

## COVID -19 Medicines optimisation key messages for practices – Issue 1

The medicines Optimisation team are now working from home and there is no-one in the office. Please send all queries to the team inbox: [MECCG.PIMMS@nhs.net](mailto:MECCG.PIMMS@nhs.net)

Please bear with us as like yourselves we are dealing with many challenges. We will do our best to respond in a timely manner but do consider that queries that have a wider impact may take longer to respond to whilst we seek guidance.

We have set up a new page on our website for Covid-19 medicines resources:

<https://midessexccg.nhs.uk/medicines-optimisation/general-prescribing-guidance/covid-19-medicines-optimisation-resources>

### Increased requests for repeat medicines

The national message is clear and we urge all practices to remain firm and **do not supply larger quantities** to patients.

Prescriptions should remain within normal supply durations to avoid drug shortages. If patients panic order and stockpile then it will cause problems in supply. Only ordering what they need ensures there is enough medicine for everybody.

Patients who are shielding, high risk and/or self-isolating and not able to get out and collect medicines should not be stockpiling medicines.

The government is supporting pharmacies to deliver medicines to vulnerable patients, however it is unclear what exactly the provision of this service is for dispensing practices and therefore this has been escalated from our team.

Community volunteer groups are being set up across Mid Essex in order to get medicines to patients as well.

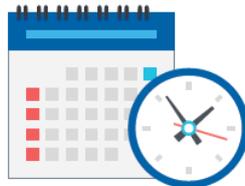
### Repeat prescription ordering

NHS England advises putting all suitable patients on electronic repeat dispensing (eRD) as soon as possible.

#### How electronic repeat dispensing can help you and the NHS



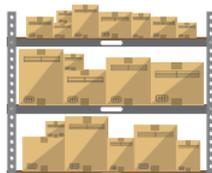
Collecting prescriptions from your pharmacy without having to order them from your doctor **saves time for you**



Time saved in practices means **more appointments available** for patients



Electronic prescribing is **easier for the NHS to manage** so that medicine use stays safe, effective and efficient



Processing fewer paper prescriptions could **save the NHS £millions** each year

Refer to our [quick how to guide \(LINK\)](#) for identifying appropriate patients for eRD.

Use the how to guide for setting up patients on [eRD on SystemOne](#) and [how to guide for EMIS](#). VISION practices please contact us if you need help.

E-learning tools available for practices:

#### **NECS e-learning on ERD**

<https://medicines.necsu.nhs.uk/education-training/erd-elearning/>

#### **Electronic Repeat Dispensing**

[https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20HandbookDigital\\_WEB\\_S.pdf](https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20HandbookDigital_WEB_S.pdf)

Encourage patients to order their own medicines. The easiest way to do this is through the NHS app or online ordering.

For patients with reduced capacity (dementia) can nominate a person by proxy to order medicines for them via GP surgery on-line arrangements i.e. direct in S1 or EMIS

Practices need to consider telephone access for the most vulnerable who are unable to use technology

Refer to our patient FAQ on [prescription ordering when self-isolating](#)

### Social media myth busting

Ibuprofen use – there has been a lot on social media regarding the use of NSAIDs in relation to COVID-19. The evidence is not conclusive and NICE are conducting a review of the evidence. The advice is paracetamol should be used first line but for patients who have used NSAIDs previously for their conditions are recommended to continue to do so.

ACE inhibitors and ARBs increased risk of complications with COVID 19 – social media also highlighting this as a risk. Again the evidence is not conclusive and NICE are conducting a review of the evidence. The advice is to reassure patients and not change therapy where patients are stable on their ACE inhibitor/ ARB

#### **Rescue packs and inhaler requests for asthma and COPD**

False social media and Facebook advice has been circulating suggesting anyone with Asthma, COPD, Bronchitis or other lung conditions should contact their GP for the rescue packs of steroids and antibiotics. Issuing of rescue packs should be on a clinical case by case basis by the asthma nurse specialist or specialist respiratory team.

**Patients should not be issued extra inhalers** If patients are requesting inhalers who have not had them for quite some time they probably do not need them, a clinical assessment / phone call assessment should be made to alleviate concerns and find out what is clinically indicated and prescribed accordingly.

Salbutamol should not be prescribed unless they have had one prescribed within the last 3 months.

**We have put together an [FAQ for patients](#), [information for clinicians](#) and [template patient letter](#) relating to the requests for rescue packs and inhalers.**

#### **Availability of paracetamol**

Limited supplies are being reported from dispensaries when ordering and availability in community pharmacy. Nationally there is no overall shortage but there is a delay in the delivery through the supply chain. Deliveries can't meet the current increased demand. Community pharmacies have reported that stock is becoming available. Community pharmacy are now able to 'pack down' paracetamol from dispensing packs to sell to patients. Unfortunately, the medicines optimisation team do not have the capacity to phone community pharmacies to locate supplies for patients.

**We encourage patients to purchase paracetamol OTC where they can. During the period of unavailability assess each request as follows:**

- 1) If needed clinically on a regular basis, 6-8 tablets a day or for another clinical indication (e.g. febrile convulsions) this is suitable for prescribing.
- 2) If they are symptomatic and have tried to obtain supplies OTC unsuccessfully then this can be prescribed as a one-off acute prescription.
- 3) Do not prescribe paracetamol for requests to be kept "just in case".

#### **Round-up of other queries**

##### **Warfarin**

It is not yet known what arrangements will be put in place to support INR and other blood tests but this is being escalated and we will update you in due course.

##### **High risk medicines (shared care drugs)- final decision on monitoring is down to clinician but a suggested approach is:**

- If patient's dosage and monitoring have been stable for the past 6 months, authorise prescribing for a further 3 months before repeating the blood test.
- Patients out of range or unstable will need monitoring, awaiting to hear the advice on phlebotomy for this.

##### **Freestyle libre®**

As routine clinics have been suspended patients who are due for re-authorisation by the diabetes teams can have a 3 month extension for Freestyle libre®.

##### **Change in pharmacy opening times**

NHS England and NHS Improvement (NHSE&I) have issued an updated SOP for community pharmacies to allow some flexibility in the hours in which they need to open to the public during the COVID-19 pandemic. Some pharmacies are therefore closing to the public for one or two hours once or twice a day to allow them to 'catch-up'. These changes should help to ensure that pharmacies can stay open to the public, and that staff can work safely and are not fatigued by the current high workload.