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Guidance for LPCs and contractors supporting CCGs with setting up 'Hot Site' general practices

In most circumstances, the NHS is seeking to provide treatment required by COVID-19 infected patients remotely or in their home. In exceptional circumstances, infected patients may need a face-to-face consultation and Clinical Commissioning Groups (CCGs) and general practices have been asked to put in place local arrangements to allow this to happen, while also ensuring appropriate separation of these patients from others, particularly the extremely vulnerable group.

In some areas, 'hot sites' are being set up at general practices, out-of-hours hubs or other locations, which may deal solely with COVID-19 patients (sometimes described as red sites) or may deal with all patients, but with clear segregation between the two cohorts (sometimes described as red and amber sites).

Where this is happening at GP practices and other sites which have a co-located community pharmacy, there could be a profound impact on the normal patient flows and subsequent use of the pharmacy during the period of the pandemic. This document provides guidance for contractors and LPCs to consider when having local discussions. As the situation is evolving rapidly across the country, this guidance may be updated on an ongoing basis over the next few days; check the PSNC website to ensure you are using the latest version of the guidance.

If approached by a CCG or general practice regarding the creation of a hot site, consideration should be given to the following points. The regional NHS England and NHS Improvement (NHSE&I) team should also be involved in these discussions, as the commissioner of the community pharmacy service.

- For pharmacies, contact your LPC and, where appropriate, head office to notify them that the co-located/neighbouring general practice is being considered as a hot site.
- Confirm the intention of the hot site. Is it:
 - To see patients with COVID-19-like symptoms; or
 - To see all patients regardless of whether they are showing COVID-19-like symptoms face to face.
- **Where possible, advise that chosen sites are not premises co-located with community pharmacies, as this creates significant issues for the pharmacy contractor and may disrupt the normal operational services offered by them.**
- Advise that scripts should be issued via the Electronic Prescription Service (EPS), to reduce the risk that paper FP10s are used, which could potentially be a vector for COVID-19 infection. If EPS is not an option, consider using the provisions within the regulations for an emergency supply to be provided

at the request of a prescriber, with the prescription being sent to the contractor within 72 hours of the request.

- Prescriptions should be sent to the patient's usual pharmacy (unless it is not open at the time the patient requires the supply), with the patient identifying an individual to take the prescription to the pharmacy and then to deliver it to the patient's house. To reduce the spread of infection, this should **NOT** be a person from their household.
- Request the CCG or general practice to put in place clear communications for patients, including on:
 - How to book an appointment;
 - Attending the appointment, including going straight to the site, then straight home; and
 - How to use other people, from outside their household, to organise collection and delivery of prescriptions.
- Ensure the CCG has clear communications for community pharmacy teams, including on the new arrangements at the hot site, processes for the issuing of prescriptions and key messages for patients.
- Where red and amber patients are going to be segregated at the site, consider the implications this has for the operation of the co-located pharmacy.

Other considerations:

- Discuss the plans with the regional NHSE&I team, as flexibility may be required for:
 - Permitting the pharmacy to work differently to ensure staff safety / reassurance;
 - Potentially moving to a fully closed-door working model; and
 - Supply and use of Personal Protective Equipment for the whole pharmacy team.
- To reduce the risk to the pharmacy's usual patients, it may need to move to a 100% delivery model, with use of trusted volunteers and an agreement to cover any additional costs incurred by the contractor.
- Pharmacies that find themselves co-located with a hot site may have issues around:
 - Loss of prescription volume, as many regular patients may not wish to use, or be advised not to use the pharmacy due to concerns regarding the infection risk;
 - Loss of OTC revenue;
 - Any long-term impacts on the pharmacy, e.g. regular patients who change their nomination due to concerns about the risk of infection at the site and post-pandemic and do not return to using the pharmacy, with an impact on future income; and
 - Any additional costs, such as security for controlling access to the pharmacy and special cleaning procedures which may need to be put into place.
- The financial impact should be monitored once the site goes live, including tracking all expenses incurred as a result of the change in operations and any loss of business (prescriptions, pharmacy services and OTC sales).
- Co-location with a red or amber site as described above, is arguably a limited closure for COVID-19 reasons. If this is agreed, there may be funding for affected community pharmacies. In his letter of 17th March 2020, Sir Simon Stevens stated that community pharmacies would be reimbursed for 'closure due to COVID-19 related reasons'. This is supported by other political statements supporting NHS service provision for the future. PSNC will be in discussion with NHSE&I and the DHSC on this issue as soon as circumstances permit.