

FINAL VERSION (v2)

26th March 2020

Interim guidelines for managing continuity of care for patients in Sheffield Treatment & Recovery Team (START) & Community Pharmacists

Introduction

This guidance aims to assist contingency planning for the consequences of the COVID-19 pandemic in relation to people who use drugs (PWUD). The aim is to raise awareness of potential problems that may arise and offer suggestions as to how these challenges might be mitigated.

This relates **primarily to people on opioid substitution therapy (OST) and those attending services to obtain injecting equipment** and related paraphernalia. COVID-19 will also have an impact on PWUD who are not in receipt of either OST or Injecting Equipment Provision (IEP).

Our initial priority is maintaining clinical care while working towards achieving the recommendations of Public Health England (there are 2600 patients currently open to treatment with START); I am pleased to say that despite some initial challenges we have been able to put in place a number of measures to support this.

This guidance covers a number of key areas and steps taken.

1. Maintaining continuity of care

- Telephone reviews for patients who do not need to come into the service
- We have a rolling daily report detailing service users who are due a prescription within 21 days, which are being delivered to the pharmacy by SHSC Transport drivers

2. Supervision/Frequency of pick-ups (Interim Scripting arrangement)

- We are reviewing all prescriptions to reduce the frequency of pick-ups and level of supervision where clinically appropriate
- The risk review will include the needs of
 - The patient
 - All safeguarding children needs. Consider the age of the children, development and understanding
 - The risk of the Pharmacy Team will form part of that review
- In individuals who have decided to self-isolate or have been diagnosed with the COVID-19 virus, in line with National guidelines, supervised guidance will be removed or the number of pick-ups changed to weekly/fortnightly. This will be communicated to the Pharmacist by START services (*see Appendix 1*)
- A safe storage box will be provided for individuals who are self-isolating and in contact with children. Advice around safe storage of medication should be provided to all clients and attention will be drawn to the dangers of children accessing it.

Supervision is not a legal requirement but pharmacists unilaterally stopping supervision until further notice can be risky, therefore it is imperative that **communication** is maintained with START.

In circumstances where the pharmacy decides it is appropriate (or in public interest) to discontinue supervision or vary supervision:

- High temperature
- Self-isolating
- Reduced staffing levels

Immediately notify the Prescribing Service at Fitzwilliam Centre via email – sct-ctr.fitzwilliamcentreferrals@nhs.net or **07870491270** (in working hours)

- Changes made during this period will be reviewed as part of a care plan and checked when normal services resume

3. Continuity plan for supervised consumption and the provision of medicines for service users who are self-isolating

- **Collection of medication by others**

Arrangements will be made for a nominated representative (such as a family member, friend, etc. This person must be **aged 18 and over**) to collect dispensed medication, including Controlled Drugs, with the patient's written consent this can be written or verbal. No amendment is required to the prescription. The nominated representative will provide appropriate ID.

Pharmacists are advised to accept a phone call from the patient with confirmation of date of birth and some identification of who will collect on their behalf. The person collecting is acting as the "patient's agent" and it is this authorisation that allows them to legally possess a Controlled Drug that has not been prescribed to them.

Collection by a nominated representative extends to health service staff, Police and 111 staff, etc.

- **Home delivery**

This may be an option in some areas and businesses, depending on current capacity and support.

Home deliveries do not form part of the NHS contracted service and pharmacy companies should decide whether to provide this according to their own business needs.

Ideally, explore the use of family and friends, re-direction of re-deployed staff or volunteer agencies.

4. Community pharmacy disruption to dispensing

Restricted opening hours are likely to occur at some point during the COVID-19 pandemic. In the event of closures, this will lead to disruption in the dispensing of OST and in the provision of injecting equipment.

Closure of pharmacies has the potential to be hugely challenging and clearly it will be important not to create situations where large number of vulnerable people with drug problems are put in close proximity to each other or exposed to unnecessary infection risk from wider public contact.

In the event of pharmacy closures, the following steps should be considered:

- Notify Prescribing Services at Fitzwilliam Centre of closure

- Update pharmacy hours in line with current guidance
- Replacement prescriptions provided to another pharmacy
- Explore alternative models of dispensing and delivery

Please see National Guidance (COVID - 19) Standard Operating Procedure Community Pharmacy dated 22.03.2020.

5. Homeless & vulnerable individuals

Vulnerable individuals who are homeless or who are not currently on a script can contact START services. We have notified the Police to direct anyone who are homeless/vulnerable to the Fitzwilliam Centre if they wish to get back on prescribed medication. If the individual has a contact number, relevant details should be sent to sct-ctr.fitzwilliamcentreferrals@nhs.net, and they will be offered a telephone appointment. If no contact number is available individual's should be sent to Fitzwilliam Centre directly where they will be seen briefly and started on a script.

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NB: Should you experience any difficulties, please contact me via my PA on 0114 30 50 546

References:

- *Guidance on Contingency Planning for People who use Drugs and COVID-19 (V1.0), Scottish Drug Forum, 19th March 2020*
- *START Business Continuity Plan dated 16th March 2020*
- *National Guidance (COVID - 19) Standard Operating Procedure Community Pharmacy dated 22.03.2020.*

APPENDIX II

Shared Care Guidance

This guidance is designed to support you in caring for your shared care clients and ensuring the highest level of service can be delivered with a reduced work force.

Areas to review urgently:

- How to manage self-isolating patients
 - Good practice would be to issue a standardised “Supervision” letter, however because of the risk of cross-infection, we are electing that a telephone call will suffice (See page 2). Pharmacists should log that a conversation has taken place
 - “Supervision” direction on the script is not legally binding therefore new scripts are not required
- Good practice to contact prescriber to gain authorisation to not supervise¹
 - Consideration is being given to Child Protection plans, however the needs of the patient and the exposure of the pharmacy team are also considered
- Potential pharmacy closures and disruption to supply chain
 - Reviewing all clients as to who could move to weekly or fortnightly collection
 - If pharmacies start to close due to isolated staff, then shared care clients are affected immediately
 - Dispensing should be in daily bottles to reduce risk
 - Consider safety measures for clients with Child Protection orders
 - Initially locate other pharmacies that they can use
 - If no other pharmacy available speak to the key worker and / or prescriber
 - Could consider locked boxes in the home to store opiate substitution medication
 - Prescribing team to look at issuing emergency scripts to go to another pharmacy that may be open and near by
 - Problem with this is, it places huge pressure on the open pharmacies
 - FP10MDA prescriptions cannot be sent via EPS

Ongoing considerations

- If your pharmacy needs to close contact your local service provider and prescribers
- Look to find pharmacies in close proximity who are able to support to ensure clients continue to receive their prescriptions
- Changes to prescriptions will be made and/or new prescriptions generated to support continuity of prescriptions

¹ Medicines, Ethics and Practice Guide, July 2019. Page 101. Section 3.6.8

Patient name:	
Patient address:	
Date of Birth:	

Dear pharmacist,

This letter is to show that I am currently in self-isolation due to Covid-19 and I give permission for the person named below to collect my medication on my behalf.

Patient Representative:	
Patient Representative address:	
Relationship to patient:	

I have informed them that they will need to bring identification in each time they wish to collect.

Patient signature:

Patient name:

Date:
