

Community pharmacies providing NHS services have a huge responsibility as the closest and most accessible F2F healthcare professional to patients and public, without an appointment or waiting list, during this pandemic response. This document describes our key operational activities at a local level, to provide the very best level of support to contractors and their teams, in their efforts to support patients, the public and the wider NHS. Our response will be co-ordinated with other pharmacy organisations, the network of LPCs, working with the local partners and stakeholders.

This document contains our aims, the principles guiding our operational response and a breakdown of our activities by area.

<p><b>Aims and outcomes</b></p>	<ul style="list-style-type: none"> <li>• Support contractors and their front-line pharmacy teams to prepare and respond by dealing with local matters and working with others</li> <li>• To reduce the routine burden and impact on contractors and teams by agreeing measures with local commissioners and others</li> <li>• To help the local NHS, local authorities and other providers in their plans and response in relation to community pharmacy</li> <li>• To be clear on how local responses across the NHS (commissioners &amp; providers) and local government to the pandemic will be managed and who will coordinate local responses and communication in relation to community pharmacy</li> <li>• To facilitate and encourage an environment locally where local responses and communication in relation to COVID-19 related developments for community pharmacy are co-ordinated</li> <li>• For community pharmacy contractors to be aware of local business continuity opportunities and to be able to access these if they choose</li> </ul>
<p><b>Our principles and way of working</b></p>	<ul style="list-style-type: none"> <li>• To be joined up and constructive, through close and direct relationships with partners and stakeholders to deal with planning, issues and challenges collectively</li> <li>• Be open and listen well, understanding contractors and pharmacy teams' local feedback, concerns and share local intelligence</li> <li>• Follow national guidance and make decisions and take actions on official advice</li> <li>• Stay well connected as we move away from F2F working practices. Use digital and continue to communicate openly, honestly and share</li> <li>• Avoid duplicating comms (add local information if relevant) and amplify important national messages where indicate</li> <li>• It is only for contractors to decide when to activate their own BCP arrangements</li> </ul>

## Priority Work Streams & Actions

<b>Locally Commissioned Services</b>	<p>Discussions with Local Authority and NHS CCG commissioners to:</p> <ul style="list-style-type: none"><li>• Agree and explore standing down targets, monitoring and allowing pharmacies to decide when/if to stand down services as per their own BCP pharmacy should consider its ability to offer these services or if the risk to core business is put at risk</li><li>• Stand down any local training. Extended local accreditations and approach to CPPE declaration of competence</li><li>• Potentially rolling over SLA/contracts that are in the process of renewing around this time</li><li>• Provide operational &amp; business continuity actions for those providing Substance Misuse and Needle and Syringe Programmes. Explore fees structure on supervision frequency recycled into a pandemic response payment – recognising increase in workload in admin and liaison about those self-isolating and business continuity plans</li><li>• Ensure coverage across the whole of Surrey &amp; Sussex for on demand availability of palliative care medicines (gaps identified in NHS Brighton and Hove CCG and NHS High Weald, Lewes and Havens CCG)</li><li>• Support requests if local need and funding available to explore a locally funded home delivery of medicines service to support COVID-19 confirmed patients and vulnerable patients self-isolating at home</li><li>• Agree commissioning arrangements to support GP hot sites and CDUs</li><li>• Explore and agree commissioning arrangements to support remote dental prescribing &amp; dispensing</li><li>• Mitigate against above by reducing incidence, establish and describe pathway, capturing costs for PSNC</li><li>• Influence local authority led local lockdown plans to consider and plan for community pharmacies working with NHSE&amp;I</li></ul>
<b>NHS England Regional Team</b>	<p>Discussions with the pharmacy and primary care contracts team to:</p> <ul style="list-style-type: none"><li>• Exploring how information locally &amp; regionally will be shared and exchanged about pharmacy closures, GP closures in later stages of the pandemic (note PharmOutcomes developments nationally)</li><li>• Set up a weekly sit rep call to share intelligence and co-ordinate community pharmacy comms</li><li>• Fast track the local switch on of NHS Community Pharmacist Consultation Service NHS111 Online referrals</li><li>• Support the regional implementation of a nationally specified NHS Urgent Medicines Supply Service for patients whose General Practice or usual pharmacy have closed (when arrangements laid)</li><li>• Stand down any outstanding local CPCF contract monitoring visits</li><li>• Work with local NHS Smartcard Registration Authorities (RAs) to consider and act on pandemic related issues</li></ul>

	<ul style="list-style-type: none"> <li>• Discuss with regional CDAO approach to authorised witnessing of the destruction of schedule 2 controlled drugs (CDs) and other CD related pandemic planning</li> <li>• Agree regional approach to bank holidays - Easter, May, August</li> <li>• Market entry paused, agreed with NHS England approach to pre-determined and reconcile lists</li> </ul>
<p><b>NHS CCGs and STP/ICS</b></p>	<p>Discussions with medicines optimisation and primary care teams to help develop and be assured of plans to:</p> <ul style="list-style-type: none"> <li>• Shift to full Electronic Prescription Service (EPS) Utilisation as possible and monitoring</li> <li>• Maximise EPS Repeat Dispensing (eRD) as per the NHS England &amp; Improvement Guidance and monitoring</li> <li>• Promote consistent messaging aligned to NHS England &amp; Improvement Guidance on prescribing period of treatment</li> <li>• Have a process to escalate and manage non-compliance with prescribing period of treatment guidance</li> <li>• Support Dispensing Practices to rapidly enable EPS functionality (working with NHS Digital and NHS England &amp; Improvement)</li> <li>• Promote on-line repeat prescription ordering to support practices, and ease workload on community pharmacy</li> <li>• Manage expectations of commissioners, providers and patients in relation to non-commissioned home delivery of medication services</li> <li>• Include LPC in COVID-19 related GP guidance and communications, to assess pharmacy impact, filter and communicate on if needed</li> <li>• Include LPC in any workforce co-ordination discussions and ensure planning and opportunities locally are available to community pharmacy contractors e.g with local universities, redeployment of pharmacy staff from non-essential NHS roles</li> <li>• Push back requests from non EPS settings to reduce burden and agree with commissioners and providers</li> <li>• Establish and where agreement Fastrack EPS phase 4 with favourable pharmacy arrangements</li> <li>• Agree local approach to Care Homes &amp; Hospices re repurposing and set out CP position</li> <li>• Agree early access to CP staff and household local Covid19 testing</li> <li>• Understand implications of Test, Trace and provide local information to contractors</li> </ul>
<p><b>GPs and PCNs via the LMC</b></p>	<p>Work with LMC committee members and officials to:</p> <ul style="list-style-type: none"> <li>• Agree methods of sharing issues affecting community pharmacies and GPs and to commit to seek rapid resolution</li> <li>• Align communication on local issues, developments and messages of areas of mutual interest</li> <li>• Encourage positive and collaborative behaviours by setting the tone at the top and encouraging local practices and pharmacies to share each other's plans and recognise these might develop at pace</li> <li>• Support each other with infrastructure (we share the same office) and can share digital means, such as webinar license and other technology</li> <li>• Discuss remote prescribing issues with LDCs, agree approach and feedback mechanisms</li> </ul>

<b>HealthWatch/Pts Communities</b>	<p>Keep in touch with local communities through Healthwatch, elected representatives' organisations to:</p> <ul style="list-style-type: none"> <li>• Understand local feedback from patients and public and share community pharmacy developments</li> <li>• Amplify nationally determined pharmacy related patient communications, encouraging the activation of the whole community by helping pharmacies maintain vital services including medicines supply</li> <li>• Understand developments and opportunities in relation to formal volunteer programme operating across Surrey &amp; Sussex, that could provide community support for patients with access to medicines e.g collection of essential medicines, or support to community pharmacies, where it is safe and appropriate to do so</li> <li>• Local Cllr / MP engagement re pharmacy role (when the time is right)</li> <li>• Collection of human interest case studies to inform public and elected representative campaign (local / national)</li> <li>• Engagement with PCC and Police Service in Surrey and Sussex re risks, issues, support</li> <li>• Brief HWB Chairs and officials re PNA, supplementary statement and market entry pause</li> </ul>
<b>Contractor &amp; Pharmacy Team Support</b>	<p>Direct pharmacy contractor and local pharmacy team support in the following areas:</p> <ul style="list-style-type: none"> <li>• Updating local business continuity contacts and making these available to all pharmacies <a href="http://communitypharmacys.co.uk/our-news/business-continuity-information-for-surrey-sussex-pharmacies/">http://communitypharmacys.co.uk/our-news/business-continuity-information-for-surrey-sussex-pharmacies/</a> including reminding local procedures for closures etc</li> <li>• Supplementing the NHSE&amp;I Covid-19 SOP with local NHS E&amp;I and ensuring this is under review</li> <li>• 1:1 support in the event of questions or specific issues e.g local procedures for closures</li> <li>• Business continuity support to stop / reduce certain tasks using PSNC developed resources: Medicines compliance aids, substance misuse services, nursing &amp; care homes, discreet team working</li> <li>• Staff welfare and protection advice and signposting following PSNC and other developing national resources e.g RPS</li> <li>• Series of video and webinar meetings weekly, moving to monthly</li> <li>• Pastoral support for teams &amp; family if required for deceased pharmacy team members</li> </ul>
<b>Internal LPC</b>	<ul style="list-style-type: none"> <li>• Reprioritise our work plan to refocus onto contractor and pharmacy team support, implementing this operational response plan</li> <li>• Stop all face-to-face events and turn any priority needs for events into online webinar e.g supporting preparations for go-live of NHS CPCS NHS111 online referrals, changes to substance misuse arrangements or local palliative care on-demand availability extensions</li> <li>• Move to full remote working and prioritise the welfare of our team and committees</li> <li>• Fully activate digital solutions including zoom video conference and maximise our MS teams utilisation</li> <li>• Using LPC Committee members as “super spotters” and facilitate with instant message facility for quick sharing and easy gathering</li> <li>• Support neighbouring LPCs and PSNC in the preparedness efforts, sharing resource to maintain critical and pandemic related activities</li> <li>• Re-evaluate contractor / pharmacy teams communications based on the COVID-19 response principles</li> <li>• Identify and manage any LPC COVID-19 related costs and maintain usual financial and corporate governance</li> </ul>

- Update stakeholder lists to include D&B Councils
- Update stakeholder lists with new MPs
- Update contractor database with core, supplementary, pre-post covid hours
- Update LRC contacts and details

#### Recovery and Restoration Plans

- Volunteer stand down, recovery
- New normal LCS operation and return to activity-based remuneration (inc further income protection if needed)
- Local CPAF Arrangements for 2020-21
- None EPS site emergency arrangements switch back
- None EPS site emergency arrangements long term arrangements
- Off-pause of market entry
- Capturing, sharing and retaining local innovations