

Directors of Pharmacy
Community Pharmacy Contractors
Community Pharmacy Scotland

16 March 2020

Dear Colleagues

I thought it would be helpful to provide you with an update on the emerging COVID-19 situation, our current preparedness plans for managing the outbreak, and more specifically how they relate to community pharmacy. I will also describe some of the developing plans which will be refined over time based on the evolving situation. This will be the first in a series of regular updates I will be issuing in response to the COVID-19 pandemic.

I very much appreciate that COVID-19 will be placing new and ever increasing challenges on community pharmacy and GP practice teams and I am grateful for your ongoing efforts and support. I am also aware of the pressures that hospital pharmacy teams will be experiencing and the importance of the whole pharmacy profession working together to deliver pharmaceutical services to patients, including at the points of transition between primary and secondary care.

COVID-19 – some information

Novel coronavirus (COVID-19) is a new and emerging disease. There is still much uncertainty around its clinical presentation but the spectrum of disease may range from mild to moderate illness to pneumonia or severe acute respiratory infection. Further information on COVID-19 is available from NHS Inform at: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>.

Early data suggests that, of those who develop an illness, the great majority will have a mild-to-moderate, but self-limiting illness. The common symptoms include a high temperature, fever, cough or shortness of breath. However, a minority of people who get COVID-19 will develop complications severe enough to require hospital care, most often pneumonia and in a small proportion of these will become critically ill with an increased risk of death.

So far, the data available suggests that the risk of severe disease and death increases amongst elderly people and in people with underlying health conditions. Illness appears less common and usually less severe in younger adults. Children can be infected and can have a severe illness, but, based on current data, overall illness seems rarer in people under 20 years of age.

Given that the situation is dynamic and developing and with data still emerging, the impact of an outbreak on illness levels and business remains uncertain. In a stretching scenario, it is possible that up to one fifth of employees may be absent from work during peak weeks. This may vary for individual businesses. As part of the Scottish Government's preparedness plans, we will be seeking to prioritise workload to help manage increasing pressures on the workforce, exploring models of care and treatment pathways to care for self-isolating and vulnerable people and approaches to temporarily increase workforce capacity. Further information on these plans will follow in due course.

Planning phases

There are four phases that describe the approach to managing the COVID-19 virus: containment, delay, research and mitigate. We have just moved from the containment phase to the delay phase. The phases represent the following actions:

- **Contain:** this involves detecting early cases, following up close contacts, and preventing the virus taking hold across the country for as long as is reasonably possible.
- **Delay:** this involves slowing the spread of the virus across the UK, and if it does take hold, lowering the peak impact and pushing it away from the winter season.
- **Research:** this involves gaining a better understanding of the virus and the actions that will lessen its effect on the UK population; identifying innovative responses including diagnostics, medicines and vaccines; and using the evidence to inform the development of the most effective models of care.
- **Mitigate:** this involves providing the best care possible for people who become ill; supporting hospitals to maintain essential services; and ensuring ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and the economy.

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 current advice is that as of 13 March **anyone developing symptoms consistent with COVID-19, however mild should self-isolate for 7 days.**

The most common symptoms of COVID-19 are recent onset of:

- new continuous cough and/or
- high temperature

Individuals should be advised to phone their GP if:

- their symptoms are severe or they have shortness of breath
- their symptoms worsen during home isolation
- they have not improved after 7 days

Individuals should also phone their GP if they develop breathlessness or it worsens, especially if they:

- are 60 years old or over
- have underlying poor health
- have heart or lung problems
- have a weakened immune system, including cancer

- have diabetes

If the GP is closed, they should phone NHS 24 (111).

Individuals with confirmed or suspected symptoms consistent with COVID-19 could present in their local community pharmacy for advice. Patient information posters for NHS settings should be displayed so they can be seen before people enter the premises.

If an individual who is self-isolating because of presumed COVID-19 makes contact seeking pharmacy advice and the guidance cannot be provided over the telephone, ask them to contact NHS 24 (by telephoning 111).

If an individual telephones or attends the community pharmacy suffering from respiratory symptoms they should be advised to return home and contact their GP or NHS 24 (by telephoning 111).

If the individual becomes critically unwell and requires an urgent (999) ambulance transfer to hospital, inform the ambulance call handler of the concerns about COVID-19 infection. While awaiting ambulance transfer, place the individual in a room with the door closed and immediately wash your hands.

Individuals with suspected COVID-19 must not use public transport or taxis to get to hospital. Following a patient transfer from the community pharmacy, the room should be closed and not put back into use until it has been cleaned in line with guidance. The room door should remain shut until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back into use immediately.

Health Protection Scotland (HPS) has produced guidance for community pharmacists, including contact details for local health protection teams, which can be found at:

<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-advice-for-pharmacies/>

There is also guidance about decontamination and environmental cleaning following a suspected case entering the premises. This can be found in the HPS primary care guidance at section 3: <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-primary-care/>

In order to cope with the potential rapid increase in the number of people experiencing respiratory symptoms during the delay phase Health Boards will be implementing community based COVID-19 hubs, which people will be able to access through a single NHS 111 number. The purpose of these hubs is to reduce flow through primary care.

Pharmaceutical services

In the first instance, it will be important to maintain pharmaceutical services and ensure that they are delivered safely. As part of the primary care workforce, community pharmacies will be at the front line in terms of providing advice and access to supportive treatments to members of the public.

Delay phase

During the delay phase, greater efforts will be made to delay the spread of the virus. This could include population distancing strategies, such as closing schools, postponing large scale gatherings and encouraging home working. In addition, there may be more people

encouraged to self-isolate, for example, people who are greater risk of a more severe response to the virus, such as the elderly and people with underlying health conditions. The delay phase also buys time for the testing of medicines and the initial development of vaccines and/or improved therapies or tests to help reduce the impact of the disease.

Community pharmacy teams should ensure that COVID-19 patient information posters for NHS settings are displayed in community pharmacies, where they can be seen from outside the premises. This should reduce the likelihood of individuals with confirmed or suspected COVID-19 presenting in the pharmacy for advice.

Community pharmacy contractors should update their business continuity plans. As part of this, contractors will want to consider any specific roles and actions which could support managing local demand, including working in collaboration with other local pharmacies and the wider multi-disciplinary primary care team. In addition to this, community pharmacists should draw up a list of any vulnerable patients, for example those receiving additional services such as supervised methadone consumption, other patients receiving weekly or daily prescription instalments, care homes, multi-compartment compliance aids and prescription delivery services. This will be helpful in managing demand if, at a later stage, the community pharmacy had to close or restrict services due to staff illness. The community pharmacy team may wish to discuss with their local GP practices ways of working, for example whether issuing patients with a four week supply of multi-compartment compliance aids at a time would be helpful for some patients.

During this phase, community pharmacies may find there is a greater demand for prescription collection and delivery services. I recognise that these services are not a remunerated element of NHS pharmaceutical services. In order to manage demand appropriately, community pharmacy teams should be encouraging family members and neighbours to collect prescriptions on behalf of those who are self-isolating. We will also encourage this in our public messaging. Community pharmacy contractors will also want to consider any potential risks to delivery drivers and patients and implement proportionate measures on doorstep procedures, such as ringing the doorbell and maintaining distance with no signatures required. Some Health Boards have already issued guidance on this.

In addition, there may also be an increase in the use of services such as the Minor Ailment Service (MAS) with people seeking supportive treatments and the Unscheduled Care Patient Group Direction (PGD) which will allow community pharmacists to provide access to up to one full cycle of a prescription both in and out-of-hours. Community pharmacy contractors may also experience some challenges in terms of staffing levels, depending on the approaches taken to population distancing strategies. Good two-way communications between community pharmacy, general practice and Health Board pharmacy colleagues will be key to ensuring the continued availability of pharmaceutical and other primary care services. A community pharmacy contractor must notify the appropriate primary care service lead in their Health Board if they are not going to be open. Other activities to support this include ensuring all staff know who to contact and keeping a copy of the key contact list out with the pharmacy in case the key holder is not available.

Mitigate phase

During the mitigate phase, larger numbers of people will be affected, including pharmacy staff, GP practice staff and the supply chain, as well as members of the public and patients. This could see further demands on services such as MAS which will become NHS Pharmacy First Scotland later in April. If GP practices start to experience excessive demands or have reduced staffing to manage demands, it might be that there is increasing demand for community pharmacists to provide access to repeat prescriptions. We will be proactively

encouraging GP practice teams to make greater use of existing serial prescribing and dispensing arrangements over the coming weeks. The increased number of pharmacists working in GP practices as part of the pharmacotherapy service should be able to facilitate this enhancement. In addition, the Unscheduled Care PGD should ensure patients can continue to receive regular medication in the event that the local GP practice may not be able to respond. From mid-April, the new NHS Pharmacy First Scotland service will replace MAS and provide a service to treat minor ailments and common conditions available to all individuals.

In terms of the workforce, there are wider measures being considered by the regulators of healthcare professionals, including the General Pharmaceutical Council (GPhC), on the introduction of temporary registration arrangements. This could allow healthcare professionals who have retired or recently left their roles to return to practice temporarily to alleviate pressures and contribute to providing essential services. Further advice on managing pharmacy closures will be provided in the event that it becomes necessary to do so. The GPhC has issued specific advice on how they will regulate under these highly challenging circumstances, when professionals may need to depart from established procedures in order to care for patients and people using health and social care services. They have stated that their regulatory standards are designed to be flexible and to provide a framework for decision-making in a wide range of situations. They support professionals by highlighting the key principles which should be followed, including the need to work cooperatively with colleagues to keep people safe, to practise in line with the best available evidence, to recognise and work within the limits of their competence, and to have appropriate indemnity arrangements relevant to their practice. Further information can be found here: <https://www.pharmacyregulation.org/news/how-we-will-continue-regulate-light-novel-coronavirus-covid-19>.

The table below summarises the key activities under each of the relevant phases.

	Containment	Delay	Mitigate
Activities	<ul style="list-style-type: none"> • Ensure the display of COVID-19 patient information posters in the pharmacy that can be seen from outside • Update business continuity plans • Draw up a list of vulnerable patients to support any future continuity of care planning • Familiarise the pharmacy team with the HPS guidance for pharmacies and for decontamination and environmental 	<ul style="list-style-type: none"> • Consider the resilience and nature of prescription collection and delivery services to meet growing demand • Implement proportionate measures on delivery service doorstep procedures • Provide supportive treatments through MAS and Pharmacy First 	<ul style="list-style-type: none"> • Provide supportive treatments through MAS and, from mid-April, Pharmacy First • Provides access to repeat prescriptions using the Unscheduled Care Patient Group Direction if GP practices are stretched • Increased use of serial prescribing and dispensing

	cleaning following a suspected case entering the premises	<ul style="list-style-type: none"> • Consider staffing and skill mix demands • Provides access to repeat prescriptions using the Unscheduled Care Patient Group Direction if GP practices are stretched 	
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Whilst we have moved to the delay phase, community pharmacy teams should ensure that they have completed any of the activities detailed in the containment phase of the table.

Out of Hours arrangements

NHS 24 provides urgent health advice during the Out of Hours period, when GP practices are closed. During the Out of Hours period, NHS 24 has the facility to refer directly to OOH services, the Scottish Ambulance Service, Emergency Departments, and Emergency dentists. During in-hours periods, patients should be directed to phone their GP in the first instance. GPs should not refer patients, symptomatic or otherwise, to the 111 number, but should follow the national guidance developed by HPS. This is updated regularly and has been shared with all GP practices. These arrangements may change as the number of people with symptoms increases. There may be increased referrals to community pharmacy from NHS 24 in order to provide access to supportive treatments and repeat prescriptions.

Personal Protective Equipment (PPE)

At this moment in time we will not be issuing personal protective equipment (PPE) to community pharmacies to use in the event of decontamination or environmental cleansing. The current guidance for pharmacies issued by Health Protection Scotland (HPS) does not recommend the use of Personal Protective Equipment (PPE) by community pharmacists or their support staff at this stage. The advice is to isolate any suspected COVID-19 individuals if they cannot return home. Staff should not go into the room unless absolutely necessary and the advice would be if the patient is requiring reassurance staff should keep the distance as recommended of at least 1 metre but ideally up to 2 metres. Community pharmacy teams should ensure they have supplies of appropriate cleaning materials. This situation will, however, be kept under review.

Medicines shortages

Whilst medicines shortages continue to be a challenge generally, there are currently no medicines shortages as a result of COVID-19. However, there may be some impact later in the year depending on how quickly countries like China and India remove any geographical restrictions on raw materials, production and movement. We are working with Department of Health and Social Care (DHSC) colleagues to gain an understanding from pharmaceutical suppliers and manufacturers of their preparedness and possible alternative options to source ingredients or products from elsewhere should the need arise.

Stockpiling

It is important that GP practices, community pharmacies and members of the public do not stockpile medicines or change prescribing practices, such as issuing additional prescriptions or increasing prescribing intervals. Excess purchasing and/or stockpiling can impact adversely on the supply chain and exacerbate both potential and actual shortages. This could ultimately result in an increase in attendance at GP practices rather than minimising unnecessary interactions. Any community pharmacy team experiencing changes in prescribing practices should highlight this to their local primary care pharmacy lead.

Treatments/vaccination for COVID-19

As part of the research phase, it should become clearer whether there are effective treatments and where they sit on the clinical care pathway. There are currently four medicines that are being investigated (two antivirals and two anti-malarials). The evidence of effectiveness for each of these medicines is limited at this stage and work is underway to establish appropriate treatment doses, which will then drive required volumes along with wider global demand.

There is also work being progressed to identify and assess the volume of medicines for supportive care. This is based on medicines used routinely in secondary and primary care, such as oral antibiotics, inhalers, steroids and antipyretics.

It will be sometime before a vaccination for COVID-19 becomes available.

Next steps

As I stated at the outset, the situation on COVID-19 is evolving, as are our strategies to contain, delay and mitigate. We are engaging with Community Pharmacy Scotland and Directors of Pharmacy to ensure that our plans are fit for purpose at each of the phases of our response. I will continue to keep you updated as and when appropriate. We will, where appropriate, consider with Community Pharmacy Scotland, if there are community pharmacy activities that can be reduced or stood down for a period of time or other areas that need to be enhanced or expanded.

Thank you once again for your ongoing support, it is very much appreciated.

Yours faithfully



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Chief Pharmaceutical Officer
Scottish Government