# Primary care pharmacy during the COVID pandemic

This document is a collaboration between PCPA (PCN, GP & Care Home roles - pg 2 - 4) and PAG (CCG roles - Pg 5 - 7) detailing potential roles and responsibilities of pharmacy professionals in primary care during the COVID pandemic. The information contained in this paper is neither exhaustive nor mandatory but intended to assist managers and practitioners to make the best use of their resources and skill mix in a planned coordinated approach, reacting to 'peaks and troughs' of the pandemic in each local area.

Whilst the roles are divided into lists aimed at those in GP, PCN, care home and CCG roles, there are overlaps in the tasks as practitioners commonly work in two or more of these roles.

Some roles could be safely delegated to other clinical and non-clinical staff (e.g. nurses, GP registrars, PCN QI/IT staff, prescription clerks) where there is capacity & appropriate capability as they may also have "downtime" during Pandemic troughs that can be utilised for Medicines Optimisation purposes.

PCN pharmacy leads should take ownership of medicines optimisation at this crucial time discussing plans within their MDT including stakeholders (e.g. practice managers, GP prescribing leads and clinical supervisors).

Suggestions made by the document coordinators, numerous contributors from the PCPA committee, PAG leadership, and from the Telegram support networks run by PCPA (pcpa.co/sn & pcpa.co/vid19).

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# PCN pharmacy teams - PCPA

**Reducing surgery footfall**

- Converting all suitable and appropriate patients to repeat ('eRD'R/ 'batch') prescribing / dispensing (Use NHSBSA data to identify suitable patients)
- Converting non-dmd medicines to EPS-compliant ones
- Deferring monitoring of high-risk medicines in line with interim recommendations
- Review warfarin patients to see if a DOAC switch is appropriate

**Partnership working**

- Liaising with community pharmacy about out of stocks, eRD, continuity and delivery to shielded patients (eg, via WhatsApp, Telegram, Siilo and nhs.net email)
- Care home support (see care home section)
- Palliative care support – advice on dosing and sourcing palliative care medicines
- Help setting up and running of "hot hubs" that manage patients with Covid symptoms

**Patient reviews**

- Vulnerable patient reviews, prioritising those on the shielding lists
- Structured medication reviews (SMRs) via phone/video
- Reviewing requests for rescue packs and inhalers and issuing scripts if needed
- SMRs for all blister pack patients if possible, aiming to relieve pressure on community pharmacists during and post pandemic

**Admin and day-to-day support**

- Managing MHRA alerts
- Helping struggling practices with queries and tasks
- Reviewing shielding lists for accuracy and support

**Planning post-pandemic strategy**

- Lay groundwork for programmed structured medication reviews
- Aligning long term condition reviews and blood monitoring to birth month or in line with recalls
- Auditing READ coding
- Prepare SOPs for selecting and doing SMRs and how recall systems will work within PCN e.g. sending appointment letters, room availability
- Review repeat prescription policies across PCN with aim to align across all practices utilising pharmacy technicians and train up prescription clerks
- Plan how to deliver the Investment and Impact Fund strategy 2020/21
- Review multiple searches for patients who will need review (eg, PINCER,red drugs, MHRA, OpenPrescribing, EPACT, NHS Right Care, local business intelligence data)
- Prepare for transfer of care around medicines (TCAM) – both primary and secondary care
- Encourage all patient-facing health professionals to do more online training on medicines optimisation – especially polypharmacy and SMRs

# GP pharmacy teams - PCPA

**Improving access to medicines**

- Implementing repeat (batch) dispensing safely and consistently, and in partnership with community pharmacy
- Recommending alternatives for out of stock medicines
- Reviewing requests for rescue packs and inhalers, and issuing scripts if needed
- Checking patients know when to start their rescue treatment

**Help for shielding patients**

- Identifying patients who should shield because they are prescribed high dose oral corticosteroids
- Identifying COPD patients for shielding

**Minimising contact with healthcare workers**

- Writing SOPs or providing advice for alternatives to depot contraceptive injections and vitamin B12
- Deferring monitoring of high-risk medicines in line with interim recommendations
- Blood test triage and prioritisation
- Review warfarin patients to see if a DOAC switch is appropriate

**Medication advice**

- Dealing with medication-related queries and requests from clinicians, admin staff and patients
- Sick day rules guidance for patients
- Updating clinicians on Covid guidance regarding medication

**Partnership working**

- Improved communication with community pharmacies and hospital pharmacists (eg, via WhatsApp, Telegram, Siilo and NHS.net email)
- Palliative care support – advice on dosing and sourcing palliative care medicines

**Patient reviews (using telephone or video consultations)**

- Acute triage and management of common ailments
- Proactively identifying patients who are on high risk meds/ amber/ red medications to ensure supply
- Asthma reviews using peak flow charts and RightBreathe aid
- Inhaler technique video consultations where patients require a device change
- Mental health consultations - within competence for anxiety around COVID or reviews of ongoing therapy
- Managing eczema in patients with dermatitis due to frequent hand washing
- Hypertension reviews with home monitoring
- Long-term condition reviews only within capacity

### Day-to-day admin

- Clinical workflow (e.g. Docman) and support with medicines reconciliation following hospital discharge
- MHRA alert support Assisting with management of volunteers, with liaison with community pharmacy

## Care home pharmacy teams - PCPA

### Anticipatory care

- Organising arrangements for out of hours care, and oxygen
- Managing stock shortages of key medicines, continuity of supply
- Making sure care plans, include ceilings of care and DNAR, are up to date
- Facilitating video consultations, video 'ward rounds', speaking to relatives
- Staff support and training on medicines management and optimisation via video and virtual platforms

### Ensuring access to medicines

- Ensuring anticipatory medicines are available where needed, and pathways with community pharmacies and GPs are optimised
- Putting homely remedy and bulk supply processes in place
- Help with medicines ordering and availability (homes that have to deal with multiple surgeries have the most complex ordering systems and may have the least support)
- Considering the use of eRD (electronic repeat dispensing) to support homes
- Reviewing the need for dosette boxes (if used)

### Medication reviews and queries

- Checking medicines administration record charts via video link
- Reviewing patients discharged from hospital
- Streamlining administration and minimising/simplifying dosing, plus appropriate deprescribing of medicines
- Queries around end-of-life care – e.g. dose, syringe driver compatibility

# CCG pharmacy teams - PAG

CCG heads of medicine optimisation have, for many years, by commissioning services and managing and influencing prescribers, delivered excellent health improvements for their patients while all the time having to navigate the financial and operational constraints of their system and the changing national targets.

CCGs will all have already set out their CCG operational plan for 2020-21 to deliver the NHS long term plan, which have been submitted to NHSE/I for sign off and which address CCGs statutory and operational requirements and key lines of enquiry.

Each CCG medicines optimisation strategy will be linked to delivering their own organisations and systems short/medium and long term operational plan. CCGs heads of medicines optimisation, therefore, set the strategy and are responsible for their systems delivery against these statutory and operational requirements and key lines of enquiry. While implementation of these strategies will have been paused during COVID all CCGs will already have plans in place for recommencing and dealing with the changed environment which faces them later in the year.

**Leadership**
It is important that CCG pharmacy leads provide leadership in the development of primary care (including PCNs) in the context of the sustainability and transformation partnership (STP) / integrated care system (ICS) environment. This includes support to PCNs and PCN clinical directors and pharmacists. Pharmacists and technicians need to work collectively across CCG and PCNs and, additionally, with pharmacy in acute trusts, community services and social care. Forming a network of CCG and PCN pharmacists may be a way to encourage better working and mutual support.

**Care home support**
There is a recognition that care homes require more support in relation to medicines administration and medication reviews for care home residents. This is something that the new GP Contract DES addresses – and pharmacists and technicians can assist in achieving medicines optimisation in care homes. Pharmacy teams in primary care (PCN, GP & CCG) should seek to 'get ahead' of the requirements of the Network Contract DES (due 1/10/2020)
CCG pharmacy teams can assist in skilling up PCN pharmacists where there is less experience in PCNs. During the period of COVID-19, new ways of working remotely and utilizing technology (eg, iPads) need to be considered so care home residents receive the same level of support with their medicines as other patients.

**Priorities**
CCG medicine optimisation teams / PCN and GP practice clinical pharmacists need to consider their priorities and much of the time currently is focused on dealing with the challenges and consequences of COVID-19. Teams should also consider aspects of 'business as usual' (eg, therapeutic drug monitoring and other blood results) to maintain safety and reduce harm.

**COVID-19 Phase**
CCG pharmacy leads should support the STP / CCG in re-deploying staff during the COVID-19 acute phase – where demand in hospitals and community care, GP practices and community pharmacies is high and organisations require support or backfill. There should be maximum use of EPS and eRD to reduce GP workload

**Beyond COVID-19**
All pharmacists need to, where possible, consider preparatory work so that business as usual can be instituted as soon as possible and a full service returns for patients to ensure medicines are optimized. We will learn from the COVID-19 pandemic how to work in different ways. This will include the use of various technological solutions. These include video consultations, there are multiple suppliers in general practice, team meetings via Skype, Microsoft Teams, Zoom, etc. This new way of working may be more time efficient.

**Use of technology/ video consultation**
CCGs are already embracing this technology for meetings and GPs are utilizing the technology for remote consultations with patients. We should make use of this change that some patients may consider preferable to queuing up in waiting rooms and taking time off work for routine follow ups.

**Structured medication reviews (SMRs)**
The new SMR requirements mark a substantive change and improvement to the quality of SMR provision currently provided. Now PCN clinical pharmacists will undergo training and deliver the same. Medication reviews are carried out by various people in the primary care team and we need to ensure there is not duplication and ensure patient records detail all actions taken by the MDT which includes CCG pharmacists.

**Skill mix and supervision**
CCG pharmacy teams should consider skill mix across the STP/ICS in relation to pharmacy. Many CCGs have now merged into single "super" CCGs and may still be working with a 'borough' based focus. The CCG pharmacy leads and STP/ICS chief pharmacists (where in place) need to ensure there is leadership that ensures a good skill mix and that junior staff are supervised appropriately. CCG pharmacy leads should extend this to supporting PCN clinical pharmacists and support PCN clinical directors.

**Prioritising patients**
This should be a focus by CCG pharmacy teams not only in the COVID-19 period and after COVID recedes. Any software tools that highlight these patients should be used.

**Tips to deliver**
CCG pharmacy teams often have great collective knowledge and expertise. Emerging PCNs and the çlinical pharmacists and pharmacy technicians working in GP Practices need to utilise this CCG resource; CCGs and PCNs need to form relationships that offer synergy where this does not currently exist.

**Change in practice**
We all need to consider greater use of technology and we have seen the rapid uptake of technological solutions which, up to recently, were the exception rather than the rule. There may be fewer face-to-face interactions in the world post COVID-19. Much closer working with hospital pharmacy and community pharmacy and increased use of joint post arrangements with hospitals.