



Daily Update

Thursday 10th September 2020

This daily update contains important information for community pharmacy teams about the ongoing response to the COVID-19 pandemic.

In today's update: use of PPE when providing flu vaccinations; verbal consent and remote consultations permitted for NMS and MURs; PSNC's COVID-19 Hub.

Flu Vaccination Service: guidance on use of PPE

Public Health England (PHE) guidance on the Personal Protective Equipment (PPE) to use when vaccinating was issued on 21st August 2020.

This states that in some clinical settings, such as vaccination/injection clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter, for example, gloves and aprons is not necessary. However, staff administering vaccinations/injections must apply hand hygiene between patients and wear a sessional Type IIR mask.

[View the guidance in full](#)

Advanced services: changes to consent and other rules

Community pharmacy contractors are reminded that, from September 2020, it is no longer a contractual requirement that written consent is obtained from patients prior to the provision of the Flu Vaccination Service, Medicines Use Reviews (MUR), the New Medicine Service (NMS) and Appliance Use Reviews (AUR).

Instead, for these services, verbal consent can be obtained and a record of that made in the pharmacy's clinical record for the service. These changes were agreed by the Department of Health and Social Care and NHS England and NHS Improvement (NHSE&I), following a proposal to move to a verbal consent model made by PSNC.

Additionally, all MUR, NMS and AUR consultations may now be provided by phone or video consultation, without the contractor having to seek prior approval from NHSE&I. This should only happen where it is clinically appropriate to do so, and in circumstances where the conversation cannot be overheard by others (except by someone whom the patient wants to hear the conversation, for example a carer).

[Read more about the Advanced service changes](#)

PSNC's COVID-19 Hub

The large COVID-19 Hub section of PSNC's website continues to be reviewed and updated on a regular basis. This includes recent updates to the pages on [contractual and regulatory changes during the pandemic](#), [details of PSNC's work](#) and our [Frequently Asked Questions \(FAQs\) library](#).

[Visit the COVID-19 Hub](#)

Have you seen our latest FAQs?

PSNC's website has a large number of answers to queries posed by pharmacy contractors, their teams and LPCs; these are updated on a regular basis. Recent additions include:

Q. Where a symptomatic patient presents in the pharmacy and is unable to leave due to their medical condition, but the pharmacy does not have a closed area available for the patient to isolate in prior to the arrival of an ambulance, what should be done?

If, a person is too unwell to return home and there is no closed isolation area, the pharmacy may need to temporarily close to assist the patient and minimise the risk of transmission to other patients. The use of full personal protective equipment (PPE) – Type IIR mask, apron, eye protection and gloves – is necessary as detailed in the NHSE&I community pharmacy SOP to help to protect the wearer and avoid a close contact for the purposes of Test and Trace. All personal protective equipment should then be disposed of as clinical waste.

Q. A patient has requested a flu vaccination, but they seem generally unwell; can they receive the vaccine?

Vaccination may be postponed in those who are acutely unwell until they have fully recovered. This is to avoid confusing the differential diagnosis of any acute illness by wrongly attributing any signs or symptoms to the adverse effects of the vaccine.

Q. Can immunosuppressed patients have the flu vaccine?

Yes, the inactivated influenza vaccine can be safely given to immunosuppressed individuals though they may have a sub optimal response to the vaccine. Individuals may be immunosuppressed because of a medical condition or because of medical therapy that they are taking. As these patients are at risk of increased morbidity and mortality if they develop influenza they should be offered the vaccine. Immunosuppression may continue for a number of months following completion of treatment. If there is any uncertainty regarding an individual's level of immunosuppression, further advice should be taken from their consultant.

Keep up-to-date on COVID-19 with our hub page: psnc.org.uk/coronavirus

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