

The UK Covid-19 Inquiry

Written submissions of the National Pharmacy Association (NPA) on Module 4

Introduction

These submissions address:

- a. The role of community pharmacy in delivering the vaccination programme.
- b. The role of the community pharmacy in vaccination uptake.
- c. Lessons learned and preparedness for the next pandemic.
- d. The NPA's views on the Inquiry's proposed Key Lines of Enquiry.

Overview of the National Pharmacy Association

1. The Inquiry Chair and Team will be aware on the work of the NPA through its participation in the Inquiry proceedings as a core participant in Module 3, and from the NPA's application for core participant designation in this Module. However, for the benefit of other core participants to Module 4, a brief overview of the NPA is included within these written submissions.
2. The NPA is a not-for-profit membership body which represents the vast majority of independent community pharmacies across the UK, from regional chains through to single-handed independent pharmacies. The NPA's 5,500 member pharmacies engage approximately 15,000 pharmacists, and they and their teams were instrumental in the successful delivery of the Covid-19 vaccination programme.
3. The members of the NPA select 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 immediate past chair is an officer of the World Pharmacy Council, and another board member is the former President of the European Association for Community Pharmacy. Through the Board and the Policy & Practice Sub-committee the NPA gathers and coordinates the views and experiences of its membership, and campaigns and advocates on their behalf.
4. Community pharmacy is part of primary care and plays a vital role in maintaining

and improving the health of the communities it serves. It is most well-known as a dispenser of medicines, but its role is in fact much broader and includes other NHS and publicly funded services, for example the provision of health advice, the administration of millions of flu vaccines every winter and the provision of lateral flow tests. Community pharmacies played a core role in maintaining access to health care services during the pandemic, despite the immense pressures. For example, during the pandemic it was important that the NHS flu vaccination service be opened to those over the age of 50. The provision of the flu vaccination programme through community pharmacy was critical to its success, as many patients within this cohort were able to be vaccinated at community pharmacies outside of normal working hours and at weekends.

5. Similarly, community pharmacy was central to the delivery of the Covid-19 vaccination, with which these submissions are concerned.

Delivery of the vaccination programme.

6. The delivery of the Covid-19 vaccination programme was the biggest success of the pandemic. It operated at unprecedented pace, scale and complexity and it is estimated that the programme has prevented hundreds of thousands of hospitalisations.
7. Independent community pharmacies played a significant role in the delivery of Covid-19 vaccines and the National Audit Office (NAO) report of 25 February 2022, "The rollout of the COVID-19 vaccination programme in England" identifies (at paragraph 3.10) that community pharmacies and GPs went beyond expectations in delivering the Covid-19 vaccine. 71% of vaccinations were administered by GPs and community pharmacies (15% by community pharmacies and 56% by GPs) up to the end of October 2021, against a planning assumption of 56%. This compares to 21% of vaccines delivered at vaccination centres, against a planning assumption of 41%. The additional contribution by community pharmacies and GPs to the rollout was a significant factor in the programme exceeding its objectives and expectations. This delivery was also cost effective, at £24 per dose, compared to £34 per dose for vaccination centres (paragraph 3.11 of the NAO

report).

8. Throughout the pandemic community pharmacy continued to scale up service delivery to meet demand. For example, the number of community pharmacies able to deliver the vaccine increased by 50% between October and December 2021, and community pharmacies immediately increased appointment availability in response to the government's decision to expand the booster programme in December 2021. According to figures from NHS England and NHS Improvement, by 14 January 2022, community pharmacy had delivered well over 22 million vaccinations (an increase of approximately 10 million from October 2021).
9. Delivery of vaccination services by community pharmacy has helped to relieve substantial pressure on other parts of the NHS. For example, in Northern Ireland, community pharmacy played a significant role in the care home vaccination programme and is now responsible for all care home Covid and flu vaccinations.

The significant role of community pharmacy in vaccination uptake

10. Community pharmacists and their teams played a key role in encouraging patients to receive a Covid vaccination. They have strong trusting relationships in local communities and neighbourhoods. They helped to tackle vaccine inequalities and improve vaccination uptake, by engaging with patients to discuss their concerns and debunk myths, and by taking the time to explain why the Covid vaccination was so important. This engagement included at places of worship to facilitate access to the vaccination programme.
11. At the start of the vaccination programme, the NPA issued guidance on Covid-19 vaccine hesitancy, that provided information to members on tackling vaccine hesitancy in patients, and on the factors influencing vaccination uptake among some groups.
12. The NPA also met with government ministers on 7 January 2021 to consider how community pharmacy could help promote uptake of the Covid-19 vaccine,

including how the high levels of trust in local pharmacists could be an important factor in overcoming doubts and misapprehensions about vaccines.

13. Access to the vaccine by marginalised communities was a worrying barrier to the Covid vaccination programme and community pharmacies were instrumental in the delivery of the Covid vaccination to those with insecure NHS status or with no fixed abode, providing a critical service to disenfranchised groups. In this regard, the NPA collaborated with NHS England to produce a toolkit to allow people within such groups to access Covid vaccinations through community pharmacy, not only improving the health of the individual but also providing public health support to the wider community.

Lessons learned and preparedness for the next pandemic

14. The NPA and the community pharmacy sector is keen to ensure that lessons are learned from the vaccination rollout programme, and the NPA notes, from the Inquiry's Provisional Outline of Scope document, that this will be a focus of Module 4. While ultimately highly successful, there are aspects of the vaccination programme which gave rise to concern for the NPA and its members.

15. As early as the summer of 2020, the NPA highlighted to government ministers, policy makers and Public Health England, the key potential role of community pharmacy in the administration of the vaccination service, having already had success and experience in the delivery of the flu vaccination for over 20 years.

16. However, despite this potential and existing expertise and experience, government engagement with community pharmacy in the initial planning of the programme in Autumn 2020 was limited and it was only later in the programme (from Spring 2021) that the NPA and the wider community pharmacy network participated more fully.

17. The failure of government during the pandemic to adequately engage with existing knowledge and experience, within community pharmacy, other areas of primary care and with local government, appears to be a recurring theme. This

issue is also identified at paragraph 3.30 of the NAO report and can also be detected in the vaccination planning assumptions (see paragraph 7 above) which GPs and community pharmacy significantly outperformed, against a corresponding underperformance of the new vaccination centres.

18. Given their experience and track record of delivery, the NPA suggests that the community pharmacy sector (and staff) should be included in all local planning meetings around implementation of vaccination services, including supply and resourcing discussions from the outset.

19. Aspects of vaccination delivery planning that were lacking and require improvement, are as follows:

- a. An initial lack of clarity about how NPA members were selected or invited to participate in the vaccination programme, and a lack of consistency of approach in different areas of England.
- b. There were concerns regarding the number of hours training that pharmacists were required to undergo, some of which was either not relevant (because it did not relate to procedures performed by pharmacists) or had already been covered as part of the routine flu vaccination service. This may have impacted on the provision of the vaccination service, where despite community pharmacy being operationally ready, the required number of training hours had not been covered.
- c. Delivery of the vaccination service produced significant paperwork and administration that increased workload and pressure on community pharmacy.
- d. Supply of vaccines was sporadic at times and community pharmacy struggled to access sufficient supply to meet demand. An NPA member has provided the following feedback:

With increased quantity of vaccine being allocated to our offsite vaccination centre, we could have done so much more. Instead, patients were made to travel 40 or 50 miles to access a mass vaccination site for their 1st dose and by opening appointments in the future, managed to book their 2nd doses with us (where they live or work) as this was the only way we could force NHS England to allocate vaccines for us (having bookings to justify allocations).

- e. The NHS booking system also created issues and did not allow for a two-way dialogue between the provider/the pharmacy and the patient. There were instances where patients failed to turn up for appointments, but due to the required thawing process of the vaccine, the vaccinations had already been prepared for use within a specified time. This meant that vaccinations would have to be destroyed, unless pharmacists could find a way, often through their local relationships, to utilise already prepared vaccinations.

20. The NPA has provisionally identified the following areas for improvement:

- a. Properly utilise existing expertise, capability, and capacity within primary care. Innovation is of course important but there is evidence that new untested initiatives were prioritised at the expense of existing expertise, experience, and capacity.
- b. Better planning, engagement and communication. It is essential that community pharmacy has full clarity about expected volumes so that they can plan resources, invest appropriately, and procure the right level of vaccines.
- c. Improved access to information. Community pharmacy requires access to the NHS vaccine booking system and appropriate read/write access to full patient records to operate to their full potential (which is important given how stretched health services are).

Comments on the Inquiry's proposed Key Lines of Enquiry (KLOEs)

21. In response to the Inquiry's invitation to suggest KLOEs for inclusion in targeted qualitative research, the NPA suggests the following KLOEs (adopting the Inquiry's numbering at paragraph 58 of the Note of Counsel to the Inquiry):

- a. Experiences receiving information on the Covid-19 vaccines, including:
 - ii. Experiences of receiving useful information or mis/disinformation;
 - iv. The quality of targeted messaging for specific groups;
 - viii. Views on how to improve public messaging.
- b. Public trust in the safety of Covid-19 vaccines and the importance of being vaccinated, including:
 - i. Confidence: Drivers and barriers to trust in safety of Covid-19 vaccines;
 - iii. Other drivers of vaccine hesitancy and unequal uptake, including how these differ for different groups, and the causes of such disparities;
 - iv. How these factors affect vaccination decisions.
- c. Practicalities of vaccine roll-out, including:
 - i. Convenience and barriers in relation to vaccine roll-out;
 - ii. Experiences and particular barriers to accessing vaccines for those from vulnerable or marginalised groups;
 - iv. How accessibility and convenience factors affected vaccination decisions/uptake.

22. The NPA also wishes to propose that the following additional issue is included within the research (perhaps within b(i) – Confidence): as already mentioned (see paragraph 7 above) the NAO report found that GP surgeries and community pharmacies outperformed planning assumptions for delivery of the vaccine up to October 2021 (by 71% actual delivery against an assumption of 56%), whereas the newly created vaccination centres underperformed against planning assumptions (delivering 21% of vaccinations against assumptions of 41%). This may indicate that existing trusting relationships between patients and healthcare providers within primary care was a factor in vaccine uptake, and the NPA suggests that this issue should be specifically addressed within the research. Regarding whether this

evidence could be obtained through another method, the NPA suggests that as this is an issue of patient confidence within the remit of the Inquiry's existing proposed KLOEs, the research questions will be the most appropriate method of capturing this information/evidence, and observes that significant resource will be required to obtain this type of information through a Rule 9 process.

23. Regarding the proposed target populations for the targeted research, set out at paragraph 59 of the note of Counsel to the Inquiry, the NPA agrees with the audience groups identified, namely those connected to geographical locations with low uptake, ethnicity, socioeconomic circumstances, and people with particular health concerns, including the immunosuppressed, pregnant and/or breastfeeding women, and/or those with fertility concerns. As identified already at paragraph 13 above, the NPA had concerns about access to the vaccine by marginalised communities, including people of no fixed abode and with insecure NHS status. However, it is envisaged that, "socioeconomic circumstances" will include these groups.

5 September 2023