

The UK Covid-19 Inquiry

Written opening statement of the National Pharmacy Association (NPA) in Module 3

Introduction

1. Community pharmacy is an integral part of the NHS and part of primary care, together with GPs, opticians and dentists. It plays a vital role in maintaining and improving the health of the communities it serves.
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. An estimated 50,000 people, including approximately 15,000 pharmacists, work in the NPA's 6,000 member pharmacies. Independent pharmacies are family-owned community-focused businesses, as distinct from national chains.
3. 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 a majority of 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.
4. Community pharmacy is well-known as a dispenser of medicines, but its role is in fact much broader and includes other NHS and public health services, for example the provision of health advice, the delivery of over 40 million Covid-19 vaccinations, the administration of millions of flu vaccines every winter, support for good sexual health and health checks such as blood pressure.
5. This opening statement seeks to highlight the NPA's significant role and interest in the matters to which Module 3 relates, in the following areas:
 - a. The central role played by community pharmacy in local communities and in addressing health inequalities.
 - b. Community pharmacy was overlooked and under-recognised during the pandemic.
 - c. The resilience of the community pharmacy and its role in a future pandemic.

The central role played by community pharmacy in local communities

6. Community pharmacies are located where people live, shop and work. The inverse care law describes how health services are disproportionately located outside areas where there is greatest need, so the people who need

healthcare the most are least likely to receive it. Bucking this trend, the concentration of community pharmacies is higher in areas of deprivation, meaning that they deliver health services to people who need them most, and play a key role in reducing health inequalities. 99.8% of the population in areas of highest deprivation have access to a community pharmacy within a 20-minute walk.

7. Community pharmacists are trusted healthcare professionals, situated in the heart of their local communities. They have a unique understanding of the health needs of the population and communities they serve, and a local pharmacy is one of the few places within the health service where patients can walk in off the street and get treatment and healthcare advice without an appointment.
8. During the pandemic, community pharmacy acted as a first port of call for many patients and the NPA's members experienced a substantial increase in the number of patients seeking advice for more serious health or mental health conditions. 98% of pharmacies reported having to deal with increased enquiries about serious health conditions. A community pharmacist in Bristol, and NPA member, provided the following feedback to the NPA:

"Community pharmacies have queues of people coming in like never before. We are dealing with a whole range of clinical needs that, prior to this, many people would never have expected we would be able to handle."

9. Community pharmacies were central to the provision of healthcare services and the supply of medicines to local populations and to the people who needed them most. Some specific examples include:
 - a. Community pharmacies delivering a groundbreaking NHS scheme to support shielding patients through home delivery of their medicines, which required the employment and training of additional staff during the already extremely challenging circumstances of the pandemic.
 - b. The NPA worked closely with the Home Office on the introduction of the 'Ask for Ani' scheme which gave victims of domestic abuse a way to seek help through their local pharmacy when other services were unavailable, which was voluntary and included providing access to private consultation rooms, and undertaking additional training, again on top of already difficult and challenging working conditions.
 - c. The NPA also collaborated with charities and NHS England to provide Covid-19 vaccines to those with insecure NHS status, such as people without settled immigration status.

10. Through actions such as these, the role of community pharmacy as a hub of the community was enhanced during the pandemic when other social contact was curtailed or unavailable. The NPA collected first-hand accounts of the experiences of its members during the pandemic, including the followings:

"Our pharmacy is a 'safe place' where vulnerable people can go to for help. I supported a patient suffering from domestic violence and, today, that person lives safely in a supported accommodation. We have ensured that elderly and vulnerable patients are taken care of and not forgotten at home in the difficult times. I have called people to check on their welfare and supported them with any health needs they may have. Some of them had not had anyone check on them in a while and were happy to know that someone truly cares."

NPA member, Dudley

"Our delivery volume doubled overnight, and we had to expand our delivery service within 24 hours to look after the vulnerable and elderly. The GPs assisted by allowing patients to order repeat prescriptions 10 days early to allow for geographical deliveries in a rural area."

NPA member, Belfast

"We delivered prescriptions free of charge to reduce pressure on surgeries and keep patients safe. We felt we had to help after we saw elderly patients standing for up to three hours in queues for medication. Social distancing was not being adhered to, everyone was leaning on the same balcony. We recruited some drivers who bring prescriptions to the patients' door. All local surgeries were covered by the scheme."

NPA member, Cambridgeshire

11. Pharmacists and staff in community pharmacy experienced a significant increase in workload during the pandemic, which meant they worked longer hours to continue to deliver care, often finding it difficult to take breaks or allow staff to take leave. The additional workload was related to the increased demand for healthcare advice, increased time spent sourcing medicines that were in short supply and the need to change staff rotas as part of infection control/isolation measures. Community pharmacy staff and NPA members have shared the following reflections:

"Customers come from all areas as they do not want to queue up at supermarkets. Phone calls do not stop. We are so tired at the end of the day. Still we go and deliver to vulnerable isolating patients who are very grateful."

NPA member, Stevenage

"I don't know how my staff made it through this period as they were working so hard - for extended periods, they were up there with the doctors and nurses as the frontline heroes of this crisis. They were working under very difficult conditions, tired to the point of exhaustion, scared about their own chances of becoming infected – yet they came in every day because they cared about their patients."

NPA member, Cardiff

"I've been a community pharmacist for 35 years now but in the last four months I think I have seen the most intense stressful times that I have ever experienced but at the same time I have seen some of the most uplifting stuff that I could ever imagine."

NPA member, Ilford

"As a result of the coronavirus pandemic, we have had half our team off work (they have been shielding themselves from the virus). This has proved to be a challenging time for us, however, with sheer teamwork and determination we have got through the last few months, without compromising on customer service."

NPA member, Scunthorpe

12. Community pharmacy provided crucial support and resilience to the broader healthcare system. However, the tireless work of pharmacists and other healthcare workers in seeking to maintain healthcare services at the height of the pandemic had a significant impact on their wellbeing, including stress, fatigue and mental health issues.
13. The NPA asks that the contribution of community pharmacy, together with other primary care providers, to the health and social capital of the communities they serve is given careful consideration by the Inquiry during the Module 3 hearings, so that proper account can be taken of these positive contributions.

Community pharmacy was overlooked and under-recognised

14. The NPA's experience is that community pharmacy was not considered equally alongside other NHS service providers, which led to community pharmacy not having the support it needed throughout the pandemic.
15. For example, PPE was not initially available to community pharmacy through the NHS, and many pharmacy teams needed to source and fund their own PPE. Further, community pharmacy was not given access to the NHS PPE portal in England, to enable PPE to be ordered and supplied, until September 2020 (6 months into the pandemic). Even when pharmacy staff finally became eligible for NHS supplies, pharmacies received much less than they needed.

"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."

NPA member, Antrim

"Very early on we realised the risks staff were carrying was quite significant. When patients came in they would congregate around the till. So we introduced a one-in, one-out policy to maintain social distancing. We also put up signs telling people not to enter if they have symptoms. We had no access to PPE but we were very fortunate that we have dentists as patients who had stock of their own to give us."

NPA member, Streatham

16. At the start of the pandemic, many people who worked in community pharmacy were not recognised as key workers, which would allow their children to attend school while they worked, notwithstanding that they were working in a frontline healthcare environment.

17. Covid-19 testing was not initially available for community pharmacy staff, and community pharmacy was initially categorised as a 'retail setting' as opposed to a 'healthcare establishment', which meant that entire pharmacy teams needed to self-isolate following a single positive case within the pharmacy. This resulted in fewer available staff and increased pressure on remaining pharmacists and pharmacy teams.

"Like a lot of pharmacies we could not exercise social distancing within our dispensary so we had to split our team to ensure we had a back-up team in the event of someone becoming infected."

NPA member, Belfast

18. Perhaps the most significant demoralising example of the difference in treatment of community pharmacy was the initial exclusion of pharmacy staff from the life assurance scheme in England.

19. On 27 April 2020 the Department of Health and Social Care announced that the families of frontline health and care workers in England would benefit from a new life assurance scheme during the pandemic. The announcement stated that,

"The scheme is aimed at those who die from coronavirus during the course of their essential and lifesaving work. This includes those providing direct care as well as cleaners and porters who continue to carry out

vital duties in these care environments.” The then Health and Social Care Secretary, Matt Hancock, also said, “Nothing can make up for the tragic loss of a loved one during this pandemic. We owe a huge debt to those who die in service to our nation and are doing everything we can to protect them. Financial worries should be the last thing on the minds of their families so in recognition of these unprecedented circumstances we are expanding financial protection to NHS and social care workers delivering publicly funded care on the frontline. We will continue to strive night and day to provide them with the support and protection they need and deserve to keep them safe as they work tirelessly to save lives.”

20. However, despite being part of NHS primary care, risking their lives to treat patients, and dealing with a huge surge in demand and increase in working hours, community pharmacy staff were initially excluded from this scheme, and they were told that they would only be considered in exceptional circumstances.

21. In response, the NPA wrote to Matt Hancock on 29 April 2020,

“Community pharmacists and their staff are risking their lives every day to serve on the frontline alongside their colleagues across the NHS and social care, therefore it is only right and fair that they should also be entitled to the same death in service benefits.”

22. A swift U-turn by UK Government followed which sought to explain the initial exclusion on the grounds that community pharmacy had a different nature of employment from the rest of the NHS. However, the damage to morale was already done, and this divisive decision still rankles within the pharmacy profession.

23. The NPA asks that the circumstances in which this exclusion came about, and the general lack of support for community pharmacy, are fully investigated by the Inquiry.

The resilience of the independent community pharmacy network

24. 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, with more than 1 billion prescriptions supplied to the public each year) but also increased the provision of expert medicines advice in respect of common illnesses and to people with long term conditions.

25. An example of such resilience and commitment is this account from an NPA member and community pharmacist in Chesterfield:

“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.”

26. 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. Following the UK's departure from the EU, the , the Northern Ireland protocol led to additional difficulties in the sourcing and supply of medicines, due to higher costs in NI than in the rest of the UK. A number of medicines became unavailable, and community pharmacy staff spent long hours sourcing medicines.

27. Community pharmacy also experienced a workforce crisis entering the pandemic where the attrition rate in community pharmacy far exceeding the recruitment and retention rate of pharmacists and pharmacy teams. Difficulties in recruitment and retention were particularly acute in rural areas, such as the Highlands of Scotland, Northern Ireland and Wales, and the rural counties of Lincolnshire and Cornwall. This increased the difficulties in maintaining staffing levels and providing services to patients during the pandemic, and it intensified the pressure on the community pharmacy workforce.

28. The contribution of community pharmacy during the pandemic clearly demonstrated its essential role as part of health and social care. However, community pharmacy entered the pandemic facing hardship and financial crisis due to long-term under investment in the community pharmacy network including funding cuts to the English community pharmacy contract in 2016

and a new community pharmacy contractual framework in 2019 that resulted in a reduction in funding in real terms.

29. Since that time, real term funding cuts have continued, and the independent community pharmacy sector finds itself in a worse situation now than at the outset of the pandemic, with community pharmacies closing at an alarming rate (approximately ten pharmacies every week so far this year). In England, there are about 1,000 fewer community pharmacies than at the start of the pandemic. If more pharmacies close, this will limit access to health services and inevitably lead to increased pressure in other parts of the NHS, making the health service less resilient against the impact of future shocks.

30. The NPA asks the Inquiry to consider the role of community pharmacy in future pandemic planning, particularly its contribution to the resilience of the UK's healthcare system, and to consider whether government has made sufficient investment in integrating community pharmacy into the rest of the health system with appropriate infrastructure to support effective cooperation.

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