

Pharmacy

Lessons learned for future COVID surge

1. Workforce & Training

- Prior to the pandemic – many NCL Trusts did not meet the minimum staffing levels recommended for pharmacist and technicians.
This made responding to the pandemic extremely challenging.
- Response relied heavily of cessation of services elsewhere and re-deployment
- Big difference between Specialist Critical Care Pharmacists vs Non-Specialist Pharmacist:
need consistency across the patch in terms of how training is delivered and the expected standard.
- Clinical Oversight from a Senior Critical Care Pharmacist is essential

2. Operations

- **A 7-day Pharmacy Service** is critical to meet the demand
- **Ready to Administer Pre-Filled Syringes** to be made available for HIGH volume usage meds
 - Fentanyl
 - Noradrenaline
 - Insulin
 - Rocuronium
 - Atracurium
- **Critical Meds Availability** - provisions need to be made to ensure availability
- **Drug Shortages:** Contingency Plans need to be in place in advance
- **Senior Critical Care pharmacist** need on WRs to support surge worker Medics
- **Pharmacist Independent Prescribing** essential to reduce workload for Medics, Nurses and improve meds safety

- **Pharmacy Technician / Assistant roles** to reduce nursing workload
 - Set up stock lists, designing and stocking new temporary ICUs
 - Put away the meds delivered; arranging stock so that it was orderly, easy to find.
 - Orders Controlled Drugs in advance and monitoring stock/ordering/procurement
 - Daily stock monitoring system for meds used in high volume
 - Monitoring and rotating stock of pre-filled syringes with short expiry
 - Gathered Meds for nurses from the drug stock rooms
 - Provided Second Check for Nurses prior to meds administration
 - Medicine Preparation
- Many units do not have these roles established yet – this needs to be scoped and introduced
- **Pharmacy Led Medicines Preparation Service – at surge** to reduce nursing workload

3. Clinical Issues

- **Medicines Safety**

- ↑ risk as surge workers required to prescribe, prepare, check and administer
- Pharmacy led training can help reduce these
- Senior Critical Care pharmacist needed on WRs to support surge worker Medics
- Senior Critical Care pharmacist needed for clinical oversight/support for surge pharmacist

- **VTE Prophylaxis** – practice differs between centres

- **Remdesivir Supplies** in Short Supply – need to adhere to 5 day course and NHSE&I Commissioning Policy Guidance

- **Clinical Trials/EAMS Schemes** proved highly effective - requires resource

- **Optimise use of Pharmacist Independent Prescribing**

- **Shared Guidelines**

4. Communication

- Excellent examples of effective collaboration across sites in first wave
 - NCL Haemofiltration Fluid Stock Monitoring System
 - Sharing guidelines
 - Sharing of training resources
- Effective communication between Consultant Team, Nursing, Pharmacy and AHPs **is critical**
- Aim to share Guidelines, Practice and Learning across the patch through the Network