your contingency plan for such situations? eg Have you considered transferring staff from another branch or closing another branch or reducing hours (where applicable)? |  |  |
| Have you contacted and discussed the situation with your Area Manager, Owner/Superintendent or equivalent (if applicable)? |  |  |
| Have you discussed available support within other pharmacies in your locality? |  |  |
| Have you tried to arrange a locum? |  |  |
| Other actions |  |  |

**Process for Requesting Help:**

Community pharmacies with any of the following problems despite the above are advised to phone or email Pharmacy Services for advice and support if any of the following apply:

|  |  |  |
| --- | --- | --- |
| **Issue/ area of concern** | **Tick all that apply** | **Anticipated length of time** |
| 1. No Pharmacist available to staff the pharmacy
 |  |  |
| 1. Failing to cope/completely overloaded by volume of work sustained for >24 hours
 |  |  |
| 1. Unable to fulfil monitored dosage systems/nomads
 |  |  |
| 1. ≥50% reduction in total support staff (but has Pharmacist)
 |  |  |
| 1. Unable to offer previously agreed delivery service
 |  |  |
| 1. Other (please specify)
 |  |  |
| What staff will be available in the pharmacy? Please state: |  |  |
| What staff do you require from Fife Pharmacy Service (if available)?Pharmacy Support worker/ assistant/ Student Pharmacy TechnicianPharmacy technicianPharmacist- as sole pharmacist or 2nd pharmacistVolunteer driverNon Pharmacy staff eg to help answer phones, queue management; unpacking orders |  |  |

**Risk assessment for the Pharmacy:**

|  |  |  |
| --- | --- | --- |
| **Risk** | **Yes/ No/ N/A** | **Comments** |
| Are staff able to work > 2m from each other and from patients? |  |  |
| If not, do you have masks available? |  |  |
| Do you have a queue management system/ security if required? |  |  |
| Should staff require to do a face to face consultation, do you have masks, apron and eye protection? |  |  |
| Any other risks? Please state |  |

**Contact Details for Requesting Help:**

* Email: Fife-UHB.pharmacycontrolteam@nhs.net
* For emails use subject heading “COVID-19 Community Pharmacy Support Request”
* Issues should be reported by email by 3pm the day before help is required or **phone** for urgent same day requests, ideally between 8.30am and 9.30am, Monday to Friday
* Telephone number 01383 565351

These contact phone numbers and email address will be staffed Monday to Friday from 8.30am – 5pm

**Please provide the Following Details:**

* Contractor Code and details of the pharmacy
* Name of contacting member of staff
* Best contact telephone number (including a mobile if possible)
* A clear description of the problem (including which above category it fits into) and expected duration

**Next Steps:**

* The information provided will be forwarded to the Primary Care Pharmacy
* A senior member of the Fife Pharmacy Services team will call you back by 5pm for next day requests and by 10.30am for same day support requests submitted by 9.30am to discuss the problem, including where appropriate, any formal offer of support
* Where a formal offer of support is given (e.g. provision of a Pharmacist, Technician or Driver) then time lines for this and a review date for withdrawing this support will be agreed at this point

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**Fife Pharmacy Services Use only**

**Date request received:** **Time received**:

**Staff allocated to pharmacy (nos of half day sessions/ days):**

|  |  |  |
| --- | --- | --- |
| **Type of staff** | **Name(s) of staff** | **No. of sessions/ days** |
| Pharmacy Support worker/ assistant/ Student Pharmacy Technician |  |  |
| Pharmacy technician |  |  |
| Pharmacist |  |  |
| Volunteer driver |  |  |
| Non pharmacy staff |  |  |

**Approved by:**

**Name of Primary Care Leadership Team member: Date:**

V3 Pharmacy Services 9/4/20