

The Association of Greater Manchester LMCs

To: Greater Manchester GP Practice Managers and all Greater Manchester Community Pharmacies
Date: 16th March 2020
Re: COVID-19 current issues relating to medication requests

Dear Colleagues

In light of the current COVID-19 outbreak, the Association of Greater Manchester Local Medical Committees have been working closely with the Greater Manchester and Bolton Local Pharmaceutical Committees to ensure robust business continuity plans are in place; further guidance will be released in due course.

In response to some Frequently Asked Questions:

- How do patients access pharmacy services?
As much as possible, patients should be advised to contact the pharmacy by visiting their website, emailing the pharmacy or phoning them. Patients should not routinely be advised to visit the pharmacy if at all possible, to help reduce risk to themselves and also to the staff.
- Should I change the prescription duration and the amount of medicines I prescribe?
No, current repeat prescription quantities and duration **must remain the same as before**, this will ensure that community pharmacy can continue to manage stock levels in an already challenging environment. So, if a patient ordered prescriptions every month or every 2 months then this should remain the same and patients should not order prescriptions too early (up to a week before the due date should be sufficient). This will help to maintain stocks safely.

Patients should not order paracetamol from the GP unless it is part of a routine prescription.

- How can I improve the management of prescription requests?
To minimise the footfall in General Practice and in Community Pharmacy, all patients and carers should be asked to register for patient facing apps e.g. Evergreen Life PHR, Patient Access and the NHS App. This allows patients to order prescriptions online and also to nominate their preferred pharmacy too. Electronic Prescription Service (EPS) should be utilised to electronically transfer prescriptions and reduce the need for paper prescriptions. Electronic repeat dispensing can be used but practices should only do this if they have expertise in it and know what they are doing otherwise there can be problems. It is better to use what you are currently doing and do it well than try to make big changes at this stage. Any prescriptions for patients who have been advised to self-isolate should be sent electronically to a pharmacy of the patient's choice and the patient advised to **contact** the pharmacy around collection of medication.

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- How can pharmacies and GP practices deal with queries
NHSmal should be used to communicate with local GP practices and pharmacies. The local medical committee and the LPC should have the practice email addresses to be used for this purpose. Please note these email addresses are only monitored at certain times during the day so please do not expect instant replies but usually expect within a 24-hour period. Please note faxes are no longer acceptable as a way of communicating between organisations and should not be used.
- Can medicines be delivered by community pharmacy?
Medication delivery is not an NHS service and is a private arrangement between patient and pharmacy. Please advise patients to contact the pharmacy directly and to ensure other options for the collection of medicines are considered e.g. collection of medicines by relatives, neighbours or other nominated individuals. Further national guidance on prescription delivery services will be shared when available.
- Should we still refer patients to community pharmacy for minor illnesses outside of COVID-19 symptoms?
Yes, however we need to be mindful that community pharmacy are currently experiencing similar pressures to other areas of the NHS and it would be prudent to advise patients and carers to **contact** their community pharmacy to visit information provided on their own practice website, visit NHS Choices (www.nhs.uk) or contact the pharmacy by phone or email in the first instance. This will help to ensure the latest guidance is followed for common ailments, prevent the spread of infection and minimise risk to patients, staff and the public as opposed to attending directly.

In summary:

Prescriptions: 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. Practices may consider putting all suitable patients on electronic repeat dispensing but should only do this if they have expertise in it and know what they are doing otherwise there can be problems. The whole repeatable prescription can be valid for up to a year, but each repeat should be for no longer than the patient duration is currently. For example, if the patient has prescriptions for a month's supply now then the repeat dispensing could be set up as a maximum of 13 x 28 days' supply where appropriate.

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Potential closures due to Community Pharmacy being infected or staff shortages

As most prescriptions are now sent to a pharmacy electronically, should a pharmacy need to close, due to an infected patient presenting or due to staff shortages, the majority of prescriptions will be at the nominated (closed) Pharmacy, and inaccessible on the Pharmacies PMR system. Whilst all efforts are maintained to offer an uninterrupted service and if interrupted return all EPS prescriptions to the spine there may be instances where GP practices may need to issue duplicate EPS Tokens which the patient or representative can take to an alternative Pharmacy. Once the Pharmacy re-opens the original nominations will need to be re-instated.

Potential Closures due to GP Surgery being infected or staff shortages

Business continuity plans may require surgery staff to work from alternative accommodation and thus any new prescription requests may not generate a prescription as the practice may not be able to process them. E.g. if a patient drops the request for repeat medication directly through a letterbox at the surgery.

If there are repeat medicines ordering protocols that require patients to attend the practice, these may need to be reviewed to broaden the options to the patient. We would encourage patients to use online services if these are available. This will ensure patients continue to receive the same level of care.

Communications to other Parties on Closures

Any GP surgery or community pharmacy in need of closing are to inform NHSE&I of the closure.

GP surgeries and pharmacies are encouraged to inform each other in the event either needs to close or if there is restricted access. Both Parties are encouraged to inform the LMC, LPC and the relevant CCG who can help establish contingency plans and facilitate local working.

GP practices or community pharmacies that are experiencing difficulties in delivering core services or reduced operational capacity should contact the LMC or the LPC in the first instance. Community pharmacies have also been instructed to inform the local area team. It is recognised that there may be reduced levels of service provided

If the Pharmacy needs to be partially closed, EPS tokens may need to be taken to an alternative site.

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In light of the current challenges and increased workload, it is imperative that we can maintain continuity of patient facing services and access to medicines and therefore we have outlined a series of recommendations below:

- We would urge that no new referrals for dossette boxes or monitored dosage systems (MDS) are made.
- In this instance, we would encourage carers, family and friends to support patients with administering medication if required.
- We would encourage GP practices and community pharmacies to share local intelligence and current issues which impact patient access to services.
- We also encourage GP practices and community pharmacies to promote the use of NHSmail to manage queries and requests.
- We also recommend that GP practices and community pharmacies arrange suitable times and locations to collect prescriptions in the event that there is limited access to the practice.

Whilst pharmacies will make every effort to continue to supply existing patients with dossette boxes or MDS, it may be possible that we may need to revert to original pack dispensing with administration charts to cope with the workload.

If anyone has any questions, then GP Practices should contact the LMC and Community Pharmacies should contact the LPC on the above numbers.

It is a trying time and it is important for us to work closely together to ensure patients continue to receive continued access to high quality healthcare in our local communities.

We greatly appreciate your support during these challenging times.



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