**Standard Operating Procedure (SOP):** **NHS Lateral Flow Device (LFD) tests supply service for patients potentially eligible for COVID-19 treatments (Advanced service)**

**Commencement date:** <enter date> **Review date:** <enter date>

This SOP should be read by anyone providing the NHS Lateral Flow Device (LFD) tests supply service for patients potentially eligible for COVID-19 treatments.

It contains the following sections:

1. Daily checks;
2. Operational process;
3. Service availability;
4. Clinical governance; and
5. Training log.
6. **Daily checks**

* At the start of each day, check that you can provide the service:
  + A Responsible Pharmacist has signed in;
  + The pharmacist has or will read this SOP and is aware that this service must be available throughout the pharmacy’s full opening hours; and
  + The pharmacy has test kits available to distribute to eligible patients making requests for test kits.

1. **Operational process**
2. **Supply of tests kits to the pharmacy**

* LFD test kits should be ordered from <insert name of wholesaler(s)>; only boxes of five should be ordered for this service*.* The test kits are supplied as an individual box (for an individual person) containing five test kits.

1. **Storage of test kits**

* The test kits need to be stored away from direct sunlight, between 2°C and 30°C. They should be stored <enter location>.

1. **Responding to people requesting test kits**

* If the pharmacy does not have any 5 x LFD test kits, contact a neighbouring pharmacy who is offering the service to see if they have stock so the patient/representative can be signposted to receive stock elsewhere.
* The person collecting the test kit(s) should be a minimum of 16 years of age; if they are not, check with the pharmacist or pharmacy technician before supplying the kit.
* Eligible patients must be 12 years or over to be entitled to receive a free LFD test kit under this service.
* The full list of eligible patients for the service that are at risk of getting seriously ill from COVID-19, and therefore potentially eligible for COVID-19 treatments, can be found in NICE guidelines [**Supporting information on risk factors for progression to severe COVID-19**](https://www.nice.org.uk/guidance/ta878/chapter/5-Supporting-information-on-risk-factors-for-progression-to-severe-COVID-19). From 1st April 2024, the patient cohorts listed in the NICE guidelines [**Recommendation**](https://www.nice.org.uk/guidance/ta878/chapter/1-Recommendations)**s** section are also eligible for the service.
* The patient’s eligibility must be confirmed; this could be by:
  + Seeing the patient’s NHS letter which confirms eligibility;
  + Having a discussion with the patient or their representative about the patient’s medical history, confirming they have a qualifying condition. The pharmacist or pharmacy technician may wish to review the pharmacy’s PMR or the National Care Records Service (NCRS) and then use their clinical judgement; or
  + Referring to the pharmacy’s clinical records for the service, where the pharmacy has previously seen and made a record of having seen a copy of the patient’s NHS letter confirming eligibility.
* The test kits must be provided free of charge to eligible people requesting them.
* One pack of 5 x LFD test kits per eligible person can be supplied. No other pack sizes can be provided as part of this service.
* If test kits are not available when an eligible patient requests a supply, a member of staff should contact other local pharmacies providing the service to identify one which does have test kits in stock, which the patient or representative can be signposted to.
* Tests must be undertaken away from the pharmacy as explained in the instructions inside the test kit.

1. **Information to obtain from and provide to people requesting test kits**

* When supplying test kits, the person collecting the kits must supply the following information about the eligible person and the answers must be recorded on the data capture form:
  + Patient’s NHS number (if available);
  + Patient full name;
  + Patient date of birth; and
  + Patient address;
* If the lateral flow test kit is being requested on behalf of someone else, the following additional information must also be recorded on the data capture form:
  + Patient representative full name; and
  + Patient representative address.
* The following additional information must be recorded on the data capture form before the patient is provided with the LFD test kit.
  + Confirmation of eligibility, i.e. patient letter seen / clinical history assessment against eligibility criteria;
  + Date of supply; and
  + The batch/lot number of LFD tests supplied.
* Ideally on a daily basis, but as a minimum at least once a month and at the latest by <time and day>, the data captured above must be entered into MYS.

1. **Service availability**

* The service must be provided throughout the pharmacy’s opening hours.

1. **Clinical governance**

* Any patient safety incidents must be reported in line with the <normal incident reporting procedure>. A Yellow Card report should also be made to the MHRA, as necessary (see guidance at [[**https://coronavirus-yellowcard.mhra.gov.uk/**](https://coronavirus-yellowcard.mhra.gov.uk/)](https://coronavirus-yellowcard.mhra.gov.uk/)).

1. **Monitoring and post-payment verification**

* To support service evaluation, monitoring and post-payment verification, completed data capture forms for the service should be kept as evidence to demonstrate service provision for three years from the date of service claims.
* Evidence to support purchases of LFD test kits should be kept for three years from the date of service claims.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Accountable pharmacist signature |  | Date |  | SOP  Version: 1:0 |

1. **Training Log**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff member’s name** | **Staff member’s signature and date to confirm this SOP has been read and understood** | **Name of authorising pharmacist** | **Signature of pharmacist and date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |