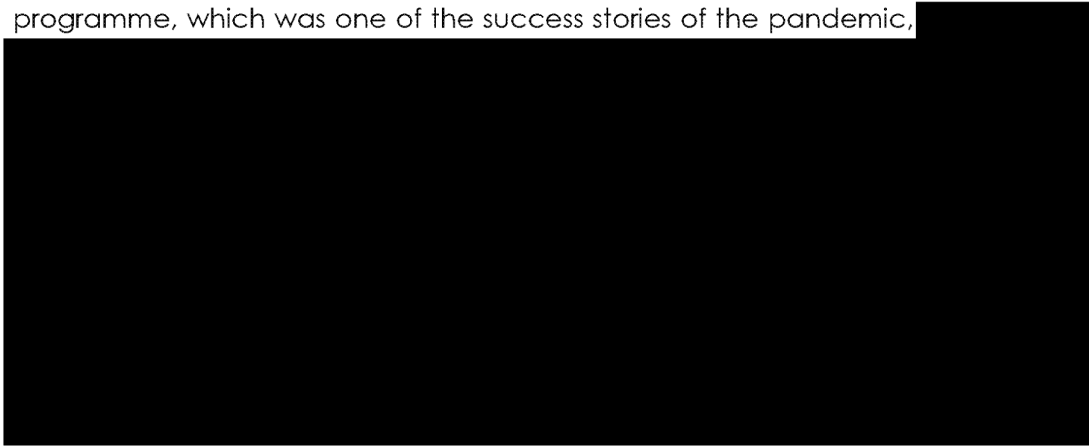


The UK Covid-19 Inquiry

Written submissions of the National Pharmacy Association (NPA) for the preliminary hearing in Module 4 on 22 May 2024

1. The National Pharmacy Association (NPA) is the membership body that represents the majority of independent community pharmacies in the UK, and these submissions highlight a small number of issues of particular relevance to the NPA and its membership, which the NPA suggests should be examined by the Inquiry within the Module 4 hearings.
2. The issues are all concerned with the delivery of the Covid-19 vaccination programme, which was one of the success stories of the pandemic,



3. However, there are a number of lessons to be learned and areas for improvement arising out of the experience of delivering the programme, as set out below.

Planning

4. Community pharmacy should have been consulted and involved earlier in the planning process, particularly given its years of experience and expertise in delivering annual influenza vaccinations.
5. Community pharmacy was initially designated as gap in service providers, which was a mistake, as this approach overlooked the capacity and resources of the approximately 14,000 community pharmacies that already existed within the healthcare system in the UK.
6. Vaccination centres provided capacity to deliver high volumes of vaccinations in dense population areas with good transport links, and this was an important part of the programme. But so too was the ability to provide vaccinations within communities, and to reach underserved communities. This balance needs to be better delivered in the future.
7. Certain requirements of programme participation were unnecessary and arbitrary and prevented the participation of community pharmacists who were anxious to contribute. For example, participation in Phase 1 in England required the administration of at least 1,000 vaccines per week and opening hours of between

08:00 and 20:00, 7 days a week. This unnecessarily prevented the participation of smaller pharmacies who did not have the physical space to deliver this volume of vaccinations (taking account of the need for social distancing and waiting/observation post vaccination), or the staffing capacity.

8. Largely as a result of these restrictions, there were only 6 community pharmacy led contributors to the first wave of Phase 1. However, once these requirements were relaxed, community pharmacy was able to make a much more significant contribution. By June 2020 over 500 community pharmacies had delivered over 5 million vaccines in England, and in 2023 46% of vaccinations were administered by community pharmacy.

Utilising existing resources and expertise

9. Building and delivering healthcare services, such as a vaccination programme, through existing health infrastructure (including the extensive community pharmacy network) is more effective and efficient than creating temporary service facilities (often at significant cost).
10. The Inquiry is invited to examine and consider whether the creation of vaccination centres was a further example of a broader tendency to overlook existing NHS resource and expertise, in favour of the creation of expensive temporary systems and services, with little lasting utility.

Operational challenges

11. The disjointed booking systems (with some providers using the National Booking System, while others used different incompatible systems) presented a major challenge and undoubtedly caused wastage through double booked appointments and subsequent non-attendance, which would have been worse but for the flexibility and innovation of healthcare workers on the front line in sharing and sourcing unused vaccination supplies. In order to provide a cost-effective service with minimum wastage, there needs to be better integrated I.T. systems, with booking systems linked to patient case records, and with stock managed and allocated according to booking demand.
12. Other challenges included the provision of PPE, high volumes of administration (with which already stretched healthcare workers struggled to cope), and poor communications (which at times were chaotic) with vaccinators sometimes finding out about the changes they needed to implement the next day on the evening news.

Vaccine hesitancy and equalities issues

13. The significance of the issue of vaccine hesitancy was not appreciated early enough, and nor was the positive role that community pharmacy was able to play in addressing this issue.
14. Community pharmacy are trusted healthcare professionals at the heart of their communities, ideally placed to respond to the needs and concerns of their patients.

15. Community pharmacy is also disproportionately located in poorer areas and it played a significant role in addressing health inequalities. Together with Doctors of the World and NHS England, the NPA launched open access vaccination clinics to provide vaccinations for hard to reach groups, including asylum seekers and the homeless.
16. The NPA acknowledges that lessons were learned over the course of the programme, and that governments did quite quickly come to recognise and utilise the strengths of community pharmacy in these areas. For example, within a published letter of 1 June 2021 from NHS England and NHS Improvement to the whole of the NHS, including primary care, ahead of the implementation of Phase 3 (the booster programme) it was recommended to, "consider the best delivery access for your population requirements, making the most of community pharmacy, pop ups, mobile units, and other approaches. Convenience builds uptake through ease of access via locations as well as opening hours. In doing this, **systems should identify from the start how to maximize uptake of the vaccine in underserved communities, building on learning in Phases 1 and 2.**" [emphasis added]
17. However, these issues could have been better anticipated, and this should be a key learning for the future.

Impact on and unrealistic expectations of healthcare workers

18. Healthcare workers who were already working in a system stretched to breaking point by the pandemic, provided crucial vaccination services on top of existing commitments, many working almost continuously with little sleep or time to spend with their families. This is not a sustainable model for the delivery of future vaccination services.

13 May 2024