# **Community Pharmacy Status Update for Stakeholders – 26th March 2020**

The LPC will aim to provide regular updates, frequency to be determined by need as everything is very fluid. I expect that weekly will be ambition. The areas that we will cover are:

* Supply Chain (Includes: shortages, prescription volumes, OTC issues)
* Resilience in Pharmacies (Closures, hours changes, service interruptions etc)
* Deliveries
* Other key points (Emergency Supplies, Minor Illness)

## Supply Chain

There are many short- term shortages caused by quotas at wholesalers being breached as the prescription volume has more than doubled as much as quadrupled in some pharmacies. Also, many wholesalers are switching to one daily delivery rather than twice daily, which will have a major impact. In addition to this longer- term problems with:

* Clenil (made in Italy) – major issues all strengths
* Fostair – major issue
* Qvair – no stock
* Ranitidine all strengths – major issue – virtually no stock and may be none before July
* Lansoprazole 15mg
* Beclomethasone MDI little or no stock
* Steroid inhalers in general under pressure
* Salbutamol (intermittent)
* Paracetamol tablets and liquid (POM and OTC) - struggling to meet demand – there is stock just can’t keep up (Pharmacists can pack down POMs
* Aspirin GR and dispersible – intermittent
* Fluoxetine 10mg still subject to SSP (Serious Shortage Protocol)
* Sertraline all strengths -limited or no stock
* Piriton tablets and liquid
* Evorel patches – all strengths
* Noriday
* Physeptone liquid – intermittent as struggles to keep up with DUS changes to less frequent pick- ups by users
* NB: Not an exclusive list just the ones we are aware of

We can all help avoiding more being added to this list by following the guidance from DHSC and NHSEi

Prescriptions:

Pharmacies should not support patients trying to stockpile and Practices should not change their repeat prescription durations or support patients trying to stockpile. These actions may put a strain on the supply chain and exacerbate any potential shortages. General practices have been asked to consider putting all suitable patients on electronic repeat dispensing as their next repeat prescriptions are issued. The whole repeatable prescription can be valid for a year, but each repeat should be for no longer than the patient has now. For example, if the patient has prescriptions for a month’s supply now, then the repeat dispensing should be set up as 13 x 28 days supply. The NHSBSA can supply practices with a list of suitable patients to support this activity and there is a lot of supporting guidance on: <https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers>

## Resilience in pharmacies

Generally, community pharmacies are struggling under the pressure of huge increase in workload both from prescriptions and patients for advice and OTC support. Most are also operating with 50% or less staff.

Pharmacies have been given authority to work behind closed doors for 2.5 hours of each working day, without consulting NHSEi.

Specifically:

* If under significant pressure, at the discretion of the responsible pharmacist, pharmacies may close their doors to the public for up to 2.5 hours a day, including lunch.
* Community pharmacies are expected to be open to the public between 10am-12 noon and 2pm-4pm as a minimum (if these are contracted core or supplementary hours).
* Similarly, 100 hours pharmacies should be open from 10am-12pm and 2pm-6pm as a minimum.

A sign on the door must give information about how to contact the pharmacy if urgent help is needed.

Some have also had to reduce their hours further by notifying NHSEi and local surgeries etc. Also, many to manage the queues are also restricting numbers in and out of the pharmacy at any one time.

Many services operated through consultation rooms have been suspended and completed by skype or phone instead.

Please advise your patients to:

* Not order their prescriptions too early – 7-10 days early should be sufficient
* Allow 7 days between ordering it and coming to collect it
* Do not stand and wait for prescription, but come and collect when it is ready
* Arrange where at all possible for themselves or relative / friend to collect
* Pharmacies mostly do offer an unfunded delivery service – but this is under huge pressure at the moment so is a last resort and only for those in shielded or isolated categories where they are still able to operate it
* Phonelines to pharmacy are very busy so please be patient
* Do not come to collect medication unless have under 2 weeks remaining (except in exceptional circumstances)
* Not to come to pharmacy if have any Covid19 symptoms!

A system is being set up to RAG status of pharmacies with a report being available, which we can share as needed once established.

## Deliveries update

NHSE is working to commission a delivery service managed through Community Pharmacy – this is not yet in place. Also, local Council Hubs are rally volunteers to support shielded patients with food and medicine deliveries and this is being worked up. Note it may exclude Controlled Drugs and possibly fridge lines. In addition, ‘Good Sam’ App and online Volunteers are being set up nationally. More details as and when we have them.

## Other Points

Emergency Supplies – pharmacies can supply already repeat medication in an emergency under the Regulations – patient have to pay for the medication under a private arrangement. Additionally, NHS111 online and phone line can refer patients to Pharmacy as past of the Urgent Medicines Service element of CPCS. This way the patient only pays if normally pay for prescriptions and they pay normal levy. The GP also gets notification that supply been made electronically. These are only available when the GP surgery is closed or unable to supply a prescription within agreed timeframe. Pharmacists check spine to see if a script is already in the system.

Minor Illness – pharmacies are still seeing patients face to face although at a distance as well as on phone etc. The CPCS service through NHS111 phoneline is still in operation with cough / cold / fever being screened out first obviously at the moment.

If you have any queries please do contact the LPC by email [ahwlpc@gmail.com](mailto:ahwlpc@gmail.com) or [fionalowe@nhs.net](mailto:fionalowe@nhs.net) .

Urgent queries – Fiona Lowe on 07792970382