

Guidance and standard operating procedures

Community pharmacy in the context of coronavirus (COVID-19)

Version 4

This guidance is correct at the time of publishing but may be updated to reflect changes in advice in the context of COVID-19. Any changes since v3 (10 August 2020) are **highlighted in yellow**.

Please use the hyperlinks to confirm the information you are disseminating to the public is accurate. The document is intended to be used as a PDF and not printed: weblinks are hyperlinked and full addresses not given.

The latest version of this guidance is available [here](#).

To provide feedback about this SOP [please complete this email template](#).

Operational queries should be directed to your NHS England and NHS Improvement Regional Team.

Contents

1. Scope	4
2. Communications	4
3. Case definition of COVID-19	4
4. Guidance for staff.....	5
4.1 Staff with symptoms of or exposure to COVID-19.....	5
4.2 Staff testing	5
4.3 Staff at increased risk from COVID-19	5
4.4 Learning resources	6
5. Operating model	6
5.1 Maintaining access to community pharmacy services.....	6
Opening hours	6
5.2 Managing outbreaks	8
Regulatory amendments during the pandemic	8
Informing patients and the public.....	9
NHS Test Track and Trace	9
Business continuity	10
5.3 Preparation of sites	11
Maintaining social distancing	11
Co-location with GP services for COVID-19 symptomatic people	12
Pharmacy preparation for incident management	13
Preparation of an isolation area for a sick patient.....	14
6. Infection prevention and control	14
6.1 Personal protective equipment (PPE)	15
Use of PPE	15
PPE supply	15
6.2 Face coverings.....	Error! Bookmark not defined.
6.3 Cleaning and decontamination.....	15
7. Information and support for patients and the public.....	16
7.1 COVID-19 guidance	16
7.2 Support for patients and the public	17
Mental health, dementia, learning disability and autism	17
NHS volunteer responders	17

8. Managing patients with symptoms of or exposure to COVID-19	17
8.1 Advice for patients with symptoms of or exposure to COVID-19	18
8.2 Patients too unwell to be sent home	18
8.3 Self-care advice for patients with suspected COVID-19	19
9. Patients at increased risk of severe illness from COVID-19	20
9.1 Pharmacy and medicines support to care homes	20
9.2 Patients advised to shield themselves (only applicable if specifically instructed to do so)	21
Delivery of medicine to CEV patients	22
10. Other considerations for community pharmacy services	22
10.1 Management of returned medicines	22
10.2 Community Pharmacist Consultation Advanced Service	23
10.3 Expanded seasonal influenza programme	23
10.4 Health inequalities and inclusion health	24
Appendix A: Using the NHS Directory of Services to report pharmacy availability	25
DoS Profile Updater	25
DoS capacity status	25
Using the 0300 DoS emergency number	26
Guide for updating capacity status	27

1. Scope

This guidance applies to community pharmacies operating under contract to the NHS in England.

All members of the community pharmacy team should understand this standard operating procedure (SOP). It sets out general principles for the delivery of services during the COVID-19 pandemic. It will require local interpretation. We trust healthcare professionals to use their clinical judgement when applying this guidance in what we appreciate is a highly challenging, rapidly changing environment.

2. Communications

For urgent patient safety communications, we will contact you through the [Central Alerting System \(CAS\)](#). For less urgent communications, we will email your premises specific shared NHS Mail account. You can also sign up to the [primary care bulletin](#).

3. Case definition of COVID-19

Public Health England (PHE) has the current [case definition for COVID-19](#).

Novel coronavirus may be referred to as:

- severe acute respiratory syndrome coronavirus 2, SARS-CoV-2: this is the name of the virus
- coronavirus disease, COVID-19: this is the name of the disease.

4. Guidance for staff

All NHS staff have access to [free wellbeing support](#). NHS Employers has [resources to support staff wellbeing](#). Frontline health and care staff can access NHS volunteer responders support for themselves by calling **0808 196 3646**.

4.1 Staff with symptoms of or exposure to COVID-19

Staff with symptoms of COVID-19 should [stay at home](#) as per advice for the public. Staff who are well enough to continue working from home should be supported to do so. If staff become unwell with symptoms of COVID-19 while at work, they should put on a surgical face mask immediately, inform their line manager and return home.

Please refer to government [guidance](#) for healthcare staff, which includes information on staff exposure to COVID-19, [Test and Trace](#) and return to work criteria. Advice is available on [how and when staff should pause the NHS COVID-19 contact tracing app](#).

4.2 Staff testing

NHS staff displaying symptoms of COVID-19, or those in their households, can access testing via the [GOV.UK website](#). Information about the COVID-19 antibody testing programme can be found on the [GOV.UK website](#) and [our 28 May letter](#) clarifying its implementation for staff working in primary care.

4.3 Staff at increased risk from COVID-19

The workforce-associated risks of COVID-19 should be given prime consideration.

Emerging [evidence](#) shows that staff from a black, Asian or minority ethnic (BAME) background should be given particular consideration in terms of the risks associated with becoming infected with COVID-19. Pharmacies should be conducting individual risk assessments for their staff and putting in place mitigations where possible.

NHS Employers has published guidance on [risk assessments for staff](#). The Faculty of Occupational Medicine has published the [Risk Reduction Framework for NHS staff](#) (including BAME staff) who are at risk of COVID-19 infection. Staff may be referred to an occupational health professional for further advice and support ([contact your NHS England and NHS Improvement Regional Team for details of your local occupational health service if not known](#)).

Risk assessments should be reviewed where staff work requirements have changed. The introduction of new or seasonal services such as the NHS Community Pharmacy Hepatitis C Antibody Testing Service or Community Pharmacy Seasonal Influenza Vaccination Advanced Service would require contractors to undertake such a review with the staff providing such services. Other changes to the working environment, government or NHS guidance, local risk of COVID-19 or an individual's health or circumstances may also make review necessary.

Where staff are assessed as being at greater risk from the consequences of COVID-19, then mitigations need to be put in place to enable them to stay mentally and physically healthy and to protect themselves, their colleagues, patients and families while the pharmacy continues to deliver services.

4.4 Learning resources

Health Education England (HEE) e-Learning for Healthcare has created an e-learning programme in response to COVID-19 that is free to access for the entire UK health and care workforce. [More details are available on HEE's website.](#)

The Pharmacy Quality Scheme (PQS) 2020/21 Part 2 includes a criterion to reduce the risk of transmission of the SARS-CoV-2 virus within community pharmacies by ensuring quality improvement in infection prevention and control practices. In order to meet the quality criteria;

- non-registered pharmacy staff working at the pharmacy are required to complete the [HEE infection prevention and control Level 1 e-learning and assessment.](#)
- all registered pharmacy professionals are required to complete the [HEE Infection Prevention and Control Level 2 e-learning and assessment.](#)

5. Operating model

5.1 Maintaining access to community pharmacy services

Opening hours

Pharmacies must be open to the public for all their contracted opening hours unless arrangements to change these are in place with the NHS England and NHS Improvement regional team.

At times of extreme pressure pharmacies may:

- work behind closed doors if this has been agreed in advance with their NHS England and NHS Improvement regional team.
- receive notification via their shared NHSmail account from NHS England and NHS Improvement regional team (in consultation with the Local Pharmaceutical Committee) that the need to apply for these arrangements have been waived with the decision to work behind closed doors at the discretion of the responsible pharmacist.

The responsible pharmacist will need to judge how the resources of the pharmacy are best deployed to ensure the safe and efficient delivery of services to patients during these times of extreme pressure.

Where a pharmacy needs to work behind doors closed to the public it can do so for up to 2.5 hours a day. However, on days where they are expected to be open, all pharmacies will be expected to have their doors open to the public between 10am and 12 noon and 2pm and 4pm as a minimum. The 'working behind closed doors hours' must therefore be before 10am, between midday and 2pm or after 4pm.

100-hour pharmacies needing to work behind closed doors due to extreme pressure will be expected to have their doors open from 10am to 12 noon and 2pm to 6pm as a minimum. The 'working behind closed doors hours' must therefore be before 10am, between midday and 2pm or after 6pm.

This consistency in when pharmacy doors may be closed will help us give the public a consistent message about accessing pharmacies.

Where a pharmacy has an agreement to work behind closed doors during their normal opening hours, they must put a poster on the door giving information about how to contact the pharmacy if urgent help is needed.

PHE has produced three digital posters giving key messages for pharmacies to use locally. The messages are:

- Do not enter your local pharmacy if you have symptoms of coronavirus.
- Pharmacy opening times – with space to fill in the opening hours.
- Keep a safe distance.

PHE has also produced the following digital resources:

- Social media assets – do not enter a pharmacy with coronavirus symptoms, do not order extra medicines, changes in pharmacy services to allow them to stay open.
- In-pharmacy digital display screen – messaging to customers about services during the current pandemic: safe distancing, ordering medicines, pharmacy opening times and you may find some changes, treating pharmacy staff with respect.
- Treat pharmacy teams with respect.

These posters and digital resources can be downloaded [here](#).

5.2 Managing outbreaks

Regulatory amendments during the pandemic

Regulatory provisions have been put in place to enable contractors to make temporary adjustments as an emergency measure, where necessary, as a result of the COVID-19 outbreak. These include the following:

- If a pharmacy cannot open (eg due to the unavailability of a responsible pharmacist or enough staff to open safely), then they must inform the NHS England and NHS Improvement regional team, who will help the pharmacy ensure provisions are in place for patients to access alternative pharmaceutical services. The pharmacy must use all reasonable endeavours to resume provision of pharmaceutical services as soon as is practicable.
- If a pharmacy is unable to reopen, it can apply to NHS England and NHS Improvement for a temporary closure. This also applies to other COVID-19 related circumstances, eg where there is a significant reduction in demand for pharmaceutical services in locations such as airports and shopping malls. This emergency provision will require the contractor to give 24 hours' notice and the reasons for the temporary closure.
- Pharmacies may apply to NHS England and NHS Improvement for a temporary change to the days or times they are obliged to provide pharmaceutical services at their pharmacy premises. Again, this emergency provision will require the contractor to give 24 hours' notice and the reasons for the temporary closure.
- For both temporary closures and temporary changes to opening hours, NHS England and NHS Improvement do not need to approve the application in advance. However, should NHS England and NHS Improvement decide to

refuse such an application, the pharmacy will need to revert to its opening hours from the date that the pharmacy receives the decision. Pharmacies are therefore advised to seek approval from the relevant NHS England and NHS Improvement regional team before enacting this type of change.

- Pharmacies may apply to temporarily relocate for COVID-19 related reasons; for example, where a pharmacy is co-located with a GP seeing purely COVID-19 symptomatic patients and patient access to the pharmacy is severely restricted by the infection control measures put in place by the practice. A pharmacy may only temporarily relocate after it has received agreement for this from NHS England and NHS Improvement.

In the event that the responsible pharmacist unavoidably has to leave the pharmacy part-way through the day and at short notice (eg if they are unwell and need to self-isolate) and no locum cover can be secured, medicines already dispensed may be supplied from the pharmacy rather than not supplied at all, if this is in the patient's best interest. In these circumstances, pharmacists are expected to be accessible by telephone or remote link to provide direction to the staff in the pharmacy. Advice has been issued by the General Pharmaceutical Council and can be found [here](#).

Informing patients and the public

Where a pharmacy is unable to open for its normal hours, its NHS 111 Directory of Services (DoS) profile(s) must be updated, to prevent patients being wrongly signposted or referred to the pharmacy. For temporary closures longer than five days, please amend your opening times in the [DoS Profile Updater](#). For temporary closures shorter than five days, please amend your RAG status to 'RED' using the [DoS Capacity status tool](#), which can be accessed from the login page on the DoS Profile Updater. For more information see Appendix A.

The NHS website must also be updated to prevent patients wrongly believing the pharmacy is open. The step-by-step guide for updating your NHS website profile is available [here](#).

NHS Test Track and Trace

If staff have been in contact with a COVID-19 positive case outside of work they must follow the self-isolation guidance available [here](#).

It is important to maintain a COVID-19 secure environment throughout the working day by following Public Health England's [IPC guidance](#), including maintaining social distancing, working behind screens, regular handwashing and wearing appropriate

PPE. Thought should also be given to staff rest breaks and minimising the possibility of transmission at this time.

If a member of the pharmacy team tests positive and there is a risk to the provision of pharmaceutical services then advice regarding the individual circumstances should be sought from the [local Health Protection Team](#). Contractors should also contact your NHS England and NHS Improvement Regional Office regarding possible disruption to provision of pharmaceutical services.

Advice to staff working in pharmacies is that you do not need to self-isolate if your test is negative, as long as:

- everyone you live with who has symptoms tests negative
- everyone in your support bubble who has symptoms tests negative
- you were not told to self-isolate for 14 days by NHS Test and Trace or the NHS COVID-19 App – if you were, see [what to do if you've been told you've been in contact with someone who has coronavirus](#)
- you feel well – if you feel unwell, stay at home until you're feeling better.

Business continuity

Collaboration between practices and pharmacies within primary care networks (PCNs) and with community services is needed as pressure on the health system escalates. Cross-reference to the [standard operating procedures for general practice](#) may be helpful.

The Pharmacy Quality Scheme (PQS) 2020/21 Part 2 includes the PCN Business Continuity Discussions domain to encourage pharmacy teams to work with other primary care providers to minimise impact on patient care by maintaining business continuity across the PCN following the temporary closure of individual pharmacies or general practices.

The impact of a temporary closure on patient care can be mitigated by effective planning in advance of such a situation. The impact on other contractors and general practices in the PCN can be mitigated by ensuring business continuity plans include appropriate information and the key contact details to use in an emergency are shared in advance across the PCN.

Individual pharmacy business continuity plans should include 'buddying' arrangements with another local pharmacy to maintain access to pharmaceutical

services in the event of a temporary suspension of services. They should also include a relevant communications strategy when working in an emergency situation. Pharmacies are reminded that when they are prevented by illness or other reasonable cause from complying with their obligations to open, they must, where practicable, make arrangements with one or more local pharmacists or pharmaceutical services providers who have premises in the local area, to enable the continuation of pharmaceutical service in the local area.

Particular thought should be given to patients receiving services such as supervised consumption or monitored dosage systems. Consideration can be given to providing daily doses rather than supervised consumption on an individual patient risk assessed basis as set out in this [PHE guidance](#).

In the event an outbreak impacts on the delivery of services, community pharmacies should:

- inform their NHS England and NHS Improvement Regional Team in line with local reporting/escalation processes
- follow [PHE guidance](#) on communicable disease outbreak management
- be aware of any local containment plans published by the local authority
- communicate service changes to patients and update the NHS 111 DoS; guidance on this can be found in Appendix A.

5.3 Preparation of sites

Please refer to the [Health and Safety Executive guidance on making your workplace COVID-secure](#) and [government guidance on working safely during coronavirus \(COVID-19\)](#). The latter includes guidance specifically for those working or running shops, branches, stores or similar environments, and covers community pharmacies.

Maintaining social distancing

Pharmacies should consider whatever arrangements they can to ensure social distancing is maintained in their premises, eg physical screens, barriers to maintain [social distancing](#), floor markings inside and outside the premises to help maintain this rule, and any other adaptation the pharmacy contractor deems necessary for their premises.

If staff think that it is not possible to maintain social distancing, they can:

- close the pharmacy entrance, and manage entry and exit
- advise all pharmacy users to wait outside, at intervals prescribed in the social distancing guidance, until someone tells them to come in, being mindful of vulnerable patients
- implement systems for booking appointments for advanced and enhanced services.

Face coverings

From 24 July 2020, people in shops, including community pharmacies, are required by law under the [Health Protection \(Coronavirus, Wearing of Face Coverings in a Relevant Place\) \(England\) Regulations 2020](#) to wear a face covering (subject to some exemptions). On 24 September [the requirement](#) was extended to retail, leisure and hospitality staff working in areas open to the public and where they are likely to come into contact with a member of the public.

[Guidance for working safely during COVID-19 in shops and branches, which includes community pharmacies](#), advises that the risk of contracting COVID-19 in the workplace is best managed by minimising contact, increasing hand and surface washing and fixed teams or partnering. Face coverings are not a replacement for these ways of managing risk.

A face covering is not a medical surgical mask, can be very simple and may be worn in enclosed spaces where social distancing is not possible. [Guidance](#) from the World Health Organization covers composition, use and washing of non-medical masks.

It is compulsory for community pharmacy staff to wear a face covering in areas that are open to the public and where they come, or are likely to come, within close contact of a member of the public. Employers should support their workers in using face coverings safely.

Guidance for patients and the public on the use of face coverings can be found in government [guidance on staying safe outside your home](#) and [guidance on face coverings: when to wear one and how to make your own](#).

Co-location with GP services for COVID-19 symptomatic people

General practices have been advised to avoid using sites co-located with a pharmacy to deliver services to patients with symptoms of COVID-19. If they cannot, strict infection control and cross-contamination protocols must be in place between the GP practice and the pharmacy. This will require collaboration and early

involvement of staff from the GP and community pharmacy. GPs have been asked to ensure the pharmacist/manager at the co-located pharmacy is advised about the plans early in the process and to liaise with them as plans develop. It may be necessary to implement one or more of the following preventative measures:

- prevent physical access to the community pharmacy from the general practice reception and waiting area
- GPs to remind patients that they are under isolation because of their current symptoms and reinforce an expectation that they should go straight home and not to the pharmacy after the GP appointment
- GPs to advise patients who require a prescribed medication that this should be collected and delivered to their home by someone who is not required to isolate themselves due to contact with the patient, eg a neighbour or relative not in the same household, or a volunteer
- if the community pharmacy has a separate external entrance/exit that people can access, the pharmacy can operate as normal in line with personal protective equipment (PPE) guidance
- community pharmacy staff should not enter a GP practice or areas of the co-located site that have been designated to treat those with COVID-19 symptoms and vice versa
- in circumstances where physical separation between the community pharmacy and GP practice in a co-located site cannot be maintained, this should be reported to the NHS England and NHS Improvement regional team who will assess the impact.

Pharmacy preparation for incident management

Pharmacies may wish to draw on their existing protocols for dealing with medical emergencies in their premises. The incident management principles are the same:

- Develop and rehearse the pharmacy's COVID-19 triage protocols and isolation procedures.
 - agree the pharmacy approach for each stage of the potential scenarios
 - confirm the roles and responsibilities for each member of staff
 - confirm the lead for discussions with patients/NHS 111
 - prepare an aide-memoire for staff to rehearse the relevant pharmacy response.
- Review the coronavirus infection prevention and control protocols [here](#).

- Anticipate impacts on the pharmacy schedule. Pharmacies are advised to consider reviewing the likelihood of disruption to services and prioritise the most urgent pharmaceutical service work required on the day.
- Review the pharmacy's business continuity plan. The [Pharmaceutical Services Negotiating Committee \(PSNC\)](#) has provided examples of a comprehensive business continuity plan and checklist. Coronavirus-specific business continuity guidance is also available on the [National Pharmacy Association \(NPA\) website](#).

Preparation of an isolation area for a sick patient

Identify at least one suitable space/room in the pharmacy for patient/patient group isolation. If there is no suitable isolation room, identify an isolated area in the pharmacy that can be cordoned off for the use of the patient/patient group and in which a minimum of two metres can be maintained between other patients and staff, if possible. De-clutter and remove non-essential furnishings and items: this will assist if decontamination is required post-patient transfer. If possible, retain a telephone in the room for remote assessment. Place a card/sign in the isolation room/area with pharmacy contact details, email, telephone numbers, pharmacy location and postcode (so the patient has this information when they contact NHS 111).

Brief all staff on the potential use of the rooms/areas and actions required in the event it is necessary to vacate rooms/areas at short notice.

Prepare appropriate space/room signage to indicate the space/room is occupied.

Prepare a patient 'support pack' (to be held in reserve) that may include items such as bottled water, disposable tissues and clinical waste bags. Care should be taken to ensure that this is refreshed/restocked after each use of the isolation room/area.

6. Infection prevention and control

Infection control precautions are to be maintained by all staff, in all care settings, at all times, for all patients; please refer to the latest [national guidance from Public Health England](#).

Clinical waste must be disposed as per the [COVID-19 waste management SOP](#).

6.1 Personal protective equipment (PPE)

Use of PPE

Please see the [GOV.UK website](#) and [our website](#) for the latest infection prevention and control guidance. The guidance most relevant to community pharmacy on the GOV.UK website is that for [employers and businesses, primary and community health services](#) and [PPE guidance](#).

Information is included on when staff should use [PPE](#), what PPE is appropriate in different settings and for different procedures.

Changes in working practices are required to minimise the risk of transmitting and contracting COVID-19 while working in community pharmacy, as in all other working environments.

Staff who interact with members of the public from behind a full screen will be protected from airborne particles and as a result have a reduced risk of infection.

If social distancing from possible or confirmed cases attending the pharmacy cannot be maintained, PHE recommends sessional use of fluid resistant (Type IIR) surgical masks (FRSM) by pharmacy staff during contact with such members of the public.

Staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken. All staff should be trained in the proper use of all the PPE they may be required to wear. All staff should ensure they are familiar with the correct procedures for donning and doffing PPE before using it.

PPE supply

Pharmacies are able to order supplies of PPE to meet the extra need as a direct result of COVID-19 free of charge. NHS advice on PPE supply is available on [our website](#). Community pharmacies should register with the PPE Portal; government has published its [strategy for supplying PPE over the next phase of the pandemic](#) and [guidance on accessing the PPE portal](#). Community pharmacies may contact the Department of Health and Social Care (DHSC) PPE portal customer services at: 0800 876 6802 if they have any queries.

6.2 Cleaning and decontamination

Government [guidance](#) on working safely during COVID-19 should be followed regarding:

- frequent cleaning of work areas and equipment between uses, using usual cleaning products
- frequent cleaning of objects and surfaces that are touched regularly, such as dispensing trays
- clearing workspaces and removing waste and belongings from the work area at the end of a shift
- using signs and posters to build awareness of good handwashing technique, and the need to increase handwashing frequency, avoid touching the face, and to cough or sneeze into a tissue that is binned safely or into your arm if a tissue is not available
- providing regular reminders and signage to maintain hygiene standards
- providing hand sanitiser in multiple locations in addition to washrooms
- setting clear use and cleaning guidance for toilets to ensure they are kept clean and social distancing is achieved as much as possible
- enhancing cleaning of busy areas
- providing more waste facilities and more frequent rubbish collection
- where possible, providing paper towels as an alternative to hand dryers in handwashing facilities.

Cleaning and decontamination after a known or suspected case of COVID-19 should be carried out in line with [PHE guidance](#) and the guidance on [our website](#).

This supersedes earlier [guidance](#); although now withdrawn this can still be accessed and provides useful information on environmental cleaning following a possible case.

7. Information and support for patients and the public

7.1 COVID-19 guidance

Please refer to [government guidance on COVID-19](#) for general public information; this is translated into multiple languages. [Doctors of the World has translated relevant NHS guidance into 60 languages](#). Information is also available on [government measures](#), [local restrictions](#), [NHS Test and Trace](#) and [NHS COVID-19](#)

[contact tracing app](#). The Government has also published [guidance on domestic abuse and how people can get help during the COVID-19 outbreak](#).

7.2 Support for patients and the public

Mental health, dementia, learning disability and autism

Patients may feel distressed, anxious or low in response to the COVID-19 outbreak. [Every Mind Matters](#) has resources on mental wellbeing; [NHS.UK](#) has information on stress, anxiety, depression and wellbeing, and [where to get urgent or emergency help for mental health needs](#).

Patients should be referred as usual to mental health services. All areas are putting in place 24/7 all-age open-access NHS mental health crisis support lines. We have published [guidance on learning disability and autism in the context of COVID-19](#).

Information on the care of people with dementia in the context of COVID-19 is available on the [British Geriatric Society website](#). We have published a specific framework for personalised care planning in the [Dementia: good personalised care and support planning guide](#).

NHS volunteer responders

NHS volunteer responders can be asked to help people who need additional support. Patients can self-refer by calling 0808 196 3646 between 8am and 8pm. The community pharmacy team can make referrals via the [NHS volunteer responders referrers' portal](#) or by calling 0808 196 3382. Guidance for primary care professionals on how to make best use of NHS volunteer responders can be found [on the FutureNHS website](#).

8. Managing patients with symptoms of or exposure to COVID-19

For the purposes of this document, anyone living with someone who has symptoms of COVID-19 should follow the pathways for patients with COVID-19 symptoms.

8.1 Advice for patients with symptoms of or exposure to COVID-19

NHS 111 runs an [online coronavirus service](#) alongside its standard online service, which can provide advice to COVID-19 symptomatic patients with an urgent health concern. Patients with possible COVID-19 are directed to NHS 111 online for health advice in the first instance. The NHS 111 telephone service should be used only when online access is not possible.

People with symptoms of COVID-19 can access testing via the [NHS website](#). If they have problems using the online service, they should call 119.

Patients who have been confirmed to have COVID-19 or who have symptoms of COVID-19

- Will be directed to NHS 111 (online, telephone if necessary) in the first instance.
- May make direct contact with a community pharmacy via telephone. If they present, against advice, at the community pharmacy they should be advised to cover their mouth and nose and go home to self-isolate. If they need advice, they should use NHS 111, preferably online.
- May contact the pharmacy if they cannot access NHS 111 online or by telephone. If this is the case, you should ensure that patients who are unwell or deteriorating are supported to access medical care if, in your clinical judgement, this is necessary, eg by using the health professionals contact number for NHS 111 that is part of the NHS Community Pharmacist Consultation Service (CPCS) or calling NHS 111 directly on behalf of the patient.

8.2 Patients too unwell to be sent home

If, in the pharmacist's clinical judgement, the person needs emergency medical attention, they should be isolated in a designated isolation space (see Section 5.3), if their medical condition allows for it, and an emergency ambulance requested. The red flags to be aware of are shown below.

RED PATHWAY

- If patients meet any of the following criteria, they need 999

Severe breathlessness

- Unable to complete sentences
- Rapid, significant deterioration in breathing in the last hour
- New breathlessness at rest
- Sudden onset of breathlessness

Shock or peripheral shutdown

- New confusion or reduced level of consciousness
- Extremities – cold and clammy to touch
- Pallor – skin colour is mottled, ashen, blue or very pale
- Reduced urine output – little or no urine in last 24 hours

Functional impairment

- Inability to self-care/ perform Activities of Daily Living

The ambulance call handler should be informed of the risk of COVID-19 infection. The patient and any accompanying family should be asked to remain in the designated isolation space and the door closed. Others should be advised not to enter the designated isolation space.

While waiting for an ambulance, establish a routine for regular communication with the patient/group. Contact may need to be via remote means or simply by knocking and then having a conversation through the closed door.

If staff cannot avoid entering the designated isolation space or contact with the patient in an emergency, they should wear [PPE](#) such as gloves, apron and fluid-resistant surgical mask in line with standard infection control precautions, and exposure kept to a minimum. All PPE worn when providing direct care to patients with symptoms of COVID-19 should be double bagged, tied securely and kept separate from other waste for at least 72 hours before disposing of it in the normal domestic waste, as set out in guidance for non-healthcare settings available on the [GOV.UK website](#).

8.3 Self-care advice for patients with suspected COVID-19

The latest self-care advice for patients with suspected COVID-19 can be found [here](#).

9. Patients at increased risk of severe illness from COVID-19

Government guidance identifies patients who are [clinically extremely vulnerable \(CEV\)](#) from COVID-19 (who were previously advised to shield themselves).

The Shielded Patient List will continue to be updated as before. NHS Digital will continue to identify patients via the central algorithm and notify them by letter. Identification and notification of people who are [CEV from COVID-19](#) should continue and patients made aware of this. More information on this process is available on the [NHS Digital website](#).

GP practices will have flagged these patients on their patient records. Pharmacies can view the flag on both the web (SCRa) and the click-through (SCR-1) applications.

For information about the home delivery of medicines and appliances to those that are clinically extremely vulnerable and advised to follow shielding advice during the COVID-19 outbreak see 9.2 below.

9.1 Pharmacy and medicines support to care homes

Community pharmacy teams should be aware of the [care home resource hub](#), developed to support those working with care homes in response to increased pressure from the COVID-19 pandemic. This provides information and support for care home staff and residents, and the pharmacy teams supporting them to ensure the safe and effective use of medicines:

- an operational model to help pharmacy and medicines teams implement the NHS England and NHS Improvement guidance in the 1 May 2020 letter on COVID-19 response: [Primary care and community health support care home residents](#)
- description of the medicines and pharmacy contribution to the work, setting out how teams should collaborate across the NHS system
- practical advice and resources and a model of service to help local systems reduce the risk of harm during the COVID-19 period by ensuring that consistent medicines and pharmacy services meet the needs of care home residents and staff

- an implementation plan to activate the model of service at local level.

The wider work on care homes is being led and co-ordinated in each area by clinical commissioning groups (CCGs), including the appointment of a named clinical lead for each care home identified by the relevant PCN.

For general good practice guidance on medicines optimisation in care homes, see NICE [guidance: Managing medicines in care homes](#).

9.2 Patients advised to shield themselves (only applicable if specifically instructed to do so)

In the event of a coronavirus outbreak, patients who are clinically extremely vulnerable ([CEV](#)) from COVID-19 may be advised to shield. In this scenario, community pharmacies and patients will be informed.

Announcements will be made by NHS England and NHS Improvement about when and where a Pandemic Delivery Service will be commissioned if those who are CEV are advised to follow national or local shielding advice. Details of the areas where shielding patients are, at any given time, eligible for the NHS-funded pandemic delivery service can be found [here](#).

When the Community Pharmacy Home Delivery Service is commissioned, CEV patients will be eligible for home delivery of prescription items from the pharmacy where no appropriate family member, neighbour, carer or volunteer is available to collect them. If supporting a regular patient of the pharmacy, you do not need to contact the patient to obtain consent to view the shielded flag on the demographics screen.

Additional information is available on summary care records to support healthcare professionals managing patients from different settings. This includes things like significant medical history (including COVID-19 codes – suspected, confirmed, shielded), reason for medication, anticipatory care information, end-of-life care information and immunisations.

CEV patients in a localised containment area can be expected to have received the advice to shield when the local precautions are implemented.

Delivery of medicine to clinically extremely vulnerable (CEV) patients

While the Pandemic Delivery Service is being commissioned by NHS England and NHS Improvement, pharmacies have a responsibility to ensure CEV patients following government shielding guidance receive the medicines they need at home. Guidance regarding changes to essential service requirements and for the Community Pharmacy Home Delivery Service during the COVID-19 outbreak advanced service can be found [here](#).

10. Other considerations for community pharmacy services

10.1 Management of returned medicines

It is theoretically possible that a person can transmit and/or contract COVID-19 by touching a surface and/or object (eg medication boxes and/or prescription tokens) that has the virus on it and then touching their own mouth, nose or possibly their eyes, but this is not thought to be the main way the virus spreads. In general, because of the poor survivability of coronaviruses on surfaces, the risk of COVID-19 spread from packaging, including prescription tokens and medication containers, is considered very low.

Disposal of unwanted medicines is an essential service and has not been suspended. The risk of viral transmission from returned unwanted medicines is very low. Handlers are advised not to touch their face when processing returned medicines, to wear gloves and then to immediately wash their hands to minimise any potential risk of transmission.

Returned medicines should be segregated as per usual requirements, double bagged and placed directly in the appropriate waste medicines container. Unwanted controlled drugs (CDs) should be double bagged and placed in the CD cabinet for three days before denaturing as per the usual pharmacy process.

A recent publication indicates SARS-CoV-2 has a survivability of up to 72 hours on some [surfaces](#). Guidance published by community pharmacy representative bodies and a suggested procedure for managing unwanted returned medicines can be found [here](#).

If the pharmacy has a problem with waste medicines being collected from its premises, it should contact its NHS England and NHS Improvement regional team as soon as possible.

10.2 Community Pharmacist Consultation (CPCS) Advanced Service

You should not be getting any NHS CPCS referrals for patients suspected of having COVID-19 symptoms (other than in the situations outlined below). Callers to NHS 111 and those visiting NHS 111 Online are asked at the start about any COVID-19 related symptoms and will be referred immediately to the COVID-19 service if they have any. If the caller/user is assessed for any other symptoms, they will be asked again if they have any symptoms that might relate to COVID-19, before any referral is made to a community pharmacy.

All referrals to NHS CPCS advise the patient to make contact with the pharmacy by telephone in the first instance, irrespective of any symptom or need for an urgent medicines supply.

Some patients who have been assessed by NHS 111 and informed they are likely to have COVID-19 infection are advised to undertake self-care measures to manage their symptoms. In these cases, it may be necessary to refer a patient for a telephone consultation with a pharmacist and to provide over-the-counter medicines advice. In all cases NHS 111 requests that the patient must telephone rather than visiting the pharmacy in line with COVID-19 advice to self-isolate.

General practices may refer into CPCS from 1 November 2020). GPs should screen patients for COVID-19 symptoms before they refer to NHS CPCS.

Please contact the patient by telephone once you receive an NHS CPCS referral. From your conversation with the patient it may be appropriate to advise them not to come into the pharmacy and complete the NHS CPCS referral remotely, if clinically appropriate. Patients who need over-the-counter medicines or an urgent supply of medicines should be advised to ask someone from a different household or NHS volunteer responders to collect on their behalf.

10.3 Expanded seasonal influenza programme

The Government has [published details of the national seasonal influenza programme](#), expanding the eligibility criteria to more people, including:

- household contacts of those on the NHS Shielded Patient List

- health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as personal assistants, to deliver domiciliary care to patients and service users
- household contacts of immunocompromised individuals.

Contractors should be aware of changes made to the [Community Pharmacy Seasonal Influenza Vaccination Advanced Service and supporting Patient Group Direction \(PGD\)](#).

10.4 Health inequalities and inclusion health

COVID-19 has had a disproportionate effect on certain sections of the population – including older people, men, people living in deprived areas, black and minority ethnic (BAME) groups, those who are obese and who have other long-term health conditions, mirroring and reinforcing existing health inequalities, as highlighted in the PHE [review of disparities in risks and outcomes](#) and the PHE [report on the impact of COVID-19 on BAME groups](#). Furthermore, the long-term economic impact of the pandemic is likely to further exacerbate health inequalities. Our [31 July letter](#) highlights the need for collaborative work with local communities and partners to reduce health inequalities, and recommends urgent actions that health systems should take in this area.

Community pharmacies can play an important role through working with voluntary and community organisations to make sure those who are most excluded have access to primary care services and, through working within PCNs, to shape interventions around community needs, using co-design and co-production.

People experiencing homelessness: During the pandemic some of your usual patients may have been displaced out of area and/or a group of homeless people relocated into your area due to measures applied by local authorities. Practical resources are available from the [Faculty of Inclusion Health](#) and the FutureNHS Collaboration space ([contact FutureNHS](#) for access).

The Home Office may have set up accommodation for **asylum seekers** in your area who may need access to community pharmacy services. PHE has published [advice on healthcare for refugees and migrants](#). [Doctors of the World](#) can provide specialist advice on working with asylum seekers and refugees.

Gypsy, Roma and Traveller communities face some of the most severe health inequalities and poor health outcomes in the UK. Friends, Families and Travellers [has a service directory on its website](#), and relevant information on COVID-19.

Appendix A: Using the NHS Directory of Services to report pharmacy availability

This appendix outlines the process that pharmacies need to follow to ensure the NHS Directory of Services (DoS) remains accurate and up to date.

DoS Profile Updater

This tool allows pharmacies to review and update the information in their DoS profiles. Profile Updater can be accessed [here](#).

The following information can be updated in Profile Updater:

- pharmacy contact details
- pharmacy opening times.

Pharmacies can use their NHSmail credentials to login to Profile Updater.

Points to note:

- changes will be made to DoS profiles in real time, without the need for manual intervention from the national team
- any changes made to DoS profiles will be reflected in Profile Updater the next day
- changed information will be shared with pharmacy contract managers for visibility, but it is expected that any changes actioned will have been agreed in advance
- closed door working hours do not need to be reflected in Profile Updater.

DoS capacity status

This tool allows pharmacies to amend their operating capacity status for services they offer for a period of **up to five calendar days**. The table below defines the two statuses: RED and GREEN (RAG).

RAG	Definition
Green	<ul style="list-style-type: none"> The pharmacy is maintaining the ongoing delivery of clinical services. The pharmacy is continuing to accept referrals for NHS CPCS and is likely to meet the disposition timeframe. This may include services operating with reduced workforce and/or higher waiting times for patients to access pharmacy services. Services are still safe but performance/quality may be impacted. Additional support to secure workforce needs may or may not have been anticipated and requested.
Red	Delivery of clinical services has been temporarily suspended (<5 days) and will not present as an option on the Directory of Services.

Each pharmacy will be set to a default status of GREEN. If a pharmacy needs to amend its capacity status to RED it can login to <https://www.directoryofservices.nhs.uk>, providing it has been granted access to do this. Within Profile Updater there is also a link to the DoS, which makes it easier for authorised users to navigate to the capacity status tool. Alternatively, pharmacies can follow local arrangements for updating capacity.

Points to note:

- the capacity status will need to be changed to RED for each service that is affected – a bulk update cannot be done
- changes to capacity status can be made for a period of up to five calendar days. After this time the status will automatically revert to GREEN unless changes are re-applied
- the notes field is a free type text box to capture information that will be used to support pharmacies within a locality
- if a pharmacy is temporarily suspended beyond five days, the relevant local DoS team will need to be notified for the service to be recorded as 'suspended'.

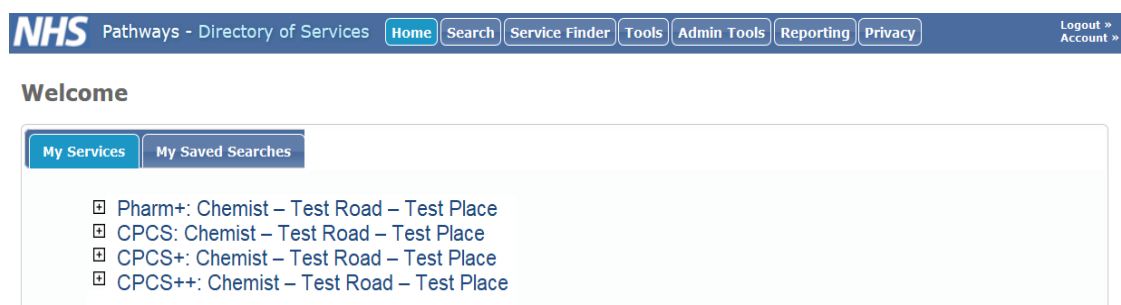
A guide to updating the capacity status for each service that a pharmacy delivers is detailed below.

Using the 0300 DoS emergency number

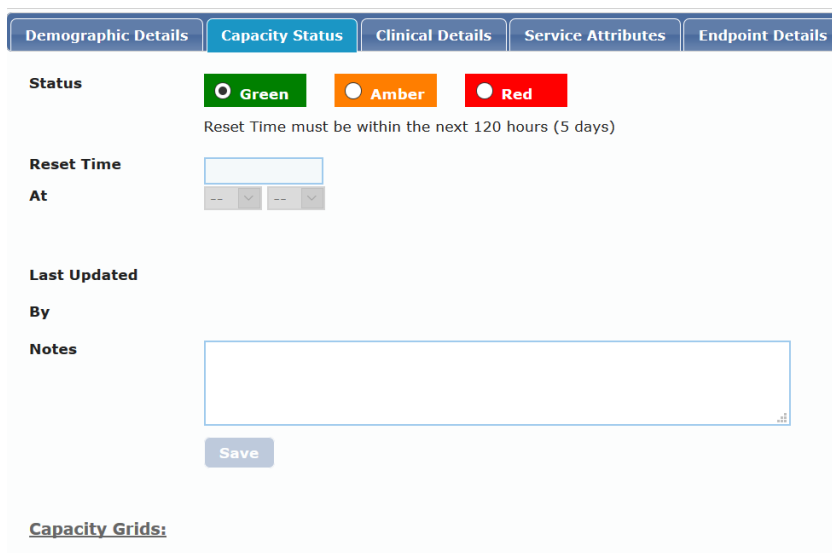
Pharmacies that experience difficulty making changes to either Profile Updater or their capacity status can call the NHS Directory of Services Provider and Commissioner helpline on 0300 0200 363 (subject to change).

Guide for updating capacity status

1. Go to <https://www.directoryofservices.nhs.uk>.
2. Log in using the login credentials supplied.
3. Type in your username and password.
4. Your pharmacy service pages will be listed on the 'Home' page.



5. Click on the DoS entry you wish to amend. **Please note** you will need to amend each DoS entry separately.
6. Click on the 'Capacity Status' tab.



7. Amend the status to RED or GREEN. **Note:** The 'Amber' status will show in the capacity status tool but should not be used to indicate capacity constraints.

8. Choose the 'Reset Time'. The reset time allows the system to automatically revert the service back to GREEN at the desired time (within the next five days).
9. In the 'Notes' field (free type) indicate the following:

Brief explanation for the service closure(s) including if it is due to COVID-19. This can be copied from the left-hand column below:

Reason for service status change/closure	What this reason indicates
Technical	A problem with the IT service/clinical system
Training	A problem with the staff's ability to deliver the service due to a lack of training in or lack of awareness of the service issue
Significant demand	A significant increase or change in patient demand has led to problems in ability to deliver the service
Insufficient staff	A problem with staff availability to deliver the service Note: Please indicate if staff self-isolating because of illness
Insufficient supplies	A problem with the staff's ability to deliver the service due to a lack of required supplies or equipment
Planned reconfiguration	A planned withdrawal of the service with alternative arrangements in place for registered patients as part of the COVID-19 response
Unplanned reconfiguration	An unplanned withdrawal of the service due to COVID-19 with alternative arrangements in place for registered patients
Force majeure	Unforeseeable circumstances that prevent the service from fulfilling the service specification (eg flooding, total power failure)
Withdrawn	Indicating some other unexplained reason for temporarily withdrawing from the service

10. You must enter the reset time and complete the notes field for the 'Save' button to become active. Clicking 'Save' means the record will be updated until the stipulated reset time, when it will revert to GREEN.
11. Repeat for all services you wish to amend. You may need to go back to the services listed on the 'Home' tab.