

Witness Name: Priyanka Patel

Statement No.: 1

Exhibits: None

Dated: 24 June 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF PRIYANKA PATEL

I, Priyanka Patel, will say as follows: -

My professional role during the pandemic

1. At the start of the pandemic, I was a pharmacy student studying in my second year of university. I had just started working in a busy community pharmacy within a GP practice mere weeks before the first lockdown was announced, so experienced pharmacy for the first time within this turbulent context. I went from working Saturdays to working full time to help support the immense pressure pharmacies had to face during this time – whenever the pharmacy was open, I was working.
2. I had originally been employed as a counter assistant due to some staff illness and others who were shielding. I quickly was taught how to support the pharmacist in all other areas such as dispensing, ordering stock, arranging deliveries, and all other tasks within the pharmacy.
3. In addition to this, I also went on to work at the Brighton Racecourse COVID-19 vaccination centre. My days consisted of drawing up vaccines, learning the techniques and conditions for each, and collaborating with other healthcare professionals within my city. Our impact was not limited to administering vaccinations; the most vulnerable populations passed through the vaccine centre daily and for many of them it was the first time they had had contact or conversation with another person in months.

4. In 2021, I was also trained to vaccinate and was able to use this skill to help at vaccination clinics in London.
5. During the pandemic, I became more involved with the British Pharmaceutical Students Association as a member of the Executive team. Forming these networks and working remotely with the team was a challenge, however it opened up the world of pharmacy to me in a new way. I later went on to be elected as President of the BPSA in 2022.

The impact of the pandemic on daily working conditions

6. The pharmacy become a safe space for worried and concerned patients who were unable to speak to any other healthcare professionals. This meant that increasingly complex questions were asked by patients to all pharmacy staff, including questions regarding the COVID-19 vaccine, signs and symptoms, test interpretation, and even questions such as what happens next in terms of lockdown and when they would be able to see other healthcare professionals.
7. The changes included some positive experiences, such as being able to witness the impact community pharmacies have within their local community and the general public understanding and viewing pharmacies as a healthcare setting with qualified clinical staff rather than 'just shopkeepers', which is often a view patients hold.
8. Unfortunately, there were also many negative experiences such as abuse from patients. During the lockdown, there were many stock and manufacturing issues faced by pharmacies, and some of the most common were inhalers and antidepressants. I distinctly remember a patient who came in to collect their antidepressant and when I informed them that unfortunately we didn't have any stock, the patient began shouting that if they take their life it would be my fault. These types of scenarios were unfortunately quite common. Patients were understandably anxious and fearful of the situation at the time, and unfortunately as frontline healthcare workers easily accessible to the public, we received both verbal and physical abuse. In my pharmacy in particular, we also faced racial abuse – a patient was asked to put a mask on and on his way out he was swearing and telling other patients that 'these Indians are

coming to our country and telling me to wear a mask'. In another instance, prior to our safety screens being put up, we had a patient who was unable to get his medication as the prescription had not been sent to us from the GP surgery yet, and he spat at the staff in the pharmacy and said 'I hope you get COVID'.

9. As the months went on, we would often get calls from carers or family members of those who were particularly elderly or vulnerable informing us that they had passed away due to COVID. This was particularly tough as often these would be regular patients who we had good relationships with, however after taking the call we would have to continue with our work and our day without having the space or time to process the loss. Community pharmacies are truly part of the community – many of these patients would be isolated and therefore spend a lot of time in the pharmacy, both for support with medication and for a social chat. This was something which we couldn't accommodate in the same way during COVID due to safety measures.
10. Finally, we did a lot more deliveries, however if patients were unexpectedly shielding or had requested an urgent delivery after the driver had already left, often the pharmacy staff including myself would make deliveries ourselves after the pharmacy closes at the end of our shift. After a 12-hour shift, I would often walk or take a bus around 20-30 minutes away from work to deliver medication to a shielding patient before making my way home on the other side of town. This was done without any reimbursement or overtime, simply because of the need at the time.

The impact of the pandemic on university studies and practical training

11. My studies were of course impacted greatly, having lost access to the university library, labs and workshops, placements, and fellow classmates. Feeling robbed of the university experience whilst having to navigate my studies more independently than ever, as well as working frontline, meant my pandemic experience was busier than my usual routines would have been.
12. As well as building a strong foundation of scientific knowledge and understanding first principles, it is important in any healthcare vocation to learn how to practically apply clinical skills. In order to do so, placements in clinical settings are immensely important

– this can often involve shadowing qualified pharmacists, practicing skills with peers and tutors to gain familiarity and confidence, and applying these skills in a supervised setting with patients and actors to gain feedback. This normally enables us to graduate with the necessary foundational skills to practice with confidence. The way placements were set up during university should have meant myself and my peers would have gained exposure to various roles a pharmacist can hold, and the skills used in each.

13. Due to the pandemic, all placements were cancelled. Whilst this was necessary for the safety of staff, students, and patients, it also meant valuable exposure was lacking from my learning experience. I was unable to put into practice some of the skills I had learnt about in lectures and did not have the opportunity to experience or understand certain settings pharmacists can work in such as hospital. I ended up not gaining any hospital experience or placements and this impacted my choices in which sector to work in after qualifying as a pharmacist.

Infection prevention and control measures and personal protective equipment

14. All pharmacy staff were given COVID tests to take home and expected to test each morning prior to a shift. As well as this, we had a temperature log and at the start of each shift each member of staff had their temperature taken and recorded on this log. We wore masks for the entire shift, and cleaned all high touch surfaces multiple times a day. We had handwashing and hand gel facilities which were used multiple times a day as well.
15. A few members of the team found it difficult to wear a mask all day, particularly on hot summer days as the pharmacy had no windows or ventilation either. A patient had dropped off face shields for pharmacy staff to use so these were assigned, with one per person, and each person was responsible to cleaning their own shield at the end of each shift, and only using their own one.
16. We also began COVID testing in our consultation room, and had single use aprons and gloves alongside hand gel and masks to use when testing patients. The chair, table, and any other surfaces touched during this was cleaned in between each patient.

The long-term impact working as a healthcare professional during the pandemic

17. There have been both positive and negative long-term impacts as a healthcare professional. In terms of positive impacts, I believe that the barrier of patients not viewing pharmacists, particularly community pharmacists, as clinically trained healthcare professionals has been broken down significantly. Prior to the pandemic, many patients would refer to pharmacists and their teams as either the middleman or shopkeepers, and this not only impacted how much we could assist patients but also the way we were treated by the general public. During COVID, we were the only healthcare setting that was easily accessible to patients, and this meant the general public had the opportunity to make use of the expertise and skills of a pharmacist. This helps the entire healthcare cascade, addresses problems patients may be having earlier on, and results in better overall patient care and management.
18. The negative experiences, stress, and pressures of working frontline during COVID in a healthcare setting did lead to a lot of burn out in pharmacy teams. A lot of my peers who were in similar positions were put off from working in community pharmacy because of the uncertainty of knowing what type of patient is going to walk through the door, and whether they would be abusive either physically or verbally. As well as this, my studies were greatly impacted and there was a lot of material which was covered during the COVID period which I was not confident in and had to catch up on during my training year.

Support received during the pandemic from NHS England or the Department of Health and Social Care

19. As a pharmacy student working in a pharmacy, I didn't have any direct knowledge of or contact with NHS England nor the department of Health and Social Care.

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: 24 June 2024