The UK Covid-19 Inquiry

Written Submissions of the National Pharmacy Association (NPA) on Module 3

Introduction

These submissions include:

a. an overview of the impact of the pandemic on community pharmacy;
b. proposed issues for inclusion within Module 3; and
c. observations about expert evidence.

Overview of the impact of the pandemic on community pharmacy

1. Community pharmacy is part of primary care, together with GPs, opticians and dentists.

2. The NPA is a not-for-profit membership body which represents the vast majority of independent community pharmacies in the UK, from regional chains through to single-handed independent pharmacies. Over 50,000 people, including approximately 15,000 pharmacists, work in the NPA's approximately 5,500 member pharmacies. Independent pharmacies are family-owned community-focused businesses, as distinct from national chains.

3. Community pharmacies are located where people live, shop and work, and they are disproportionately located within deprived communities, meaning that they deliver health services to people who need it most, and play a role in reducing health inequalities.

4. Over 50% of the NPA's membership are from an ethnic minority background, and the NPA as an organisation reflects the diverse background of its membership through a board composition that is genuinely representative, with 8 of 15 board members coming from an ethnic minority background. The role of community pharmacy and the diversity of the NPA's membership and leadership make it ideally placed to contribute to the Inquiry's consideration of the impact of the pandemic on health inequalities.

5. Community pharmacy is most well-known as a dispenser of medicines, but its role is in fact much broader and includes other NHS and public services, for example the provision of health advice, the delivery of over 20 million Covid-19 vaccinations, the administration of millions of flu vaccines every winter and the provision of lateral flow tests.

6. During the pandemic, community pharmacy demonstrated great resilience and not only maintained the core service of the supply of medicines (which is the biggest therapeutic intervention within the NHS, within around 1 billion prescriptions supplied to the public per annum) but also increased the provision of expert medicines advice in respect of common illnesses and to people with long term conditions. 98% of community pharmacies reported increased enquiries about serious health conditions during the pandemic. The NPA also worked together with the Home Office on the introduction of the Ask for Ani scheme which gave victims of domestic abuse a way to seek help when other services were unavailable.

7. However, despite this central role in the delivery of NHS care, community pharmacy was often overlooked during the pandemic, and experienced the following issues:

    a. community pharmacy had to source its own PPE, and the NPA was required to intervene to secure reimbursement of the cost; and

    b. people who worked in pharmacies were not initially recognised as key workers to enable their children to attend school while they worked, and again intervention from the NPA was required.

8. The NPA has collected extensive testimony from its members about the impact of Covid-19 (which is available to share with the Inquiry), including the following:

    "There was huge expense in supplying PPE to staff and hand sanitiser etc for customers. We received a four-week supply of PPE of one pack of gloves and two packs of 50 masks; this was patently insufficient, and we had to personally fund the shortfall. We are all working in close proximity in a confined space."

    "My wife… and I are co-owners of a single independent pharmacy. We are both pharmacists. When the pandemic hit, it occurred to us that if one of the team became ill, or got COVID, there was the potential for the whole team to go down – and that would mean closure, leaving patients without medication, putting them in turmoil. Our big fear was letting people down. The solution we came up with kept us running and safe. It was to split the team in half. My wife led one half of the team, while the other half of the team isolated at home. Whichever one of myself or [my wife] was working stayed in a hotel for that week. At the end of the week when I was working, I checked I was symptom-free before going home. Even then, the family would go to a separate room and I would go straight to have a shower and put my clothes in a bag. Only then would I come down to the family. We'd spend a day together, then we'd swap. We did that for ten weeks…In 23 years in pharmacy this has been the most challenging time of my career, but it has been the most rewarding as well. We've not let our patients down, we've come through it."

9. NPA members also had to overcome challenges in the supply chain including price rises and shortages as the global medicines supply chain adjusted to the pandemic. There were also local supply challenges as large numbers of patients were transferred onto longer prescriptions (three-month supply versus the usual one-month) which put acute pressures on supplies. The UK's departure from the EU, exacerbated workforce issues across the UK which impacted community pharmacy, and in Northern Ireland, the Northern Ireland protocol led to additional difficulties in the sourcing and supply of medicines, including higher costs than in the rest of the UK.

10. The NPA welcomes its designation as a core participant to Module 3 and will seek to add significant value to the work of the Inquiry through its unique insights into the role played and challenges faced by community pharmacy throughout the pandemic, particularly around issues of equality and diversity.

Scope of Module 3

11. The NPA suggests that the following issues are included within the scope of Module 3 (adopting the headings and numbering within the Inquiry's Module 3 Provisional Scope document, for ease of reference):

1. The impact of Covid-19 on people's experience of healthcare.

a. To consider the provision of health services through community pharmacy during the pandemic. Community pharmacy acted as a first port of call for many patients during the pandemic and experienced a substantial increase in the number of patients seeking advice for more serious conditions or mental health issues.

b. The role played by informal and unfunded health services delivered through community pharmacy, such as health advice on a wide range of issues, in maintaining healthcare provision. These services were not formally commissioned or funded by the NHS.

c. Health inequalities and the needs of vulnerable patients, including the lack of access to medication and the role played by community pharmacy in delivering medicines to large numbers of vulnerable patients in self-isolation.

d. Access to healthcare services for people without a settled immigration status or without NHS registration (the NPA collaborated with charities and NHS England to provide Covid-19 vaccines to those with insecure NHS status).

e. The impact of medicine shortages and medicines price increases on patients (including the specific arrangements relating to medicines supply in Northern Ireland).

f. The impact of the pandemic on the health and wellbeing of the public, including the management of health conditions other than Covid-19.

g. The role played by community pharmacy and other primary care providers in maintaining and improving the health of the communities they serve, and the contribution these services make to the social capital of a community.

h. The impact of post-Covid-19 conditions on health services, and the provision of services through community pharmacy to support patients and their families with long Covid.

2. Core decision-making and leadership within healthcare systems during the pandemic.

a. To consider core decision-making and leadership in relation to the provision of services through community pharmacy. The NPA's experience is that community pharmacy was not considered alongside other NHS services providers, which led to community pharmacy not having the support it needed throughout the pandemic. This created additional pressure on community pharmacy due to the failure of central decision-makers to recognise the considerable cost of maintaining face to face healthcare services during the pandemic.

b. To examine decisions around commissioning, implementing and remunerating services delivered through community pharmacy.

c. To assess the current levels of public access to pharmacies, which is necessary in examining the resilience of the health service to withstand future pandemics. Hundreds of pharmacies have closed in recent years and economic research commissioned by the NPA suggests the potential for thousands more to close in the future. If pharmacies close, it will limit access to health services in villages, towns, urban areas and in rural communities, and the inevitable result will be increased pressure on the NHS as people turn to GPs and A&E departments for help that could be accessed conveniently through their local pharmacy. Maintaining public access to pharmacies is critical to achieving resilience in the healthcare system against the impact of future emergencies.

d. To consider core decision-making around the role of community pharmacy as a first port of call for many health services. The NPA suggests that this role should be formalised to improve public access to services and reduce

pressure on other parts of the healthcare system, such as A&E and general practice. To ensure resilience in a future pandemic or healthcare emergency, the NPA suggests consideration of independent prescribing services from community pharmacy, which would allow the pharmacist to provide appropriate treatment or to refer patients into the healthcare system as needed.

3. **Staffing levels and critical care capacity, the establishment and use of Nightingale hospitals and the use of private hospitals.**

4. **111, 999 and ambulance services, GP surgeries and hospitals and cross-sectional co-operation between services.**

    a. To consider whether government made sufficient investment in integrating community pharmacy into the rest of the health system with appropriate infrastructure to support effective co-operation.

5. **Healthcare provision and treatment for patients with Covid-19, healthcare systems' response to clinical trials and research during the pandemic. The allocation of staff and resources. The impact on those requiring care for reasons other than Covid-19. Quality of treatment for Covid-19 and non-Covid-19 patients, delays in treatment, waiting lists and people not seeking or receiving treatment. Palliative care. The discharge of patients from hospital.**

    a. There was confusion as to the application of Covid lockdown restrictions on healthcare workers and their families, which led to a significant shortage of pharmacy teams.

    b. The delay of Covid test availability for pharmacy teams, which amplified resourcing challenges.

    c. Consideration of the Pharmacy First Plus service, introduced in Scotland, which enables patients to access prescribers within pharmacies.

6. **Decision-making about the nature of healthcare to be provided for patients with Covid-19, its escalation and the provision of cardiopulmonary resuscitation, including the use of do not attempt cardiopulmonary resuscitation instructions (DNACPRs).**

7. **The impact of the pandemic on doctors, nurses and other healthcare staff, including on those in training and specific groups of healthcare workers (for example by reference to ethnic background). Availability of healthcare staff. The NHS surcharge for non-UK healthcare staff and the decision to remove the surcharge.**

a. The challenge that community pharmacy faced in responding to the pandemic and maintaining staff services following long-term under investment by the NHS.

b. The significant impact on pharmacists and their teams on maintaining services during the pandemic, including stress, fatigue and mental health issues.

c. The challenges of maintaining services whilst staff were isolating.

d. The need for community pharmacies to adapt their role to continue to meet patient need within infection control protocols, including:

   i. Creating infection prevention and control protocols to process medicine wastage from care homes.;
   ii. Revising substance misuse services so that patients were able to receive their regular medication but within the boundaries of infection control;
   iii. Working longer hours to ensure access to services;
   iv. Adjusting to temporary changes in regulations allowing for emergency supplies of medicines and virtual consultations.

8. Preventing the spread of Covid-19 within healthcare settings, including infection control, the adequacy of PPE and rules about visiting those in hospital.

a. The supply of PPE to community pharmacy, in circumstances where pharmacies were initially considered private providers of healthcare services with responsibility for securing their own supply.

b. To examine Public Health England guidance on infection prevention and control for pharmacy settings and the level of PPE required for pharmacy staff.

9. Communication with patients with Covid-19 and their loved ones about patients' condition and treatment, including discussions about DNACPRs.

10. Deaths caused by the Covid-19 pandemic, in terms of the numbers, classification and recording of deaths, including the impact on specific groups of healthcare workers, for example by reference to ethnic background and geographical location.

11. Shielding and the impact on the clinically vulnerable (including those referred to as "clinically extremely vulnerable").

a. The impact of medicine delivery services on those who were vulnerable,

shielding or lived on their own.

12. Characterisation and identification of Post-Covid Condition (including the condition referred to as long Covid) and its diagnosis and treatment.

Expert evidence

12. The members of the NPA elect members to sit on the national Board. Many NPA Board members are recognised nationally as leading clinical practitioners and sit on working groups of the NHS and the regulatory body in Great Britain, the General Pharmaceutical Council (GPhC). The current NPA chair is an officer of the World Pharmacy Council, and another board member is the former president of the Pharmaceutical Group of the European Union (PGEU). Through the Board and the Policy & Practice Sub-Committee the NPA gathers and coordinates the views and experiences of its membership.

13. Given the likely diversity of expert opinion in respect of the topics identified by the Inquiry, the NPA would strongly recommend that groups of experts are appointed to each topic rather than a single expert, so that any areas of broad consensus and those areas where differences of expert opinion remain, can be identified for the Inquiry's benefit.

14. The NPA would be pleased to assist the Inquiry for the purposes of identifying sources of relevant expert evidence in the field of pharmacy.

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