

Community Pharmacy Bulletin



16 April 2021



NHS England and NHS Improvement – South West

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Coming Up

	April	May	June
Week 1	Good Friday 2 April 2021 Easter Sunday 4 April 2021	Early May Bank Holiday Monday 3 May 2021	
Week 2	Easter Monday 5 April 2021		
Week 3			
Week 4	Smartcard access to MYS no longer possible. Access is now using NHSmail credentials, register here		
Week 5		Spring Bank Holiday Monday 31 May 2021	Data Security Toolkit deadline 30 June 2021

Headlines from the Week

NHS England

- None

NHS England South West Regional Team

- Update 118 - Staff Vaccination Survey - South West Pharmacy, Optical and Dental Practices - REMINDER - Normal Deadline which is today 09 April 2021 12:00 noon (sent 9 April 2021)
- Update 119- IMPORTANT - Therapeutic Alert issued through the Central Alerting System (sent 12 April 2021)

PSNC Bulletin

- [Pharmacy Collect: service data, ordering limits and FAQs](#)
- [Smartcard access to MYS portal coming to an end](#)
- [Pharmacist and GP collaboration study: participants needed](#)
- [HEE workforce survey to start in early May](#)
- [Reminder: 35 products added to the April 2021 DND list](#)
- [C-19 therapeutic alert: inhaled Budesonide for adults with C-19](#)
- [MURs removed from NHS website](#)
- [Free PPE scheme extended](#)
- C-19 test distribution service: important clarification of data submission requirements
 - [submission of data on stock received](#)
 - [recording and submitting transaction data](#)

Documents and Letters

Contractors are reminded that our offices are currently closed.

Where possible any applications, claims or letters should be coming back by email to the england.pharmacysouthwest@nhs.net, email address only.

We have been advising contractors on the back of the weekly bulletin for over a year now – however we are still receiving non-urgent documents into the office sites.

If contractors do need to send any hard copies of official documents for contractual reasons – can you, please ensure that they are being send to the correct postal addresses listed on the [Useful Information](#) section at the end of the bulletin.



Certificates of Conformity/Analysis (CoC/CoAs) Monthly Returns

To help reduce the number of returns that contractors have to submit regularly to NHS England, we can confirm that Community pharmacies contractors no longer have to submit photocopies/copies of the endorsed Certificates of Conformity/analysis (CoC/CoAs) to the NHS England Team.

Ramadan – Coronavirus Resources for Pharmacy Teams

Community pharmacy contractors may receive a higher number of queries about the use of the coronavirus vaccine or coronavirus tests from patients who are Muslim during the month of Ramadan, which starts this week*.

During Ramadan, Muslims are required to abstain from food and drink from sunrise to sunset, and consuming medicines is also not allowed. Below are some questions and answers to some of the queries pharmacy teams may be asked during Ramadan.

Q. Are the coronavirus vaccines halal?

None of the current COVID-19 vaccines contain any pork-derived constituents or animal products; the vaccines are completely halal.

Q. Can I have my coronavirus vaccine while I am fasting during Ramadan?

The British Islamic Medical Association (BIMA) has confirmed that the COVID-19 vaccines currently licensed in the UK do not invalidate the fast during Ramadan – this is the opinion of Islamic scholars. Patients can therefore be reassured that there is no need to cancel or postpone a scheduled vaccination or delay responding to an invitation for their vaccination.

Q. What if I have my vaccine during Ramadan and then I feel unwell?

BIMA has confirmed that if a patient feels unwell post-vaccination, then the general principles pertaining to illness and fasting during Ramadan apply. BIMA has produced a [flowchart](#) detailing these points.

Q. Can I use coronavirus test kits during Ramadan?

BIMA has reviewed opinions from different schools of thought and advises that using a lateral flow device (LFD) test or polymerase chain reaction (PCR) test does not invalidate the fast during Ramadan, as per the opinion of most Islamic scholars.

Resources and signposting

Public Health England has published [three posters](#) highlighting that COVID-19 vaccines are acceptable for Muslims and that they can have the vaccine during Ramadan, which pharmacy teams could consider displaying in their pharmacy for the next month.

Resources to signpost patients to for reassurance and further reading can also be found on the following websites:

- [British Islamic Medical Association – Ramadan safety guidance](#)
- [Muslim Doctors Association – COVID hub](#)
- [The Muslim Council of Britain – Ramadan 2021](#)

Patients could also be advised to consult with their local imam for further guidance.

*The exact start date of Ramadan is dependent on verified moon sightings, so it can begin on different days depending on which announcement a particular mosque observes.

Medicine Supply Notification (MSN) and Vaccine Supply Notification (VSN)

Medicine Supply Notifications (MSNs)

Please find attached Medicine Supply Notifications for:

- A Tier 2 medicines supply notification for diamorphine 5mg and 10mg powder for reconstitution and injection

The table below provides a summary of the attached MSN:

Medicine	Out of stock until	Alternatives
Diamorphine 5mg and 10mg powder for reconstitution and injection ampoules	w/c 19th April 2021	Implement the permanent actions set out in the Supply Disruption Alert issued 25th March 2020

There have also been changes to the resupply dates of the medicines listed below.

Please note that supply issues that have been categorised as tier 1 or 2, DHSC and the MSRG have requested that the NHSE&I commissioning routes are used to reach community pharmacy and GP Practices. More serious supply issues are communicated via the Central Alerting System for action.

Original MSN reference	Date of original MSN/SDA	Supply issue	Resupply date originally communicated	Updated resupply date as of w/c 5 April 2021
MSN/2020/060	28/10/2020	Haloperidol 5mg/5ml oral solution sugar free	March 2021	Late Summer 2021
MSN/2020/061	10/11/2020	Trifluoperazine 1mg/5ml syrup	Apr-21	Late July 2021

Please note that supply issues that have been categorised as tier 1 or 2, DHSC and the MSRG have requested that the NHSE&I commissioning routes are used to reach community pharmacy and GP Practices. More serious supply issues are communicated via the Central Alerting System for action.

Vaccine Supply Notification (VSN)

Please find attached Vaccine Supply Notification for:

- 23- valent polysaccharide pneumococcal vaccine (Pneumovax 23) pre-filled syringes

Vaccine	Supply	Detail
23- valent polysaccharide pneumococcal vaccine (Pneumovax 23)	Supplies are very limited and are expected to be out of stock from mid-April until mid-May 2021	Please refer to the Vaccine Supply notification and PHE's clinical prioritisation guidelines included.

If you have any stock queries please contact: DHSCmedicinesupplyteam@dhsc.gov.uk.

Useful Information

INFORMATION



NHS England & Improvement – South West Region Community Pharmacy Contract Management Team contact information

Team Member	Telephone	Address
Jenny Collins	07979 308749	South West Region Postal Addresses

Sharon Greaves	07900 715295	
Les Riggs	07730 371074	NHS England and Improvement – South West Peninsula House
Mary Cotton	07920 288191	Kingsmill Road
Michele Toy	07568 431890	Tamar View Industrial Estate Saltash, PL12 6LE
Sarah Lillington	07920 834445	Or
Sharon Hodges	07702 411295	NHS England and Improvement – South West Sanger House, 5220 Valiant Court
Tracey Howes	07730 380479	Gloucester Business Park, Brockworth Gloucester, GL3 4FE
Chris Yengel	07769 963478	Or
Kath Hughes	07730 374739	NHS England and Improvement – South West Jenner House, Avon Way
Hayley Colledge	07900 713005	Langley Park Chippenham, SN15 1GG
Lesley St Leger	07730 381871	<i>Please note all our offices are currently closed, please do not send post and use email wherever possible</i>
William Anderson	07783 821721	Email: england.pharmacysouthwest@nhs.net
Stacey Burch	07730 391418	

Webpages

Please see our websites for more information and any blank templates, forms and documents:

[Cornwall & Isles of Scilly, Devon, Bristol, Dorset, North Somerset, Somerset and South Gloucestershire](#)

[BaNES, Gloucestershire, Swindon or Wiltshire](#)

[Interpretation and Translation Services](#)



Medicine Supply Notification

MSN/2021/021

Diamorphine hydrochloride powder for reconstitution and injection 5mg and 10mg ampoules

Tier 2 – medium impact*

Date of issue: 09/04/2021

Summary

- There are very limited supplies of diamorphine 5mg and 10mg ampoules available until w/c 19th April 2021.
- Clinicians in both primary and secondary care are reminded of permanent actions they were recommended to take in the [Supply Disruption Alert](#) for diamorphine ampoules issued 25th March 2020.

Actions Required

All healthcare professionals in primary and secondary care including hospices, who prescribe, dispense or administer diamorphine should continue to work with their local Medication Safety Officer (MSO), pharmacy procurement teams or local lead within their organisation to:

- implement the permanent actions set out in the [Supply Disruption Alert](#) for diamorphine injection issued in March 2020.

Additionally, those in secondary care should ensure that:

- where patients cannot be treated with alternative opioid agents, they contact their Regional Pharmacy Procurement Specialist who, in cases of urgent clinical need, may be able to facilitate the sharing of stock.

Supporting information

- [UKMi shortage memo diamorphine injection 5mg and 10mg](#)
- [Diamorphine SmPC](#)

Enquiries

If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk.

*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>



Vaccine Supply Notification

VSN/2021/001

23-valent polysaccharide pneumococcal vaccine (Pneumovax 23[®]) pre-filled syringes (Merck Sharp and Dohme Limited)

Date of issue: 14/04/2021

Summary

- Supplies of Pneumovax[®] 23 pre-filled syringes (PFS) are very limited and are expected to be out of stock from mid-April until mid-May 2021, due to increased demand.
- Public Health England's (PHE) clinical prioritisation guideline has been included below, to support practitioners during this time. This includes immediate actions to take now and in the event of no vaccine being available
- Maximum ordering quotas are still in place in agreement with the Department of Health and Social Care, PHE, NHS England and Improvement, Merck Sharp and Dohme Limited (MSD), and the wholesaler All About Health Pharmaceuticals (AAH), to ensure equitable and appropriate distribution during this period.
- Please note, there is an override procedure in place for these quotas to fulfil orders for individuals in high risk clinical groups as outlined by PHE's guidance.
- A similar approach has been agreed across the UK.
- During the out of stock period the emphasis is for NHS England and NHS Improvement (NHSEI) to share the stock currently held, so that it is only used for priority cases.

Actions Required

To ensure that the limited supplies of Pneumovax[®] 23 PFS are preserved for those individuals with the highest clinical need, all relevant healthcare professionals in primary, secondary or specialist healthcare services should work to ensure the following actions are undertaken where applicable:

- **ensure all remaining stock on shelves is prioritised for the vaccination of high-risk patients as per PHE's clinical prioritisation guideline:** and
- ensure stock is **only** ordered in line with requirements for patients as per clinical prioritisation guideline (please refer to page 3 and 4).

Supporting information

Clinical Information

- Please refer to page 3 and 4 for PHE's clinical prioritisation guidelines.

Obtaining supplies

- Supplies of Pneumovax 23[®] pre-filled syringes can only be ordered from the wholesaler AAH.
- Healthcare professionals who wish to place orders, should contact AAH via their usual channels.
- If further assistance is required, please contact AAH customer services help desk on 0344 561 2266



Department
of Health &
Social Care



Public Health
England



Enquiries

- If you have any clinical queries, please contact your local Screening and Immunisation Team or Health Protection team.
- If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk.



Supply of pneumococcal polysaccharide vaccine (Pneumovax® 23)

Due to increased demand, supplies of pneumococcal polysaccharide vaccine (PPV23) marketed by MSD as Pneumovax® 23 in pre-filled syringes are very limited and are expected to be out of stock from mid-April until mid-May 2021. Clinicians should continue to prioritise vaccination according to the recommendations below.

PPV23 is recommended for:

- individuals aged from 2 years or over in clinical risk groups
- all individuals aged 65 years and over

A single lifetime dose is recommended for most individuals. Five yearly boosters are recommended for asplenic patients and those with chronic kidney disease. PPV23 should not be routinely administered in hospitals to patients with COVID-19 infection for the prevention of secondary bacterial pneumonia. This is because the immune response is unlikely to be sufficiently rapid and limited evidence of secondary infection with *Streptococcus pneumoniae* in COVID-19 patients.

Advice on how to manage the PPV23 programme

1. If you are able to procure stock, the priority should be to offer vaccine to those newly diagnosed with conditions in the high priority group followed by those in moderate priority groups who have never received PPV23 (see the table below). When such individuals are first identified, if no vaccine is available, please ensure that their records are flagged in order to call them for a future appointment. Also ensure that other aspects of management are optimised and in place (for example antibiotic prophylaxis, or booster doses of PCV13) – as advised in relevant guidance, or by the specialist clinician caring for patient.
2. Any PPV23 dose that the surgery is able to access should be offered opportunistically to high and moderate priority groups attending an appointment at the surgery who have never received PPV23 and are due this vaccine.
3. PPV23 vaccination for lower priority groups (including healthy individuals aged 65 years and over) and booster doses for asplenic, those with splenic dysfunction and chronic kidney disease are less urgent and can be planned when sufficient stock is available.

Providers should work together to ensure remaining stocks of PPV23 are where possible, made available to those who will benefit the most. This may require transfer of stock between providers in keeping with advice here: <http://createsend.com/t/d-E5434ABA283BEA792540EF23F30FEDED>

National stocks of PCV13 (Prevenar13), or separately procured PCV10 (Synflorix), should not be used in place of PPV23 because herd protection from the childhood PCV13 programme has reduced pneumococcal disease due to these serotypes across all ages, including the elderly. PPV23 helps provide additional protection against serotypes that are not covered by PCV13 or PCV10.

Table: Priority groups for Pneumococcal polysaccharide 23-valent vaccine (PPV23, Pneumovax 23)

Clinical risk group	Examples (decision based on clinical judgement)
High risk	
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Immunosuppression	Due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, asplenia or splenic dysfunction, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement deficiency) Individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.
Individuals with cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery (does not include CSF shunts)
Individuals with cochlear implants	It is important that immunisation does not delay the cochlear implantation.
Moderate priority	
Chronic respiratory disease	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory conditions caused by aspiration, or a neurological disease (e.g. cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below).
Chronic heart disease	This includes those requiring regular medication and/ or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic kidney disease	Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation.
Chronic liver disease	This includes cirrhosis, biliary atresia and chronic hepatitis.
Diabetes	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs. This does not include diabetes that is diet controlled.
Low priority	
	Healthy individuals aged 65 years and over. Booster doses for asplenic, those with splenic dysfunction and chronic kidney disease.