

East of England Region

**Community Pharmacy Emergency
Closure due to Covid-19 Supporting
Guidance**



Document Title: Community Pharmacy Emergency Closure due to Covid-19

Version number: 1.0

Prepared by: East of England Pharmacy Team

Classification: (OFFICIAL)

Review date: 9 April 2021

Contents

Equality Statement	4
Executive Statement	4
Definitions	4
1 Introduction	5
2 Background	5
3 Business Continuity Plan	5
4 Closure of premises	5
5 Submission Guidance.....	6
6 Wellbeing for pharmacy staff	8
7 Planning to resume services.....	8
Appendix A Pharmacy Closure Checklist.....	9

Equality Statement

NHS England has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS England is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

Executive Statement

This document sets out the process for an emergency closure of a community pharmacy due to Covid-19 for the East of England region and should be read in conjunction with the following documents:

[PSNC Emergency Planning Guidance](#)

[Joint guidance facilitating deployment of pharmacy undergraduate students to support the workforce](#) – For COVID planning

[COVID-19 Pandemic - Community Pharmacy Volunteers Guidance](#)

[Returning to pharmacy or volunteering](#)

This document will be implemented from 13 April 2020 and will be subject to review on 9 April 2021 and further review on a 12-month basis thereafter.

Definitions

NHSE&I: means NHS England and NHS Improvement.

NHS Provider: means Community Pharmacies

PSNC: means Pharmaceutical Services Negotiating Committee.

CCG: means Clinical Commissioning Group.

1 Introduction

All NHS England & NHS Improvement (NHSE/I) staff should strive to achieve the highest quality outcomes for patients and maximise use of resources available. The East Region of NHSE/I has a responsibility to ensure that clinical, patient safety, quality, activity, and financial outcomes are achieved through effective team work, within the available financial resources.

The aim of this guidance document is to provide a framework for the Community Pharmacy Contractor or the pharmacist in charge to manage the process in an emergency of closing a pharmacy due to Covid-19.

2 Background

- 2.1 This document has been developed to inform NHS providers of how to manage the emergency closure of community pharmacies in the event there are insufficient staff members to provide normal service delivery.
- 2.2 This policy has been written in accordance with:
 - The Community Pharmacy Network Resilience Guidance - Part 3: Emergency Closure
 - Guidance from the PSNC

3 Business Continuity Plan

- 3.1 All NHS providers, including community pharmacy contractors, must have a Business Continuity Plan in place to enable the ability to cope with emergency situations, so that wherever possible, they can continue to provide services to patients and the public.
- 3.2 Templates for a Business Continuity Plan and checklist can be found by visiting <https://psnc.org.uk/contract-it/essential-service-clinical-governance/emergency-planning/>

4 Closure of premises

- 4.1 NHS providers should inform NHSE/I if an emergency closure may be imminent. This should be done by completing the notification form at [NHSE/I emergency closure reporting form](#). The NHS Provider should provide NHSE/I with a list of the enhanced services and locally commissioned services they deliver which will enable NHSE/I to liaise with those commissioners on the NHS Providers behalf, to ensure everyone is aware that the pharmacy is closed. The NHS Provider must advise the local Directory of Services (DoS) Lead to ensure that the pharmacy is removed from the Directory and that no patients are therefore referred to the Pharmacy during the closure period. The NHS Provider should also advise NHSE/I of any buddying arrangements that are in place to enable NHSE/I to communicate this to the local CCG and GP

practices and other stakeholders e.g. hospices care homes to ensure everyone is aware of how to direct patients as necessary.

- 4.2 The NHS Provider should ensure they restrict entry/access to the building. Clear notices should be displayed advising patients of the closure of the premises and will include the arrangements in place for the patient to access their medicines.
- 4.3 The NHS Provider should implement any buddying arrangements they have in place. The NHS Provider should ensure details of the buddying arrangements are detailed in their Business Contingency Plan. The buddying arrangement will be especially important where the NHS Provider supplies daily medications to substance misuse clients, or has patients who receive blister pack dispensing, as those prescriptions may need to be transferred to the NHS Providers 'buddy'. Daily supervision clients should also be contacted to advise them where and when to access those medications whilst the NHS Provider is closed.

If no buddy arrangement is place, the NHS Provider should have a process in place to ensure the points in 4.3 are addressed and actioned.

- 4.4 The NHS Provider should contact their wholesalers and suppliers to inform them that the Community Pharmacy will be closed and therefore there would be no one to accept deliveries at the premises with immediate effect.
- 4.5 The NHS Provider should contact their medicines/clinical waste contractor to inform them of the emergency closure and to postpone any collections. The NHS Provider should ensure they have their clinical waste account number to hand.
- 4.6 The NHS Provider should check their NHS Mail shared inbox for any urgent emails that require attention. The inbox owner/administrator should set an 'out of office' message on the shared inbox so that everyone is aware the pharmacy is closed. If the owner/administrator of the shared mailbox is unavailable, the NHS Provider should email the Pharmacy Admin team (pharmacyadmin@nhs.net) from any of the email addresses that are linked to the shared mailbox and request that they add a message on behalf of the NHS Provider.
- 4.7 The NHS Provider should return any unprocessed EPS prescriptions to the spine. This should also include any undispensed batches of any electronic Repeat Dispensing prescriptions (eRD).

5 Submission Guidance

- 5.1 Guidance on submission of prescription bundles and EPS prescriptions is stated below. It is intended to assist the pharmacy if EPS submissions are as up to date as possible: -

Submission guidance Contractors should submit EPS dispense and claim messages promptly and regularly, preferably daily. This also allows other EPS

users and the NHS to check the status of an EPS prescription. If most claims are generally submitted at the end of the month, there is a risk of delayed payments in case a pharmacy is faced with temporary closure or a technical outage that would prevent the successful transmission of claims. Where possible, contractors should utilise the 'bulk submit' feature on PMR systems to speed up the process of sending EPS messages. Contractors should take account of the EPS 5-day window and ensure dispense messages are sent within the calendar month and claim messages are submitted no later than the 5th of the following month in which supply was made. See [Claiming for EPS prescriptions on time factsheet](#) for more information.

If end of month is approaching and a pharmacy is faced with closure, the contractor can obtain PMR system supplier reports to show total of EPS claims submitted to date. If the pharmacy does not expect to open between the usual end-of-month submission period, the pharmacy should seek to submit any dispensed paper prescriptions using their usual delivery method no later than the 5th day of the month following that in which supply was made (Drug Tariff Part I, Clause 5A). If the regular courier service is unavailable, contractors should make alternative arrangements for delivery of bundles using a secure track and trace method. The monthly pharmacy Advance payment is calculated using declared item totals and therefore failure to submit a declaration may impact on pharmacy cashflow. Where possible, contractors are urged to use Manage Your Service (MYS), which can be accessed remotely, to submit their month-end declaration.

If submission of prescription bundle with accompanying submission document FP34C (paper or via MYS) by the 5th of the following month is beyond the control of a contractor, the contractor should still submit their end-of-month declaration as soon as possible when the pharmacy is ready to re-open. Contractors are advised to contact the NHS Business Services Authority (NHSBSA) to notify them of the expected delay in bundle submission. Any bundles that arrive late at the NHSBSA may be processed differently to those that are submitted on time. NHSBSA treat late bundles as abated accounts which include prescriptions submitted that are in respect of a month or months prior to the current month's prescriptions being processed (i.e. they are processed later than the month in which they were originally submitted). NHSBSA also process partially abated accounts which may include situations where EPS messages are received by the NHSBSA on time, but paper prescriptions are received much later, for example, if delayed in transit.

Currently abated accounts are processed using a Legacy Pricing System by the NHSBSA using Drug Tariff rules for the current processing month, but an abatement factor is applied to the final value which is derived using average ingredient cost, average dispensing cost and average discount rate to create a price abatement factor and a fee abatement factor for the month prior to the current processing period. The basic price on every item in the batch is then multiplied by the Price Abatement factor and the fees payable on every item are multiplied by the Fee Abatement factor. Therefore, payment calculated following the abated account process will be different to the expected payment if the bundle had been submitted on time.

6 Wellbeing for pharmacy staff

- 6.1 During the pandemic, NHS England and NHS Improvement (NHSE&I) have acknowledged the importance of healthcare workers looking after their own health and wellbeing, whilst supporting patients and their family. NHSE/I have therefore organised a range of psychological support for all NHS staff, including those working in primary care, during the COVID-19 outbreak.

The offer involves free access to a number of wellbeing apps to support healthcare workers' mental health and wellbeing; an NHSmail email account may be required to access some of the apps. They have also introduced a confidential staff support line, operated by the Samaritans, which is free to access from 7.00 am – 11.00 pm, seven days a week.

[Access the support via the NHSE&I website](#)

- 6.2 Covid-19 testing for eligible key workers and key worker household members is available via a number of routes. Further information can be found at the following link:

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>

NHS England can refer pharmacy staff and members of their household for tests following completion of the following form:

[NHS England Covid 19 Swab Testing Contact form](#)

STP/CCG Testing - Local testing is available via local CCG/STP area. Details on specific sites can be found via clicking the following link and selecting the relevant LPC area. <https://psnc.org.uk/services-commissioning/commissioners-portal/working-with-your-lpc/>

7 Planning to resume services

- 7.1 NHS providers should inform NHSE/I when normal service delivery is expected to resume. An email to detail this should be sent to england.pharmacyeast@nhs.net.

Appendix A

Pharmacy Closure Checklist

Please use this checklist to make sure you have carried out those actions that are required. The notes section can be used to record what you did and on which date in case you have any queries later or need a contact to refer to. This checklist might be being used by someone else in your absence so provide as much information as possible.

What needs to be done	Notes
Close the premises down and restrict entry / access.	
Implement buddying arrangements.	
Advise daily supervision clients of the closure and how to access their medicines	
Notify NHS England and share relevant details of actions taken with them.	
Advise your wholesalers, suppliers, and clinical waste management contractor(s) of the closure.	
Check the shared NHS Mailbox for items that need urgent action. Set an out of office message if no one will be able to access the shared mailbox during the closure.	
Directory of Services (DoS) Lead contacted to ensure the pharmacy is removed from the Directory.	
Return any EPS prescriptions that have not been dispensed to the Spine.	