

Witness Name: Sanjeev Panesar

Statement No.: 1

Exhibits: SP/01-SP/03

[INQ000485786-INQ000485788]

Dated: 05 July 2024

## **UK COVID-19 INQUIRY**

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### **WITNESS STATEMENT OF SANJEEV PANESAR**

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I, Sanjeev Panesar, Superintendent Pharmacist of Pan Healthcare Limited t/a Pan Pharmacy and National Pharmacy Association (NPA) Board member will say as follows:

#### **An overview of my professional role during the pandemic**

1. I am a pharmacist and the Superintendent Pharmacist for a small group of independent pharmacies based in the Birmingham and Sandwell area. The group was founded in 1982 and was initially operated by both my mother and father. Pan Pharmacy is currently a group of 7 Pharmacies, however at the time of the Covid-19 pandemic, it operated as a group of 5 Pharmacies.
2. I graduated from the University of East Anglia in 2008 and joined the General Pharmaceutical Council (GPhC) to become a registered pharmacist after passing my exam in 2009. In my early career I worked as a relief pharmacist for Boots Pharmacy and as a locum pharmacist however this part of my career was short-lived as I joined the family business in approximately 2011-12. I joined the Local Pharmaceutical Committee (now the Birmingham and Solihull Local Pharmaceutical Committee) in 2014, where I remain a member and act to represent the interests of independent community pharmacies in the Birmingham and Solihull Area. I joined the NPA Board in 2020 during the pandemic and I represent members in the West of England. The NPA is a membership organisation that offers support and representation for independent pharmacies of all sizes.

3. My role as an owner and Superintendent Pharmacist means that I am responsible for the safe and effective running of our pharmacies within our communities and to provide our patients with both NHS and private services whilst complying with NHS and General Pharmaceutical Council (GPhC) regulations. The running of the business also means that I have a responsibility towards our employees, some of whom have been working with us since the inception of the business.
4. As a small family-run business owner I am very hands-on within my business and get involved with many tasks in addition to my role of a pharmacist. This includes things such as DIY projects, re-arranging the pharmacy layout, and developing and implementing new more effective and efficient procedures and processes etc.

**Impact of the pandemic on daily working conditions**

5. The main members of our management team at the outset of the Covid-19 pandemic, were:
  - a. My mother who had started to reduce her active involvement in the business.
  - b. A manager who started working with my parents from inception in 1982 and worked in the head office dealing with staffing issues/rotas.
  - c. An administrative assistant.
  - d. My cousin who had recently graduated provided me with assistance and also took on some of my wife's work, while she was on maternity leave following the birth of our first child in June 2019.
6. We had to develop and implement procedures, protocols and safety solutions in response to the pandemic with only a small management team and with very little outside support. For example, we had to source PPE ourselves. There was little NHS support about how to safely and effectively serve patients, and how our pharmacy workforce could stay safe.
7. When the Covid-19 pandemic began and news was being reported from Italy, I felt that the UK was too slow to introduce a lockdown. I foresaw that restrictions and lockdown would become necessary and I began implementing some measures and

procedures within the group, such as one-way queuing and distancing systems, just prior to the official announcement.

8. When lockdown was announced and the recommendations for self-isolation of those individuals at high-risk published, the management function of our business was severely affected:
  - a. My wife was still on maternity leave and given the increased risk of exposure to Covid-19 and therefore increased risk of exposure to our child, it was wise for her not to come to the pharmacy.
  - b. Our manager [redacted] I&S [redacted] I&S wanted to continue to work, I had to insist that [redacted] I&S self-isolate for 90 days.
  - c. My cousin [redacted] I&S [redacted] I&S [redacted] I&S was required to self-isolate.
  - d. My mother [redacted] I&S [redacted] I&S and needed to self-isolate.
9. These staff shortages coincided with very significant increases in patient numbers, partly as a result of the more limited in-person services available in other areas of NHS primary care, and partly because of patient fears about potential shortages of medicines and not wanting to travel outdoors to collect them, which led many patients to order their medicines early.
10. In our pharmacies we shut-down any non-essential services e.g. our photo printing services as we felt this was inappropriate to continue to provide which resulted in financial losses that have not been recouped.
11. The NHS Pharmacy contract is very restrictive in that you cannot close a pharmacy (even for the purposes of staff training) unless it is an emergency situation. Pharmacy contracts operate with a minimum of 40 'core hours' and any opening hours outside of this are classed as supplementary hours. Core hours are very difficult to change (and require approval from the NHS), while supplementary hours can be amended but only with written notice (which during the pandemic was 90 days, and has since been reduced to 5 weeks).

12. There was no real support from the NHS about how to best deal with the extremely high workloads we experienced while simultaneously managing staffing shortages due to self-isolation requirements.
13. When workloads were unmanageable, and/or staff numbers were very low, this placed staff safety at risk and in these circumstances pharmacies needed protected time while they could regroup and work behind closed doors and implement training and safety measures, but this wasn't permitted.
14. There was some easement later during the pandemic when there was a small time window within which Pharmacies could close to the public to help with workload during the day, but this was quite late on in the pandemic, and quite limited.
15. For months, myself and some of the team repeatedly came in early before our normal opening time of 8.30am and stayed after our normal closing of 7.00pm e.g. starting early from 5am and staying until 11pm/midnight was a regular occurrence, and continued throughout the pandemic into early 2022.
16. We had to work such long hours in order to keep on-top of workloads which had accumulated for a mixture of reasons - an increase in incoming prescriptions and staff shortages which meant that there was a backlog of work, and we also had to spend much more time with concerned patients, some of whom were irate. These workloads and the additional stress and pressure increased the potential risk of dispensing errors, which we did all we could to avoid, but nevertheless it would not have been a safe working environment had we not intervened and caught up with work after hours.
17. To try to manage and control the increased patient numbers and to protect both our patients and our teams, the measures I took in each of our pharmacies were as follows:
  - a. One-way systems implemented with masking tape marked on floors indicating 'arrows' for direction of travel within the Pharmacy and 'boxes' for patients to stand in whilst waiting and maintaining 2 metres distance from other patients/colleagues.
  - b. Tensa-barrier systems to manage patient flow and queuing systems
  - c. Magnetic door locks that could be activated and inactivated from the medicines counter were installed in all our of pharmacies to manage patient flow into and out

of the pharmacy and keep them safe by restricting the number of patients allowed in at any one time. Signs were put in at each entrance explaining how many people we could accept in the Pharmacy at any one time.

- d. Signs hanging from ceilings explaining our queuing systems and highlighting the importance of maintaining distance were installed.
- e. We had to re-think the orientation of our work-flow and work stations – particularly in the dispensary area. This included marking out 2-meter markers on the floor for the team to socially distance, ensure they were working back-to-back and not opposite each other, introducing one way systems to navigate the dispensary and minimise the likelihood of team members crossing paths.
- f. We assisted in the distribution of covid kits.

18. In the course of preparing this statement I remembered a message that I posted on social media on 25 March 2020 (two days after lockdown was imposed) which I reproduce here, together with the three images attached to the post (exhibits SP/01 [INQ000485786], SP/02 [INQ000485787] and SP/03 [INQ000485788]), because it best captures the tremendous shock, seriousness, and impact of the early days of the pandemic:

*"I am a Pharmacist and Pharmacy Owner. Pharmacies across the country have been hit with an unprecedented amount of workload and are doing everything they can do to continue providing vital healthcare services to their patients and continue to be that lifeline of the community. Many days over this last week I have been getting to bed after midnight, getting up at 4.30am, arriving at work and trying to help ensure we have procedures in place to keep our staff and public safe and catch up with backlog of checking patients medication where I can. My wife and I have a 9 month year old daughter who I barely get to spend time with at the moment as I have to continue to work in the evenings after I get back from work and I am also conscious of social distancing measures within my own family to reduce them to any potential exposure that I am getting. I am missing out on the new things and sounds my daughter is learning everyday - but I can accept that, I have a responsibility and duty of care to my staff and the community.*

*I am by no means complaining about my situation or finding it a problem as there are so many people in more difficult situations who are worse off than me. My point is, hundreds of business are working around the clock to support their staff and customers and keep everyone safe, but there are still some members of the public that do not take these measures seriously - please follow the procedures - don't underestimate the seriousness of this virus that is rapidly spreading across the country.*

*Pharmacies and their healthcare teams are seeing 100s of 1000s of customers and exposing themselves to the risks of coronavirus every single day. Many Pharmacies throughout the country have put measures in place to protect themselves, their staff and their public.*

*We too have introduced one way queuing systems, social distancing measures between customers and limited the number of customers in the pharmacies at any one time.*

*I am immensely proud of every single one of our Pharmacists and staff, the work and dedication they put in to serve our communities, the way they have dealt with the onslaught of the demanding workload and pressure and how they have gone above and beyond for the care of their patients. The same applies to all other key workers in the front line who are seeing an unbelievable and unprecedented demand on services - be they NHS staff, supermarket staff or any other essential business that need to stay open. However, I am still amazed at how many people do not realise the gravity of the situation and the consequences of their actions - 1000s will die if the country does not act collectively and implement the measures the government has set out.*

*Social distancing and isolation works - Please respect these principles and procedures that are in place whenever you need to get your essentials. These measures don't just apply to Pharmacies, many essential businesses that remain open have introduced similar measures for the protection of their staff and the public - you may need to queue in line, you may be asked to keep your distance from each other, you may need to wait a little longer to be served, but you will be served and you will have an opportunity to get the essentials you need safely. Staff do not deserve abuse and along with other members of the public that are following procedures should not be made to feel uncomfortable or unsafe.*

*You, the person standing next to you or the person serving you have all got family, be they children, grandchildren, brothers, sisters, mothers, fathers, grandparents etc - Please be patient and follow social distancing guidelines - stay 2 metres apart from anyone around you - is it really worth the risk of losing your life or the life of a loved one?? - Coronavirus is a silent killer, you cannot see it coming, it does not differentiate between age, sex, race, religion or caste, it has no boundaries and no preferences - we are all at risk so please do what is necessary to protect each other.*

*Many members of the public who do not work in or know people in the NHS healthcare system may not be aware or hear the accounts of doctors, nurses and other medical professionals who are working tirelessly within hospitals up and down the country, risking their lives and sacrificing time with their own loved ones by having to isolate from them after work. I cannot imagine what they must be going through and how frightening the whole situation must be for them. Their accounts are harrowing. If things do not change quickly they may need to choose who they try to save - Do not put yourself in a situation where you become one of those choices. They have a simple message:*

*Stay at home, save lives*

*This is not a message to scare anyone but simply to highlight that many are doing their absolute best to help you and all we ask in return is to respect the procedures that are in place for everybodies safety. Please take this seriously.*

*I cannot imagine what so many families who are struggling must be going through, but make the sacrifice now to keep yourself and your loved ones safe. It's a long game but not all doom and gloom. If you use your time productively there is so much you can do, learn and achieve whilst keeping safe. This is an amazing opportunity for people to develop themselves and there are many people that can help:*

*How will you bounce back - set some goals*

I&S  
#championsofmind  
#fightingfit

*Improve your physical health - exercise more and take the time to cook fresh food.*

I&S  
I&S  
I&S  
I&S

*Keep your mental health, stay motivated and positive - read some books, take up a hobby, learn to cook, watch comedies and put things into perspective daily.*  
#championsofmind

*Cultivate relationships - play board games, communicate with each other, be compassionate, support those around you.*

*#Stayathome, #washyourhands, #staysafe, #staypositive, #savelives"*

### **The impact of the pandemic on maintaining the safe supply of medicines**

19. We had to spend much more time sourcing medicines for patients – Brexit had already caused a shortage in medicines and a spike in costs, and the pandemic exacerbated these issues. Many medicines were in short supply putting additional pressure on our teams and causing concern among patients. The Serious Shortage Protocol was introduced to help assist pharmacists to provide alternative medicines approved by the NHS in the event of the unavailability of the prescribed medicine. However, it was in its infancy, underutilised and it still took time for the approval of alternative medicines.
20. We were unable to accept patient returned medicines at the beginning of the pandemic due to concerns of transmission of the Covid-19 virus. Initially we had to request patients to keep hold of them for as long as possible if safe and when

we were eventually able to accept their return we ended up just having to keep the medicines isolated in a designated area of the pharmacy and leave them untouched for a period of days before processing for disposal.

21. We saw a vast increase in the number of patients we had to deliver medicines for: we needed to deliver to a larger number of patients and care homes which put a significant strain on our delivery driver. We had to do this in a way that minimised risks to our driver and to our patients (contactless delivery). This service was initially unfunded and even when temporary funding came in place it only accounted for some of our patients due to restrictions on eligibility for the funded service.
22. However, our delivery driver was exceptional in ensuring our patients got their deliveries. As with the rest of the team, this involved starting work early and finishing late. Our wider team also provided support. However, even so, we still had to restrict the number of deliveries we could provide each day and explain this to patients. Some patients were accepting of the emergency situation and made their own arrangements to collect or were happy to wait for their future delivery date. However, others were not happy and this added to our pressures and workloads to try as best we could to address the needs and concerns of our patients.

#### **Testing and self-isolation for staff**

23. Day-to-day pharmacy operations were very seriously hampered too due to isolations in various branches across the group.
24. I was closely involved with any queries and decisions across all of the pharmacies with respect to self-isolation and we used a HR company to help manage staffing issues. The isolation guidance and employment law all needed to be followed correctly, however, this proved difficult as national guidance was constantly changing. It was also slightly different for healthcare workers and there was some grey areas which resulted in our receiving different advice depending on whether we sought advice from our HR company or an NHS team.

25. We had to carry out risk assessments on all our staff and make decisions on which staff could continue to work and which needed to self-isolate. This resulted in staff shortages across the group and put additional pressures on our teams. Some staff who were considered high risk had to be asked to self-isolate even though they didn't want to.
26. Any staff that had symptoms of Covid-19 were asked to self-isolate before testing became widely available. This was difficult and we had to base decisions on a case by case basis depending on the symptoms and an assessment of each individual working environment (e.g. the number of staff needed to operate a pharmacy).
27. Once testing was available any staff that tested positive were asked to self-isolate. However, we found that some staff could test false-positive for a certain period of time if they had contracted Covid-19 earlier.
28. There was a constant concern among staff of the risk of infection, which was balanced against their desire to continue to work to deliver our essential services.

### **IPC and PPE issues**

29. We were required to see patients in consultation rooms (for healthcare advice, supervision of certain medicines and administration of flu vaccines) without sufficient PPE or the quality of PPE not being appropriate, for example FFP3 masks were not provided to pharmacies. Other healthcare settings who may see patients one at a time, such as Dentists, were provided with FFP3 masks however I feel the exposure risks to Pharmacy teams was underestimated as we had a higher footfall of patients in a small proximity throughout the day and so the exposure risks to our teams was still considerably high. Not only that but we still undertook consultations one-to-one with patients further increasing exposure risk when in close proximity.
30. Before the national PPE ordering portal became available to pharmacies (which from memory I believe was not until September/October 2020), we had to source and distribute hand gels, wipes, gloves, aprons, masks – often having to loan some from a dental practice when needed.

31. We also had to ourselves source and install acrylic screens in front of each of our counters, and personal visors were sourced for our staff to wear.
32. We set alarms at specific time intervals for us all to drop what we were doing to clean and disinfect all our surfaces, wipe down screens and so on.
33. Staff found the wearing of PPE difficult and we offered a range of solutions whether they be plastic headband visors, visors attached to glasses, FFP3 masks or FFP2 masks. Some staff struggled to breathe and found them uncomfortable. There was also difficulty in monitoring their use.

### **Long-term impact of the pandemic as a healthcare professional**

34. Overall I feel that our business and our profession in general significantly stepped up and rose to the occasion to support communities despite the challenges of staff shortages, increased workloads, and a lack of support and safety resources. Most patients were generally very supportive and appreciative of our efforts in caring for them and understood our challenges however there were also a number of patients that got frustrated with waiting times, queuing procedures and reduced/capacity being stretched for our free delivery services which had significantly increased.
35. On a personal level, the pandemic brought a different level of stress on myself and my immediate family. As described above we are a small family run business and our staffing capacity was significantly reduced while patient numbers were vastly increased. My wife and I had a child less than a year old and so she was on maternity leave but also we were very concerned about exposure risk to her and my daughter. There was a strict routine of hand washing, removal of clothing and showering each day after work. Constant hand-washing dried and irritated my hands often causing them to cut/bleed.
36. I wore wear a FFP3 mask at work whenever I could get hold of them, from the onset of the pandemic up to late 2022/early 2023. The reason for this was because I and my colleagues were frontline workers, seeing high numbers of people face-to-face daily, including daily consultations with people who were ill. I felt that we were at high risk of infection and I sought the maximum protection available (I knew that masks below the level of FFP3 provided less protection from transmission by

inspiration of air). As explained, pharmacies were not provided with FFP3 masks by the NHS and I sourced mine from a sharing arrangement with a dental surgery, or I purchased them myself.

37. Psychologically the impact of the pandemic still remains with small habits continuing e.g. reluctance to touch communal touch points such as door handles, petrol pumps etc and washing of hands asap if there has been contact. Although normal as part of any hygiene and parenting of children, I do feel that myself and my wife are much more conscious and hyper-aware of my children touching their face e.g. sucking fingers, eating food etc straight after playing in communal areas or coming home from school etc and asking them to wash their hands/use hand gels. Although all lockdown restrictions were lifted by 2021, it took some time for myself and my immediate family to relax our stance in going to public places without wearing PPE masks (approx. mid - 2022). We didn't travel abroad until March 2023 and I wore my FFP3 mask on this occasion too.

38. I am still aware of a distant family member who does suffer from other conditions but has been severely set-back and affected by the pandemic. This person is still unable to leave the home at present day (mid 2024) and I try to help support this person emotionally where I can but this is very difficult and also puts a pressure on me.

39. I and many other pharmacists were deeply disappointed at the initial decision to exclude pharmacists from the NHS life assurance scheme (which provided a death in service payment). We felt undervalued, and that we were not considered to be part of the NHS, even though we were doing everything we could to support patients and 90% of our work is NHS based.

#### **The level of financial support from NHS England or the Department of Health and Social Care**

40. There was very little in the way of support from the NHS at the beginning of the pandemic e.g. flexibility in opening hours, provision of PPE, and support for the deliveries of medicines to patients etc.

41. This did change somewhat as the pandemic progressed although I felt it was a little too late and the support provided not did not cover all of our extra costs , for example the funding for the Covid-19 delivery service was unnecessarily restrictive and only covered certain cohort of patients, and the distribution of testing kits was a paid for service but the additional administrative burden of logging incoming kits and the patient details of supplied kits, was not covered. Similarly there were increased requirements for recording and providing data which unnecessarily added to workforce pressures already at breaking point, without additional funding.
42. The costs of medicines significantly increased and this meant cashflow became more stretched. The impact of Covid-19 on the economy is still being felt and pharmacy has not been shielded from this. These pressures include continued medicine shortages, increases in wholesale prices, general price inflations, increases in energy-costs, cost-of-living increases, increase in staff wages, and continued workforce shortages, through all of which there has been no assistance to help support us to continue to provide the NHS services to our patients.

### **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:** 05 July 2024