

Dear Care Home Team within NW Surrey CCG,

Please find some information you may find useful with regards to pharmacy issues during this Covid-19 period plus a few other links and information.

Firstly a quick update; that there has been a dedicated page created on the Surrey PAD for Covid-19 related care homes documents. Here you will find information approved by the ICP/CCGs within our area (Surrey Heartlands). The link is: <https://surreyccg.res-systems.net/PAD/Guidelines/Detail/6339>

This is a link to an interesting blog from Dr Tarun Solanki a Consultant Geriatrician at Taunton and Somerset NHS Foundation Trust, on atypical COVID presentations in older people. *Geriatric medicine has always recognised that older people may not present with typical symptoms and it is apparent that this is the case with Covid-19. Furthermore, older people have also been recognised as having a greater risk of infection and death from Covid-19. While there is little research data, frontline experience both in the UK and in other countries suggests that many older people may present atypically and therefore slip through the triaging net. These patients are likely to be admitted to a general medical or a Care of Older Peoples ward. It is therefore important that staff on these wards are aware of the atypical patients and remain vigilant to the risk of infection:* <https://www.bgs.org.uk/blog/atypical-covid-19-presentations-in-older-people—the-need-for-continued-vigilance> For example this paper also discusses issues like typical symptoms of COVID-19 such as fever, cough, and dyspnoea may be absent in the elderly despite respiratory disease.

Information for primary care, hospices, social care and home care providers

<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/ppe/>

There are a range of options available to primary care, hospices and home care providers to get PPE equipment.

- Additional supplies of PPE equipment continue to be made available to wholesalers that routinely supply to GPs, dentists, pharmacies, social care and hospices
- Regional NHS leadership teams are working with individual trusts to support mutual aid and redistribution of supplies to meet greatest clinical need

There is **NO** strong evidence that NSAIDs e.g. ibuprofen increase the risk of Covid-19. *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.* The summary below links to documents that have been published and you have already received:

Acute use of non-steroidal anti-inflammatory drugs (NSAIDs) in people with or at risk of COVID-19 (RPS2001):

In response to the public health emergency posed by COVID-19, a rapid policy development process to aid clinicians in offering best care and advice to patients with or at risk of COVID-19 has been produced. [This document](#) sets out the clinical policy for the acute use of non-steroidal anti-inflammatory drugs (NSAIDs) in people with or at risk of COVID-19. The chronic use of NSAIDs is outside of the scope of this policy with a separate review to take place. NICE has also produced a [rapid evidence summary](#)

These links may have already been circulated to you via other forums, we received this from the Primary Care Network:

Government support

The government have launched a [new website for patients](#) to use in finding out what help they can get if affected by coronavirus. This service is available to all patients who are seeking advice and guidance on the topics such as:

- feeling unsafe
- going in to work
- paying bills or being unemployed
- getting food
- having somewhere to live

- mental health and wellbeing

Covid-19 adult social care action plan

The government have published the [adult social care action plan](#) on how they will support the adult social care sector in England throughout the coronavirus outbreak, if you have not already seen read it.

More testing has been arranged, however, there are certain criteria that would need to be met prior to the test being performed. The details can be read here: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0295-Testing-of-NHS-staff-and-household-members-letter-12-April-2020.pdf> .

Where these will take place we are hoping to have more details in our next communique with you. The testing of NHS staff had been expanded to include a wider group of staff and household members across the NHS, including individuals working in primary care, **community services and other staff as determined locally**. Our team will engage with the NW Surrey CCG Accountable Officer/ STP lead to determine this.

This learning point was sent for our studies that I thought I'd share with the care homes too from the CQC:

CQC FAQs: High risk medicines: Lithium

Lithium is used as a mood stabiliser.

Lithium is sometimes prescribed in the management and treatment of mania, hypomania, recurrent depression, and bipolar disorder. It is sometimes prescribed for aggressive behaviour.

What do we expect?

- We expect to see lithium prescribed by brand so that each person receives the same medicine each time, eg Camcolit® or Priadel® .
- The prescription will usually be initiated by a secondary care specialist and we would expect a shared care agreement to be in place and for staff to know who to contact for advice.
- There should be regular monitoring of lithium levels at least every three months.
- There should be advice in the care plan about lithium toxicity, how to recognise the symptoms and what to do if the symptoms are present.

Scenario:

We visited a home and were advised that Mrs Brown had been suffering from diarrhoea and vomiting. When we looked at Mrs Browns medicine administration record she was prescribed lithium. We asked staff if they were aware of the signs of lithium toxicity and if there was a care plan in place to advise them about the symptoms and any actions to be taken. We identified both a shared care agreement and care plan in place for Mrs Brown, however staff we spoke to were not aware of the relevant information about lithium in the care plan and the importance of it for Mrs Brown. This meant that there was a risk of toxicity for people prescribed lithium because of the lack of awareness of the signs of lithium toxicity. There was also a risk to people due to a lack of awareness of care plans by staff.

This week's FAQ on High risk medicines: Lithium, highlights the importance of person-centred care plans and appropriate training for staff.

Further information is included in the FAQ 'High risk medicines: Lithium' which can be found at: <http://www.cqc.org.uk/guidance-providers/adult-social-care> (Links to an external site.) OR <https://www.cqc.org.uk/guidance-providers/adult-social-care/high-risk-medicines-lithium>

Remember if you need support with medications reconciliation for transferred residents back from hospital or new admissions. Send the details via the referral form and once received, we will request the information needed to assist as mentioned in previous communiqués.

Kind regards,

Care Homes Pharmacist NW Surrey

CSH Surrey Better healthcare together

Email: Csh.CareHomeMM@nhs.net Tel: 01932 414 217

One of the team will endeavour to reply to your email within three working days

Address: MOCH Pharmacy Team; Walton Hospital, 1st Floor, Rodney Road, Walton-On-Thames. KT12 3LD

For further information visit www.cshsurrey.co.uk