 **Barnsley CCG Information sources for Primary Care during COVID-19 pandemic**

We have had a number of queries about Covid-19 and medicines use.  We have created this document as a resource which will collate information and advice as it emerges. This information is a signposting document to what is currently available. We will update this as we get further information and links. This resource will be updated on a daily basis and new additions will be highlighted in yellow.

| **Clinical Area** | **Guidance** |
| --- | --- |
| **General Resources / Queries** | |
| **PHE** | COVID-19 Guidance for health professionals: updated 18.04.2020  <https://www.gov.uk/government/collections/wuhan-novel-coronavirus>  Stay at home: guidance for households with possible coronavirus (COVID-19) infection  <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>  COVID-19: guidance on social distancing and for vulnerable people  <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people> |
| **NHS England** | Coronovirus advice page  <https://www.england.nhs.uk/coronavirus/>  Using online consultations in primary care: implementation toolkit  <https://www.england.nhs.uk/publication/using-online-consultations-in-primary-care-implementation-toolkit/> |
| **NHSE specialty guides** | <https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/> |
| **NICE** | NICE also have a dedicated Covid-19 page where they will be publishing their rapid guidelines and evidence reviews as well as other useful information relating to Covid-19.  <https://www.nice.org.uk/covid-19> |
| **NICE Clinical Knowledge Summary** | <https://cks.nice.org.uk/coronavirus-covid-19#!topicSummary> |
| **General Evidence Reviews,** these are not national recommendations but may help in the management of individual patients | <https://www.cebm.net/oxford-covid-19/> |
| **UCLH MI Service** - University College London Hospital NHS Trust (UCLH) Medicines Information Service have produced a resource which includes links to guidance and position statements produced by different professional bodies / medical specialities. | Attached  *Key links from this document are also listed under the relevant clinical area below.* |
| **Primary Care Pharmacists Association (PCPA)**  >80 COVID-19 resources available | <https://pcpa.org.uk/covid.html>  *Key links will be listed under the relevant clinical area in the longer term.* |
| **SPS (Specialist Pharmacy Service)** | [Summary of COVID-19 medicines recommendations from professional bodies](https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-recommendations-from-professional-bodies/)  <https://www.sps.nhs.uk/?s&cat%5B0%5D=3537>  Summary for the [Use of gravity infusions and bolus injections in adults during COVID-19](https://www.sps.nhs.uk/use-of-gravity-infusions-and-bolus-injections-in-adults-during-covid-19/)  <https://www.sps.nhs.uk/use-of-gravity-infusions-and-bolus-injections-in-adults-during-covid-19/> |
| **RDTC (Regional Drug and Therapeutics Centre)** | <https://rdtc.nhs.uk/covid-19-information-and-resources> |
| **Guidelines (Summarising clinical guidelines for primary care)** | [Key COVID-19 guidance for primary care](https://www.guidelines.co.uk/home/key-covid-19-guidance/455231.article?utm_source=MGP%20Ltd&utm_medium=email&utm_campaign=11445737_20200331%20GLNs%20highlights&dm_i=HEZ,6TBL5,OHD8O6,RACG4,1) |
| **PrescQIPP -** PrescQIPP have produced a signposting document to provide links to the most frequently discussed media reports. PrescQIPP acknowledge that the picture is changing so frequently that they feel it is impossible to provide robust advice. | <https://www.prescqipp.info/news/covid-19-virus-and-medicines/> (registration is required to access). The page will be updated regularly by PrescQIPP.  Key points from the PrescQIPP document are also listed under the relevant clinical area below. |
| **RCGP** | Guidance on workload prioritisation during COVID-19  <https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2020/covid19/RCGP%20guidance/202003233RCGPGuidanceprioritisationroutineworkduringCovidFINAL>  COVID-19 e-learning resource hub  <https://elearning.rcgp.org.uk/course/view.php?id=373>  Video Consultations: Information for GPs  <https://www.rcgp.org.uk/policy/rcgp-policy-areas/-/media/B2ED99A2DBEE424788E12D17FF73A55F.ashx> |
| **RCP (Royal College of Physicians)** | Speciality specific guidance on aspects of clinical care and treatment for COVID-19  <https://www.rcplondon.ac.uk/education-practice/advice/specialty-specific-guidance-aspects-clinical-care-and-teatment-covid-19> |
| **BMA (British Medical Association)** | <https://beta.bma.org.uk/advice-and-support/covid-19/resources/covid-19-guidance-directory> |
| **GP- update.co.uk** | Work prioritisation during COVID-19 epidemic  <https://www.gp-update.co.uk/SM4/Mutable/Uploads/pdf_file/GEMS--work-prioritisation.pdf>  Drug/disease pitfalls to avoid during any acute illness during COVID-19 epidemic  <https://www.gp-update.co.uk/SM4/Mutable/Uploads/pdf_file/GEMS-drug-and-disease-monitoring-.pdf> |
| **RCN (Royal College of Nursing)** | <https://www.rcn.org.uk/covid-19> |
| **RPS (Royal Pharmaceutical Society)** | COVID-19 Pharmacist updates and information  <https://www.rpharms.com/coronavirus/>  RPS guidance on ethical, professional decision making in the COVID-19 pandemic  <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Coronavirus/00239%20001a%202004%20COVID19%20Ethical%20guide%20document%20WEB.pdf?ver=2020-04-09-111739-353>  All Pharmacists in GP surgeries in England can now access Medicines Complete  <https://www.rpharms.com/about-us/news/details/All-pharmacists-in-GP-surgeries-in-England-with-access-to-MedicinesComplete>  Access to evidence-based resources used at the point of care, include Stockley’s Drug Interactions, Palliative Care Formulary, Drug administration via enteral feeding tubes, Drugs in Pregnancy and Lactation, Stockley’s Herbal Medicines and Herbal Medicines. |
| **Primary Care pathways** | Resource centre for GP practices; Self-isolation resources and podcasts: Preparing patients for remote consultation; Clinical assessment pathways and lots more <http://primarycarepathways.co.uk/covid19> |
| **MHRA guidance** | MHRA central alerting system (CAS)  <https://www.cas.mhra.gov.uk/Home.aspx> Guidance on regulatory flexibilities resulting from coronavirus  <https://www.gov.uk/guidance/mhra-regulatory-flexibilities-resulting-from-coronavirus-covid-19?utm_source=a2fe38b5-fb3e-40ee-b7fa-b9d611753f84&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate>  Reminder about chloroquine and hydroxychloroquine are not licensed to treat COVID-19 related symptoms or prevent infection  <https://www.gov.uk/government/news/chloroquine-and-hydroxychloroquine-not-licensed-for-coronavirus-covid-19-treatment> |
| **Electronic repeat dispensing** | NECS e-learning on ERD  <https://medicines.necsu.nhs.uk/education-training/erd-elearning/>  Emis Web - users can find training resources on their website (login required).  [Updated EMIS e-RD guidance](https://www.emisnow.com/csm?id=kb_article_view&sysparm_article=KB0019390&sys_kb_id=2abae931db37cc10a643d278f4961970.)  Shared resources on repeat dispensing on the PrescQIPP website  <https://www.prescqipp.info/search-page/?keyword=dispensing&submit=>  NHSBSA eRD resources  <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/prescribing-and-dispensing/electronic/erd-resources>  RDTC [Resources available to support practices in maximising Electronic repeat dispensing (eRD) during the COVID-19 pandemic response](https://rdtc.nhs.uk/sites/default/files/7-rdtc-gmmmg-covid-19-electronic-repeat-dispensing-advice-version-1.pdf)  <https://rdtc.nhs.uk/sites/default/files/7-rdtc-gmmmg-covid-19-electronic-repeat-dispensing-advice-version-1.pdf>  Barnsley Guidance: Electronic Repeat Dispensing (ERD) Implementation during COVID 19 Pandemic  Careful consideration needs to be given to the selection of patients suitable for ERD, staff training (GP and Pharmacy); ensuring robust ERD processes are in place and the volume of patients being set up. Further guidance to follow. Practices are advised to liaise with their practice technician/clinical pharmacist for support in identifying suitable patients. |
| **Packing down paracetamol** | The Over the Counter (OTC) packs of paracetamol tablets are in very short supply. The Royal Pharmaceutical Society has produced guidance to allow community pharmacies to use a dispensing pack of paracetamol to produce smaller packs that can then be sold to the public. Guidance on this can be found at the following link: [www.rpharms.com/coronavirus#paracetamol](http://www.rpharms.com/coronavirus#paracetamol) |
| **Request for hospital only medication to be prescribed in general practice** | Requests are being made to general practice to prescribe hospital only drugs. These requests are being made by patients who are either self-isolating or who are in one of the at risk/vulnerable patient groups where social distancing is strongly advised.  Hospital only drugs have a red traffic light status. These drugs are given this status for reasons such as low patient numbers requiring specialist therapy, so GPs do not become familiar with these medicines or medicines that require more extensive monitoring (either the disease state or the drug itself).  Those patients self-isolating or in an at risk/vulnerable group would usually collect these medicines from the hospital direct. Since this is no longer possible, patients are asking their GP to prescribe.  Different ways to facilitate collection of these from the secondary care environment needs to be considered. Possibilities include the use of Homecare companies or the volunteer sector to collect medication and deliver to the patient. Further information to follow. |
| **MDS patients who can cope with original pack dispensing** | PSNC guidance <https://psnc.org.uk/wp-content/uploads/2020/03/COVID-19-BC-guidance-MCA-patients-revised.pdf> |
| **Should changes be made to routine drug monitoring in order to increase GP and lab capacity** | This issue is being considered and discussed at a national level. Drug monitoring decisions may need to be made/ risk assessed on an individual patient basis depending on how stable their condition is and capacity in local services.   * [RCGP guidance on workload prioritisation during Covid 19](https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2020/covid19/RCGP%20guidance/202003233RCGPGuidanceprioritisationroutineworkduringCovidFINAL) * BMA advice   <https://beta.bma.org.uk/advice-and-support/covid-19/practical-guidance/covid-19-steps-for-gp-practices-to-take>   * NHS England updates and guidance for general practice   <https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-general-practice/>   * SPS advice   <https://www.sps.nhs.uk/articles/drug-monitoring-factors-to-consider-during-covid-19/> <https://www.sps.nhs.uk/articles/drug-monitoring-in-primary-care-for-stable-patients-during-covid-19/>  **Also see below for further medicine specific advice:** |
| **Extending drug monitoring for shared care drugs**  **(Drugs in the Specialist Drugs Service)**  Barnsley guidance on extended drug monitoring circulated 16th April 2020 – contact a member of the Medicines Management Team for specific queries | The **Rheumatology and Gastroenterology** specialists at BHNFT have advised that the drug monitoring for some DMARDs can be extended. National guidance also suggests that monitoring can be extended during the COVID pandemic for specific DMARDs (<https://www.sps.nhs.uk/articles/drug-monitoring-in-primary-care-for-stable-patients-during-covid-19/>).   * Monitoring can be extended from 3 months to 6 months in the following circumstances: * Patients prescribed Azathioprine, Leflunomide, Mercaptopurine, Mycophenolate, Methotrexate or biologics who have been on a stable dose for 6 months and have had no issues with monitoring **EXCEPT** patients prescribed tocilizumab (see below)   Patients prescribed tocilizumab (red drug) as monotherapy will continue to be monitored by BHNFT. However, some patients prescribed tocilizumab will also be prescribed methotrexate, these patients need to continue being monitored every 3 months.   * Monitoring should remain as 3 monthly for patients prescribed ciclosporin or penicillamine.   The rheumatology specialists are happy to monitor advice and guidance for any clinical question on existing or new patients.  Barnsley Rheumatology Covid-19 – Information for Primary Care (April 2020) has been developed in consultation with Barnsley Rheumatologists. Version 2 circulated 14th April 2020.  We are waiting to hear from **Dermatology** regarding the routine monitoring in their patients prescribed immunosuppressants.  **Lithium**  [CMHP/RPS Monitoring Lithium during the Covid-19 Pandemic](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Coronavirus/CMHP%20Monitoring%20Lithium%20during%20Covid-19%20Pandemic-RPSendorsed.pdf?ver=2020-03)  SWYPFT Lithium and COVID-19 – circulated 8th April 2020. |
| **Should certain injectable medication (e.g. hydroxocobalamin, testosterone) be changed to other dosage forms during the pandemic?** | Information relating to the prescribing of alternative formulations in place of hydroxocobalamin injection can be found in the Blood and Nutrition section below.  Advice on testosterone is in the process of being produced in liaison with the specialists. |
| **Patients taking regular Corticosteroids** | Practices are reminded to provide steroid cards for all patients who are prescribed a regular corticosteroid. This is even more important at the present time given the risk of Covid-19 infection in these patients.   * The following patients should be provided with a steroid card:   + Patient prescribed iv or oral corticosteroid dose of ≥ 20 mg (or 0.5 mg/kg ) prednisolone (or equivalent) per day for more than 4 weeks   + Patient prescribed oral corticosteroid dose of ≥ 5 mg prednisolone (or equivalent) per day for more than 4 weeks plus at least one other immunosuppressive medication (except hydroxychloroquine and sulfasalazine), one biologic/monoclonal antibody or novel small molecule immunosuppressant (e.g. JAK inhibitors)   + Patient prescribed high dose inhaled corticosteroid (>800micrograms beclometasone equivalent daily)   Copies of steroid cards can be obtained via the Primary Care Support England Portal.  **Emergency steroid card**  The Royal College of Physicians and the Society for Endocrinology (in conjunction with NHSE) have developed an NHS Steroid Emergency Card. This new card has been developed to be carried by patients at risk of adrenal crisis. The new emergency card will increase awareness of the need to increase steroids promptly in patients at risk of an adrenal crisis, particularly when presenting in the emergency department or to acute medicine teams, undergoing surgery, or invasive procedures. See following link:  <https://www.rcplondon.ac.uk/news/nhs-steroid-emergency-card-launch?utm_source=Communications%2C%20Policy%20and%20Research&utm_medium=email&utm_campaign=11442217_President%27s%20bulletin%20%28special%20edition%29%20-%2030%20March%202020&utm_content=NHS%20Steroid%20Emergency%20Card&dm_i=1V12,6T8VD,W63464,R9YPB,1>  The downloadable emergency steroid card for patients at risk of adrenal suppression can be found at the following link: . [www.endocrinology.org/media/3563/new-nhs-emergency-steroid-card.pdf](http://www.endocrinology.org/media/3563/new-nhs-emergency-steroid-card.pdf) |
| [**Should we prescribe longer repeat prescriptions for patients with long-term conditions during a pandemic?**](https://www.cebm.net/covid-19/should-we-prescribe-longer-repeat-prescriptions-for-patients-with-long-term-conditions-during-a-pandemic/) | Barnsley CCG and NHS England advise that longer duration prescriptions should not be issued by GPs at this time, in order to protect the supply chain. Over ordering will lead to drug shortages. Medicines should be ordered in the usual quantities  <https://www.cebm.net/covid-19/should-we-prescribe-longer-repeat-prescriptions-for-patients-with-long-term-conditions-during-a-pandemic/>  PrescQIPP patient information resources include messages about not over-ordering medicines  <https://www.prescqipp.info/our-resources/webkits/adherence-and-waste/> PrescQIPP medicines adherence and waste resources  <https://www.prescqipp.info/our-resources/webkits/adherence-and-waste/public-facing-campaign-materials/> |
| **Barnsley Metropolitan Borough Council** | Emergency contact centre providing help and advice for vulnerable people <https://www.barnsley.gov.uk/services/health-and-wellbeing/covid-19-coronavirus-advice-and-guidance/covid-19-coronavirus-emergency-contact-centre/> |
| **Gastroenterology** | |
| **Immunosuppressant treatments in gastroenterology** | Advice from the British Society of Gastroenterology <https://www.bsg.org.uk/covid-19-advice/bsg-and-basl-covid-19-advice-for-healthcare-professionals-in-gastroenterology-and-hepatology/>   Crohn’s and Colitis UK <https://www.crohnsandcolitis.org.uk/news/coronavirus-covid-19-advice> |
| **Europeans Crohn’s and Colitis Organisation (ECCO) COVID-19 taskforce** | <https://www.ecco-ibd.eu/images/6_Publication/6_8_Surveys/1st_interview_COVID-19%20ECCOTaskforce_published.pdf> |
| **International Organisation for the Study of Inflammatory Bowel Disease** | IOIBD update on COVID-19 for patients with Crohn’s Disease and Ulcerative Colitis  <https://www.ioibd.org/ioibd-update-on-covid19-for-patients-with-crohns-disease-and-ulcerative-colitis/> |
| **Cardiovascular** | |
| **Should patients taking warfarin be changed to a DOAC?**  **Practices are advised to liaise with their clinical pharmacist in advance of any changes being made. Clinical pharmacists will support practices who wish to undertake changes.** | In Summary:   * **Practices should NOT undertake any mass switching of patients. Switching from warfarin to a DOAC must be done with careful consideration as not all patients are suitable for a switch to DOAC** (see the national guidance below for a list of patients where a switch from warfarin to a DOAC **should not** be considered). * Patients should only be switched from warfarin to a DOAC by clinicians with experience in managing anticoagulation. * **To protect the supply chain for all patients – take a phased approach over the 12-week cycle of INR monitoring**. * Consider use of any DOAC (apixaban, dabigatran, edoxaban, rivoraxaban) to preserve the supply chain. * **See additional local guidance issued 7th April 2020 and liaise with practice clinical pharmacist for advice on prioritising patients**.   **National guidance:**  [Guidance for the safe switching of warfarin to direct oral anticoagulants (DOACs) for patients with non-valvular AF and venous thromboembolism (DVT/PE) during the coronavirus pandemic](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Coronavirus/FINAL%20Guidance%20on%20safe%20switching%20of%20warfarin%20to%20DOAC%20COVID-19%20Mar%202020.pdf?ver=2020-03-26-180945-627) (RCGP/BHS/RPSGB/UKCPA/PCPA/Primary Care Cardiovascular Society)  https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0077-Specialty-guide\_Anticoagulant-services-and-coronavirus-v1-31-March.pdf  PCPA guidance on safe switching of warfarin to DOACs for patients with non-valvular AF and venous thromboembolism during COVID <https://pcpa.org.uk/covid.html> |
| **Are patients at higher risk from Covid-19 infection if they take an ACEi or ARB? -** The risk of using ACEi or an ARB has been proposed as an hypothesis, however there is currently no evidence to suggest that this is true. Several organisations have released statements advising prescribers not to stop treatment as the harms from stopping are likely to be greater than the risks of continuing.  NICE are currently reviewing this. | * The British Cardiovascular Society and the British Society for Heart Failure (16 March 2020) [https://www.britishcardiovascularsociety.org/news/ACEi-or-ARB-and-COVID-19](https://www.google.com/url?q=https://www.britishcardiovascularsociety.org/news/ACEi-or-ARB-and-COVID-19&sa=D&ust=1584629535538000) * The European Cardiology Society (13 March 2020) [https://www.escardio.org/Councils/Council-on-Hypertension-(CHT)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang](https://www.google.com/url?q=https://www.escardio.org/Councils/Council-on-Hypertension-(CHT)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang&sa=D&ust=1584629535538000) * The European Society of Hypertension <https://www.eshonline.org/spotlights/esh-stabtement-on-covid-19/> * The Renal Association [https://renal.org/covid-19/renal-association-uk-position-statement-covid-19-ace-inhibitorangiotensin-receptor-blocker-use/](https://www.google.com/url?q=https://renal.org/covid-19/renal-association-uk-position-statement-covid-19-ace-inhibitorangiotensin-receptor-blocker-use/&sa=D&ust=1584629535539000) * Oxford Covid-19 evidence service (CEBM) <https://www.cebm.net/angiotensin-converting-enzyme-ace-inhibitors-and-angiotensin-receptor-blockers-in-covid-19/> (Updated 24th March 2020) * Primary Care Cardiovascular Society <https://evessio.s3.amazonaws.com/customer/8603be9c-b8c3-49ef-86d2-e4ccb958c5d1/event/f7f018f1-82a1-4349-ab30-346a2eff9bac/media/My_Media/PCCS/COVID_19_and_cardiac_treatment.pdf>   Patients taking these drugs and presenting unwell with suspected or known COVID-19 infection should be assessed on an individual basis and their medication managed according to established guidance:   * Heart Failure: [Heart 2019;105:904-10.](https://www.google.com/url?q=https://heart.bmj.com/content/105/12/904&sa=D&ust=1584629535539000) * NICE guidance: Heart Failure: [https://www.nice.org.uk/guidance/ng106](https://www.google.com/url?q=https://www.nice.org.uk/guidance/ng106&sa=D&ust=1584629535540000) * Hypertension: [https://www.nice.org.uk/guidance/ng136/chapter/Recommendations#monitoring-treatment-and-blood-pressure-targets](https://www.google.com/url?q=https://www.nice.org.uk/guidance/ng136/chapter/Recommendations%23monitoring-treatment-and-blood-pressure-targets&sa=D&ust=1584629535540000) |
| **Concerns about increased number of deaths in patients with hypertension** | Patient information from support organisations which may be helpful advice for patients   * British Heart Foundation <https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/coronavirus-and-your-health> |
| **Respiratory** | |
| **Asthma and COPD- concerns about the use of steroids** | * Asthma UK advise continuing use [https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/](https://www.google.com/url?q=https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/&sa=D&ust=1584629535542000) * British Lung Foundation advice [https://www.blf.org.uk/support-for-you/coronavirus](https://www.google.com/url?q=https://www.blf.org.uk/support-for-you/coronavirus&sa=D&ust=1584629535543000) * For asthma in adults see BTS guidance below. * For asthma and COPD see PCRS guidance below. * For acute exacerbations in COPD see BTS guidance below. * Key points for asthma:   + People with asthma must continue their preventive ICS according to current guidelines.   + Oral corticosteroids (OCS) should be used in people with asthma attacks according to current UK guidelines.   + For asthma patients on maintenance oral corticosteroids, they should continue to take them at their prescribed dose. * Key points for COPD:   + Exacerbations - people with COPD should continue to be treated with inhaled or oral corticosteroids according to NICE guidance. Note that the standard course recommended for AECOPD is 5 days only. There is no evidence to use or not to use oral or inhaled corticosteroids outside usual guidelines in COPD patients with COVID19. |
| **Asthma and COPD- advise on issuing rescue packs** | * Asthma UK are not advising the use of rescue packs. The advice from Asthma UK remains the same as prior to the coronavirus pandemic.   [www.asthma.org.uk/advice/triggers/coronavirus-covid-19/](http://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/)   * Rescue packs are recommended for some patients with COPD:   + Those with a hospital admission in the past with an acute infective exacerbation of COPD   + Those patients who have needed two or more courses of antibiotics with steroids in the last 12 months * Twitter advice from the British Lung Foundation on rescue packs <https://twitter.com/lunguk/status/1241694456908255233> * RDTC [Covid 19 - Asthma and COPD- oral steroid or antibiotic 'rescue packs' and extra steroid inhalers (version 3)](https://rdtc.nhs.uk/sites/default/files/rdtc-gmmmg-covid-19-qaa-asthma-and-copd-oral-steroid-or-antibiotic-rescue-packs-and-extra-steroid-inhalers-version-2-0.pdf)   <https://rdtc.nhs.uk/sites/default/files/2-rdtc-gmmmg-covid-19-qaa-asthma-and-copd-oral-steroid-or-antibiotic-rescue-packs-and-extra-steroid-inhalers-version-3.0.pdf> |
| **RDTC: COVID-19 – Prescribing for asthma and COPD guidance** | <https://rdtc.nhs.uk/sites/default/files/12-rdtc-gmmmg-covid-19-qaa-prescribing-for-asthma-and-copd-guidance-version-1.pdf> |
| **NICE COVID-19 rapid guideline: Severe Asthma** | <https://www.nice.org.uk/guidance/ng166/chapter/3-Treatment> |
| **NICE** [**COVID-19 rapid guideline: Community-based care of patients with chronic obstructive pulmonary disease (COPD)**](https://nice.us8.list-manage.com/track/click?u=7864f766b10b8edd18f19aa56&id=197defc25b&e=5f648202bb) | <https://www.nice.org.uk/guidance/ng168>  The guideline on COPD recommends that patients should continue taking their regular inhaled and oral medicines, including corticosteroids, in line with their individualised self-management plan to ensure their COPD is as stable as possible. This includes those with COVID-19 or suspected of having it.  If patients develop symptoms of COVID-19, the guidance advises they should not start a short course of oral corticosteroids and/or antibiotics. It also says they should not routinely start prophylactic antibiotics to reduce their risk from COVID-19. |
| **BTS Resources** | <https://www.brit-thoracic.org.uk/about-us/covid-19-information-for-the-respiratory-community/> |
| **BTS Guidance for acute exacerbations in COPD** | <https://www.brit-thoracic.org.uk/media/455099/bts-community-service-covid19-v20-23-march-2020-final.pdf> |
| **BTS COPD and COVID-19 for Healthcare Professionals** | <https://www.brit-thoracic.org.uk/document-library/quality-improvement/covid-19/copd-and-covid-19-for-healthcare-professionals/> |
| **BTS Advice for Healthcare Professionals treating people with asthma (adults) in relation to COVID-19** | <https://www.brit-thoracic.org.uk/document-library/quality-improvement/covid-19/bts-advice-for-healthcare-professionals-treating-patients-with-asthma/> |
| **BTS information-Respiratory inhalers** | Guidance and advice regarding switching inhalers for stock shortages and dosage  [BTS Information respiratory inhalers covid-19](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwi277bC48voAhWBonEKHbIQC2AQFjAAegQIBhAB&url=https%3A%2F%2Fwww.brit-thoracic.org.uk%2Fdocument-library%2Fquality-improvement%2Fcovid-19%2Fbts-information-respiratory-inhalers%2F&usg=AOvVaw2ttii-mv6pKluwTh32v1A-) |
| **BTS COVID-19: resources for patients with lung disease** | <https://www.brit-thoracic.org.uk/about-us/covid-19-resources-for-people-with-lung-disease/> |
| **PCRS (Primary Care Respiratory Society) COVID-19 Information Sources** | <https://www.pcrs-uk.org/coronavirus>  Contains links to sources of information and resources including:  PCRS Pragmatic Guidance for crisis management of asthma and COPD during the UK Covid-19 epidemic  <https://www.pcrs-uk.org/sites/pcrs-uk.org/files/resources/COVID19/PCRS-Covid-19-Pragmatic-Guidance-v1-30-March-2020.pdf>  The PCRS are advocating the use of a symptom tracker. An app is available to download on their website. |
| **Global Initiative for asthma** | COVID-19: Gina answers to frequently asked questions on asthma management  <https://ginasthma.org/covid-19-gina-answers-to-frequently-asked-questions-on-asthma-management/> |
| **Global Initiative for Chronic Obstructive Lung Disease (GOLD)** | GOLD recognises that people with chronic obstructive pulmonary disease (COPD) are among the worst affected by COVID-19 and is working with the World Health Organization (WHO) to try to minimise the impact of the infection. GOLD has produced a brief list of guidance for patients with COPD  <https://goldcopd.org/gold-covid-19-guidance/> |
| **Asthma Patient Information** | Asthma UK  <https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/> |
| **PCPA Alternative inhaled corticosteroids licensed for children under 12years with asthma** | PCPA <https://pcpa.org.uk/covid.html>  Input from Right breathe <https://www.rightbreathe.com/> and NICE <https://www.nice.org.uk/guidance/ng80/resources/inhaled-corticosteroid-doses-pdf-4731528781> |
| **Cystic Fibrosis Patient Information** | Cystic Fibrosis Trust  <https://www.cysticfibrosis.org.uk/news/uk-cf-medical-associations-statement-on-coronavirus> |
| **NICE COVID-19 Rapid Guideline: Cystic Fibrosis** | <https://www.nice.org.uk/guidance/ng170> |
| **Neurology** | |
| **Immunosuppressant treatments in neurology** | Advice from the Association of British Neurologists <https://cdn.ymaws.com/www.theabn.org/resource/collection/6750BAE6-4CBC-4DDB-A684-116E03BFE634/ABN_Guidance_on_DMTs_for_MS_and_COVID19_APPROVED_11_March.pdf> |
| **Epilepsy and the coronavirus FAQs** | Epilepsy Society  <https://www.epilepsysociety.org.uk/epilepsy-and-coronavirus-covid-19-faqs#.Xnn2lW52vIV> |
| **Coronavirus and MS treatments** | MS Society  <https://www.mssociety.org.uk/about-ms/treatments-and-therapies/disease-modifying-therapies/covid-19-coronavirus-and-ms> |
| **Overcoming multiple sclerosis during COVID-19** | <https://overcomingms.org/latest/were-here-you-through-covid-19> |
| **Faculty of pain medicine** | Response to concerns regarding safety of steroids injected as part of pain procedures during COVID-19 <https://fpm.ac.uk/sites/fpm/files/documents/2020-03/FPM-COVID-19-Steroid-Statement-2020.pdf> |
| **Mental Health** | SWYPFT Lithium and COVID-19 – attached (8th April 2020) |
| **Infection** |  |
| **NICE COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community** | <https://www.nice.org.uk/guidance/ng165> |
| **NICE COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community** | <https://www.nice.org.uk/guidance/ng163/chapter/3-General-advice-for-managing-COVID-19-symptoms> |
| **RDTC** [**Early use of antibiotics in high-risk patients Questions, actions and answers (version 2)**](https://rdtc.nhs.uk/sites/default/files/rdtc-gmmmg-covid-19-qaa-early-use-of-antibiotics-in-high-risk-patients-version-2.pdf) | <https://rdtc.nhs.uk/sites/default/files/rdtc-gmmmg-covid-19-qaa-early-use-of-antibiotics-in-high-risk-patients-version-2.pdf> |
| **HIV** | **Terrence Higgins Trust has produced information on COVID-19, guidance for people living with HIV, and answers to frequently asked questions**  <https://www.tht.org.uk/news/coronavirus-covid-19>  British HIV Association (BHIVA): COVID-19 and HIV  <https://www.bhiva.org/BHIVA-statement-on-COVID-19> |
| **Endocrinology** | |
| **Concerns about increased number of deaths in patients with diabetes** | Patient information from support organisations which may be helpful advice for patients   * Diabetes UK [https://www.diabetes.org.uk/about\_us/news/coronavirus](https://www.google.com/url?q=https://www.diabetes.org.uk/about_us/news/coronavirus&sa=D&ust=1584629535542000) |
| **COVID-19 – Diabetes At-a-Glance Factsheet for Primary Care** | The Primary Care Diabetes Society have published an [at-a-glance factsheet for primary care](C://Users/joann/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/glance-factsheet-covid-19-and-diabetes-dpc%20(1).pdf) with some important and useful information for primary care HCPs – including the following advice about prescriptions:  Be very aware that people with diabetes, in addition to the expected respiratory symptoms of COVID-19, are also at increased risk of metabolic decompensation whilst trying to self-manage their diabetes at home.   * Ensure patients have adequate supplies of medication * Ensure patients have necessary supplies of monitoring equipment at this time. This is ***especially important for those who require ketone monitoring equipment.*** |
| **NHS England Clinical guide for the management of people with diabetes during the coronavirus pandemic** | <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/speciality-guide-diabetes-19-march-v2.pdf> |
| **Diabetes: London Clinical Networks crib sheets around sick days rules for patients who become unwell with coronovirus​** | Sick day rules crib sheet- Type 1 MDI  <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2020/04/2.-Covid-19-Diabetes-Sick-Day-Rules-Type-1-MDI-06042020.pdf>  Sick day rules crib sheet – Type 1 Pump  <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2020/04/1.-Covid-19-Diabetes-Sick-Day-Rules-Crib-Sheet-Type-1-Pump-06042020.pdf> Sick day rules crib sheet – Type 2  <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2020/04/3.-Covid-19-Type-2-Sick-Day-Rules-Crib-Sheet-06042020.pdf> |
| **RDTC COVID-19 – Prescribing in diabetes guidance** | <https://rdtc.nhs.uk/sites/default/files/rdtc-covid-19-qaa-prescribing-in-diabetes-guidance-version-1.pdf> |
| **Association of British Clinical Diabetologists (ABCD)** | <https://abcd.care/coronavirus> |
| **Denosumab** | [The Royal Osteoporosis Society](https://theros.org.uk/healthcare-professionals/denosumab-prolia-treatment-and-the-covid-19-pandemic) have developed practical advice around administration and monitoring of denosumab  <https://theros.org.uk/healthcare-professionals/denosumab-prolia-treatment-and-the-covid-19-pandemic> |
| **Genito-Urinary** | |
| **FSRH COVID-19 Resources and Information for SRH Professionals**  **FSRH CEU clinical advice to support provision of effective contraception during the COVID-19 outbreak**  **FSRH CEU recommendation on extended use of the etonogestrel implant and 52mg levonorgestrel-releasing intrauterine system during COVID restrictions**  **FRSH Further information: provision of LARC during COVD-19**  **FSRH Essential Services in Sexual and Reproductive Healthcare**  **Spectrum Community Health CIC Guidance around Sexual Health and Contraception service provision in relation to COVID-19** | <https://www.fsrh.org/fsrh-and-covid-19-resources-and-information-for-srh/>  <https://www.fsrh.org/documents/fsrh-ceu-clinical-advice-to-support-provision-of-effective/>  <https://www.fsrh.org/documents/fsrh-ceu-recommendation-on-extended-use-of-the-etonogestrel/>  <https://www.fsrh.org/news/fsrh-provision-larc-during-covid-19/>  <https://www.fsrh.org/documents/fsrh-position-essential-srh-services-during-covid-19-march-2020/>  Previously circulated. |
| **NHSEI and PHE Smear taking during Covid-19** | <https://pcwhf.co.uk/resources/nhsei-and-phe-smear-taking-during-covid-19/?utm_source=Primary+Care+Women%27s+Health+Forum&utm_campaign=1a8c0a8580-EMAIL_CAMPAIGN_2019_05_29_03_16_COPY_01&utm_medium=email&utm_term=0_9f6eea8a01-1a8c0a8580-165436125> |
| **Cancer** | |
| Cancer research UK | <https://www.cancerresearchuk.org/about-cancer/cancer-in-general/coronavirus-and-cancer> |
| **Blood and Nutrition** | |
| **Prescribing of alternatives to hydroxocobalamin injection** | **Local haematologists recommend that we follow BSH guidance below. Local guidance is attached (22nd April 2020).**  British Society for Haematology  BSH guidance on B12 supplements during COVID pandemic:  <https://b-s-h.org.uk/about-us/news/covid-19-updates/>  Other national guidance:  Regional Drug and Therapeutics Centre  What are the alternative treatment options for patients who normally receive hydroxocobalamin B12 injection during the COVID-19 pandemic?  <https://rdtc.nhs.uk/covid-19-information-and-resources>  British Obesity and Metabolic Surgery Society  Vitamin B12 and bariatric surgery. Advice during COVID19  <https://www.bomss.org.uk/wp-content/uploads/2020/04/BOMSS-COVID-19-and-vitamin-B12.pdf> |
| **BDA: The Association of UK Dieticians** | <https://www.bda.uk.com/resource/covid-19-corona-virus-advice-for-the-general-public.html>  Includes advice about vitamin supplements and making the best of available food – plus links to [statements about sensible shopping and restraint](https://www.bda.uk.com/resource/british-dietetic-association-calls-for-sensible-shopping.html).  Free patient webinars:  <https://www.bda.uk.com/resource/free-patient-webinars.html> |
| **Coeliac UK** | Coeliac disease and coronavirus (COVID-19)  <https://www.coeliac.org.uk/information-and-support/coeliac-disease-and-coronavirus-covid-19/> |
| **COVID-19 – Vitamin D and infection risk** | RDTC  <https://rdtc.nhs.uk/sites/default/files/8-rdtc-gmmmg-covid-19-qaa-vitamin-d-and-infection-risk-version-1.pdf> |
| **Musculoskeletal** | |
| **Ibuprofen and other NSAIDs (potential concern regarding the suppression of the inflammatory reaction as well as potential to increase ACE2)** | * **Commission on Human Medicines advice on ibuprofen and coronavirus (COVID-19)- 14th April 2020**   <https://www.gov.uk/government/news/commission-on-human-medicines-advice-on-ibuprofen-and-coronavirus-covid-19?utm_source=67b434ea-88c7-41c9-a106-575b2150095a&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate>  Expert Working Group concludes there is currently insufficient evidence to establish a link between use of ibuprofen and susceptibility to contracting COVID-19 or the worsening of its symptoms.  The following alert provides more information:  <file:///C:/Users/joann/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/CEM_CMO_2020_017%20(1).pdf>  Patients can take paracetamol or ibuprofen when self-medicating for symptoms of COVID-19, such as fever and headache, and should follow NHS advice if they have any questions or if symptoms get worse.  Healthcare professionals should consider a patient’s individual risk factors, including any history of cardiovascular and gastrointestinal illness, when prescribing ibuprofen. Additionally, ibuprofen should be used with caution in patients with known renal impairment. The lowest effective dose of ibuprofen should be used for the shortest duration necessary to control symptoms.    Patients who have been prescribed NSAIDs as a treatment for a long-term condition, such as arthritis, should keep taking these medicines as normal. Adult patients who take low-dose 75 mg aspirin regularly for prevention of heart attacks or for vascular disease should continue to do so.   * **NICE** [**Acute use of non-steroidal anti-inflammatory drugs (NSAIDs) for people with or at risk of COVID-19**](https://www.nice.org.uk/advice/es23)**- 14th April 2020**   <https://www.nice.org.uk/advice/es23/chapter/Key-messages>  No evidence from published scientific studies was found to determine whether acute use of NSAIDs is related to increased risk of developing COVID-19 or increased risk of a more severe illness.  The available evidence suggests that, although the anti-inflammatory effects of NSAIDs reduce acute symptoms (such as fever), they may either have no effect on, or worsen, long-term outcomes, possibly by masking symptoms of worsening acute respiratory tract infection. Further evidence is needed to confirm this, and to determine whether these results also apply to infections such as COVID-19.   * NHS England has developed a commissioning policy for acute use of NSAIDs for people with or at risk of COVID-19:   Acute use of non-steroidal anti-inflammatory drugs (NSAIDS) in people with or at risk of COVID-19 – 14th April 2020: <https://www.england.nhs.uk/coronavirus/publication/acute-use-of-non-steroidal-anti-inflammatory-drugs/>  When patients, carers or healthcare professionals are starting treatment for fever and/or pain in patients (adults or children) with confirmed or suspected COVID-19, all treatment options should be considered and selected based on the greatest benefit compared to potential harms using each medicine’s product information. If used, the lowest effective dose of NSAID should be used for the shortest period required to control symptoms. This is in line with the European Medicines Agency (EMA) statement on the 18th March 2020 (European Medicines Agency, 2020  <https://www.ema.europa.eu/en/news/ema-gives-advice-use-non-steroidal-anti-inflammatories-covid-19>).  The long-term use of NSAIDs is outside of the scope of this policy, with the intention to undertake a separate review. The current advice for patients taking long-term NSAIDs for chronic conditions from the EMA and CAS alert is to continue this treatment, which may require re-assessment of medication should COVID-19 infection arise. |
| **Rheumatology patients on DMARDs- advice on stopping treatment** | Advice from the British Society of Rheumatology [https://www.rheumatology.org.uk/news-policy/details/Covid19-Coronavirus-update-members](https://www.google.com/url?q=https://www.rheumatology.org.uk/news-policy/details/Covid19-Coronavirus-update-members&sa=D&ust=1584629535543000)  Patient Information  <https://www.nras.org.uk/news/coronavirus-what-we-know-so-far> |
| **COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders** | <https://www.nice.org.uk/guidance/ng167> |
| **Barnsley Rheumatology Covid-19 – Information for Primary Care (April 2020)** | Version 2 circulated 14th April 2020.  Produced in consultation with the local Rheumatologists. |
| **Ophthalmology** | |
| Royal College of Ophthalmologists | <https://www.rcophth.ac.uk/2020/04/covid-19-update-and-resources-for-ophthalmologists/> |
| **Dermatology** | |
| **Immunosuppressant treatments in dermatology** | Advice from the British Association of Dermatology  <https://www.skinhealthinfo.org.uk/covid-19-new-coronavirus-interim-advice-for-those-taking-medicines-that-affect-the-immune-system-such-as-biologics-and-immunosuppressants/>  NICE [COVID-19 rapid guideline: Dermatological conditions treated with drugs affecting the immune response](https://nice.us8.list-manage.com/track/click?u=7864f766b10b8edd18f19aa56&id=d5f0cd0352&e=5f648202bb)  <https://www.nice.org.uk/guidance/ng169> |
| **International Psoriasis Council (IPC)** | <https://www.psoriasiscouncil.org/blog/Statement-on-COVID-19-and-Psoriasis.htm> |
| **BAD - statement on dry skin and frequent handwashing to reduce COVID-19 risk** | <https://www.skinhealthinfo.org.uk/statement-on-coronavirus-and-skin-disease-affecting-the-hands/> |
| **National Eczema Society** | Advice for people with eczema during coronavirus <https://eczema.org/blog/advice-on-coronavirus-covid-19-for-people-with-eczema/> |
| **Metabolic** | |
| **British Inherited Metabolic Diseases Group (BIMDG)** | Inherited metabolic disease and coronavirus (covid-19): Advice for patients/ parents/guardians  [www.bimdg.org.uk/site/news.asp](http://www.bimdg.org.uk/site/news.asp) |
| **Pregnancy** | |
| **Coronavirus in pregnancy** | <https://www.rcog.org.uk/coronavirus-pregnancy> |
| **Renal Impairment** | |
| **Kidney Disease, Acute Kidney Injury and sick day guidance** | <https://www.kidneycareuk.org/news-and-campaigns/coronavirus-advice/>  PrescQIPP AKI sick day guidance resources  <https://www.prescqipp.info/our-resources/bulletins/bulletin-260-acute-kidney-injury-aki-sick-day-guidance/> (log in required)  <https://renal.org/covid-19/>  The Renal Association information and guidance for professionals including patient information leaflets and advice for transplant patients |
| **Paediatrics** | |
| **RCPCH Royal College of Paediatrics and Child Health** | <https://www.rcpch.ac.uk/key-topics/covid-19> |
| **Care of the elderly** | |
| **BGS British Geriatrics Society** | Coronoavirus: current information and advice  <https://www.bgs.org.uk/resources/coronavirus-current-information-and-advice> |
| **Residential care, supported living and home care** | |
| **COVID-19: guidance for residential care, supported living and home care** | <https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance?wp-linkindex=2&utm_campaign=Coronavirus_social_care_guidance_&utm_content=dhsc-mail.co.uk&utm_medium=email&utm_source=Department_of_Health_and_Social_Care> |
| **BGS: COVID-19: Managing the COVID-19 pandemic in care homes** | <https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes> |
| **NECS Medicines Matters COVID-19 Special Bulletin Medicines Information for care staff in a social setting** | <https://medicines.necsu.nhs.uk/wp-content/uploads/2020/03/Medicine-Matters-COVID-19-Bulletin-1-Medicine-Supplies-different-pa....pdf> |
| **Palliative Care** |  |
| **Palliative and EOL Care Symptom  Control Guidance for Use in the COVID‐19 crisis.** | Previously circulated with the primary care bulletin.  Please use in conjunction with the Barnsley Palliative Care Formulary (PCF):  <http://best.barnsleyccg.nhs.uk/prescribing‐guidelines/palliative‐care‐formulary/16288> |
| **Wellbeing** | |
| **COVID-19: An emotional and psychological survival guide (Part 1)** | [https://www.gp-update.co.uk/SM4/Mutable/Uploads/pdf\_file/PEARL-Emotional-and-Psychological-wellbeing[2]-EDITED.pdf](https://www.gp-update.co.uk/SM4/Mutable/Uploads/pdf_file/PEARL-Emotional-and-Psychological-wellbeing%5b2%5d-EDITED.pdf) |
| **MHF Looking after your mental health during the coronavirus outbreak** | <https://www.mentalhealth.org.uk/publications/looking-after-your-mental-health-during-coronavirus-outbreak> |
| **NHS UK Every mind matters.** | <https://www.nhs.uk/oneyou/every-mind-matters/> |
| **PHE Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19)** | <https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19> |
| **PHE** [**COVID-19: guidance on supporting children and young people’s mental health and wellbeing**](https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing) | <https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing/guidance-for-parents-and-carers-on-supporting-children-and-young-peoples-mental-health-and-wellbeing-during-the-coronavirus-covid-19-outbreak> |
| **Pharmacy Contactors** | |
| **PSNC useful information** | **Covid-19 Hub**  <https://psnc.org.uk/the-healthcare-landscape/covid19/>  [**COVID-19 Update: Medicines delivery service & 111 Online CPCS referrals**](https://nice.us8.list-manage.com/track/click?u=7864f766b10b8edd18f19aa56&id=732ba1fc9f&e=5f648202bb)  <https://psnc.org.uk/our-news/covid-19-update-medicines-delivery-service-111-online-cpcs-referrals/>  [**Pharmacy bodies publish resilience guidance to support pharmacy teams during the response to the COVID-19 pandemic**](https://nice.us8.list-manage.com/track/click?u=7864f766b10b8edd18f19aa56&id=4d46845c07&e=5f648202bb)  <https://psnc.org.uk/our-news/pharmacy-bodies-publish-resilience-guidance-to-support-pharmacy-teams/>  **COVID-19: urgent supplies of Controlled Drugs**  <https://psnc.org.uk/our-news/covid-19-urgent-supplies-of-controlled-drugs/>  This alert notes the increased demand for emergency supplies of medicines, and highlights pharmacists who receive requests for an emergency supply/CPCS referrals for CDs should use their professional judgement to determine whether a supply is appropriate and legal to make. |
| [**Novel Coronavirus (COVID19) standard operating procedure - Community Pharmacy**](https://nice.us8.list-manage.com/track/click?u=7864f766b10b8edd18f19aa56&id=81e466f827&e=5f648202bb) | <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Novel-coronavirus-COVID-19-standard-operating-procedure-Community-Pharmacy-v2-published-22-March-2020.pdf> |
| [**Medicines delivery services commissioned from both pharmacies and dispensing doctors across England from 9 April until 1 July 2020 as part of COVID-19 response**](https://nice.us8.list-manage.com/track/click?u=7864f766b10b8edd18f19aa56&id=4be1917852&e=5f648202bb) | The regulations introduce an essential service that places a responsibility on pharmacy contractors to make sure a home delivery option is available to people at high risk of complications from COVID-19 who are advised to isolate at home for 12 weeks and meet ‘shielding’ criteria.  <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0265-Pharmacy-letter-re-delivery-service-10-April-20.pdf> |
| **NHS community pharmacy update letter** | Available via the Primary Care Pharmacy network page <https://pcpa.org.uk/covid.html> |
| **GPhC** | Covid-19: Social Distancing. Protecting yourself and your teams  <https://www.pharmacyregulation.org/news/covid-19-social-distancing-protecting-yourself-and-your-teams> |