

Witness Name: Dr Rose Marie Parr

Statement No.: 1

Exhibits: RMP

Dated: 18<sup>th</sup> October 2023

## **UK COVID-19 INQUIRY**

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### **WITNESS STATEMENT OF Dr Rose Marie Parr**

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**In relation to the issues raised by the Rule 9 request dated 20 June 2023 in connection with Module 2A, I, Rose Marie Parr will say as follows: -**

#### **Personal Details**

1. My name is Rose Marie Parr. I was appointed Chief Pharmaceutical Officer (CPO) for Scotland on 1<sup>st</sup> June 2015 and held this post until retirement on 30<sup>th</sup> September 2020. As CPO, I was the professional lead for Pharmaceutical Care in NHS Scotland and policy lead for NHS Pharmaceutical practice in the community, primary care and secondary care.
2. I am a registered Pharmacist and undertook my undergraduate degree and postgraduate degrees at Strathclyde University in Glasgow and my postgraduate doctorate degree in education at Glasgow University. I worked as a hospital pharmacist in my initial career and then became the Director for Postgraduate Education for Scotland working in NHS Education for Scotland (NES). I am a past Chair of the Scottish Pharmacy Board of the Royal Pharmaceutical Society of Great Britain (RPSGB) and a designated Fellow of the RPSGB. I currently hold honorary Professorships at both Scottish Schools of Pharmacy and serve as a registrant member on the pharmacy regulator, the General Pharmaceutical Council. I was awarded an OBE in 2022, for services to pharmacy education.

3. The Covid-19 pandemic caused immeasurable grief, suffering and loss to all families in the UK and around the world. I should like to express my gratitude for the remarkable contributions made by all healthcare professionals throughout the pandemic and in particular the dedicated work of community, primary care and hospital pharmacists and their pharmacy teams, who helped secure the pharmacy services and supply of medicines throughout the pandemic.
4. I have prepared this statement myself, with the help of the Covid Inquiries People Support team, to enable this statement to be submitted.

## **Introduction**

5. As CPO, working within the Health and Social Care Directorate, I reported directly to the Chief Medical Officer (CMO) for Scotland. I was the professional lead for the SG Pharmacy Division with two main areas of responsibility. Firstly, to consult with community pharmacy owners across Scotland through their trade body Community Pharmacy Scotland (CPS) to manage community pharmacy remuneration and reimbursement and thus ensure NHS Community Pharmacy services. Secondly, to work with NHS Scotland, the Scottish Medicines Consortium (SMC) and medicine manufacturers to ensure access to medicines and work with UK bodies to implement the Medicines Act and regulations in Scotland. As CPO, I was the lead contact for my CPO equivalents in the other UK countries and the professional pharmacy lead for the Scottish NHS Directors of Pharmacy across all Scottish Health Boards.

## **Key Policies affecting Pharmacy in Scotland during Covid**

6. Personal Protective Equipment (PPE) supply to Community Pharmacy

In early 2020 and continuing throughout the stages of Covid infection, the approx. 1250 Community Pharmacies across Scotland were one of the key healthcare settings open for patients and public with access to Primary Care services. For example, community pharmacies across Scotland were a major accessible source for Covid-19 testing kits for

the public. Initially community pharmacy, as independent contractors, sourced their own supply of PPE for the safety of their staff, patients and premises. However, as a single NHS in Scotland the policy decision was taken to utilise the national procurement service of National Services Scotland (NSS) with expertise in procurement, supplies, resilience and economies of scale to supply PPE to all community pharmacies in Scotland through a new supply chain service. By Scottish Government stepping in, via NSS, there was always a reliable supply of the right PPE for community pharmacy needs.

## 7. NHS Pharmacy First Scotland service

NHS Pharmacy First Scotland provides support for people living in Scotland, registered with a GP practice, access to a minor ailment and common clinical conditions service. It allows community pharmacies to give people expert help for treating conditions such as sore throat, earache, cold sores and common clinical conditions without going to their GP practice or Emergency Department for non-urgent treatment. Prior to Covid, the previous NHS Minor Ailment Service from Pharmacies was only available to people who were exempt from prescription charges. However, as a direct result of Covid, a Scottish Government policy decision was taken to expand this existing Minor Ailment service to become the new NHS Pharmacy First Scotland service, open to all of those registered with a GP practice and all people resident in Scotland, including gypsy or travelers or asylum seekers. The common clinical conditions able to be treated was also expanded and includes advice and treatment for conditions such as urinary tract infections, impetigo shingles and other skin infections. This expansion into this NHS Pharmacy First Scotland Services from all community pharmacies allowed patients and the public access to advice and treatment without increasing the pressures on Primary Care and Emergency services.

## 8. Access to medicines

As CPO in Scotland, I worked with my fellow UK CPO's and colleagues in NHS Scotland and the Department of Health and Social Care (DHSC) in England, the latter DHSC as the lead organization, to ensure the supply of Pharmaceuticals to Health Boards and hospitals across Scotland. This was an important part of the supply of medicines for use, particularly in intensive care at the start of the Covid infection, when there were no effective treatments or vaccinations available. Much of this UK medicines procurement and supply chain work

was helped by the previous preparation using the worst-case scenario planning for a 'no-deal' EU exit. In the early stages of Covid, it was a difficult time for Health Boards and hospitals, procuring medicines but policy improvements in medicines data procurement across the UK, helped to improve the supply and distribution of critical medicines.

## 9. Lessons Learned

In Pharmacy in Scotland, there were several key policies affecting readiness and dealing with the pandemic. Firstly, the importance of a strong community pharmacy network across Scotland, that continued to allow patients and the public access to medicines in the pandemic. Secondly, the better understanding of the UK medicines supply chain, allowed systems to gather and share data and thus resulted in improved resilience of medicines supply. It required IT systems and improved connectivity for both efficient and effective medicines supply routes across Scotland and the UK

## Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

**Personal Data**

**Dated:** 18<sup>th</sup> October 2023