

Witness Name: Jonathan Rees

Statement No.: 1

Exhibits: None

Dated: 05 July 2024

## UK COVID-19 INQUIRY

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### WITNESS STATEMENT OF JONATHAN REES

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I, Jonathan Rees, Superintendent Pharmacist of **I&S** Pharmacy and director of **I&S** Pharmacy will say as follows: -

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

1. I am a pharmacist and the Superintendent Pharmacist for two independent pharmacies based in the **I&S** area (a group founded by my father in 1983).
2. I graduated from **I&S** University in 2011 and became a registered pharmacist after passing my exam in 2012. I worked as a pharmacist in a number of pharmacies before starting a role for **I&S** in 2018, alongside working in the family business.
3. My role with **I&S** was Associate Director for Contractor Engagement and this involved meeting various stakeholders and pharmacy contractors to ensure that they fully understood the pharmacy contract and how to maximise its potential for their business.
4. In 2020 I was appointed to the position of Country Manager for Wales for the National Pharmacy Association (NPA), a position I occupied throughout the pandemic. My role with the NPA focused on representing the views of Welsh pharmacies to stakeholders on a UK level and ensuring NPA guidance remains appropriate for Welsh members. I found that this dual role of NPA Country Manager for Wales, and manager of a community pharmacy provided critical insight during the pandemic.

5. My role at **I&S** Pharmacy during the pandemic included responsibility for the safe and effective running of the pharmacy which required me to keep up to date with constantly changing guidelines.

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

6. When lockdown and self-isolation restrictions were imposed, staffing levels in our pharmacy were severely affected. As a result of my mother recovering from **I&S** **I&S** at the start of the pandemic, my father had to shield with her and reduce his involvement in the pharmacy business. This meant that my wife, who is also a pharmacist, was required to return from maternity leave and work a split week with me in **I&S** Pharmacy. Together, we split the management responsibilities, with my father managing day to day business functions such as payroll and counting prescriptions, whilst all other HR functions and management fell to my wife and I.

7. Two members of staff were required to self-isolate, and to counter staffing shortages we took on two pharmacy students in addition to an existing student, and they worked whatever hours they could around their studies, including weekends. Without their contribution I very much doubt we could have served the community as well as we did during this period. We also took on a new member of staff through a government apprenticeship scheme managed by the NPA. The government paid the wages of the apprentice subject to certain criteria, including completion of the Counter Assistant to Dispensary course. This member of staff member is still with us today and is currently training to complete the Accredited Technicians Course.

8. During the Covid-19 pandemic we had to react and think of many of the solutions ourselves, and in this regard I was greatly assisted by my role with the NPA, which meant I could easily access NPA resources and was having regular conversations with other contractors about best practice.

9. The Welsh Government allowed pharmacies to alter their operating hours and to close the pharmacy and work behind doors for up to two hours each day. In **I&S** we utilised one hour of this each day and also had staff rotate their lunch hours and work whilst we are closed for our usual hour between 1-2pm. The closed door working was invaluable as the volume of prescriptions that we could dispense without attending

patients on the counter was very significantly increased. During these closed periods the team was able to work as a conveyor belt and efficiently process prescriptions.

10. Due to our location as a semi-rural pharmacy and having been family run for 40 years our patients were exceptionally patient with us and could see we were doing our utmost to manage everybody's needs. However, I have spoken to several contractors who have not had the same experience, particularly if they are in a more urban environment, and some patients complained at closures for short periods so that pharmacies could dispense the medicines needed (which as I have explained was necessary).
11. One of the consequences of lockdown was that in-person contact was greatly reduced across other parts of primary care and this led to a very significant increase in the number of patients seeking to access pharmacy services.
12. We worked long hours for months, repeatedly starting early and staying late, after normal closing. Several hours per day of overtime was a regular occurrence during this time.

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

13. As the only independent pharmacy in the community our flexibility in responding to the pandemic and ability to organise staff to manage the workload meant we experienced a vast upturn in new patients. We increased our deliveries from being just 2.5 days a week to 6 days. Delivery of prescriptions is an unfunded service and a cost we had to absorb for the benefit of our patients and the community. My wife and I would walk around our village delivering on the weekend with our three young children to ensure everybody received what they needed.
14. Panic among patients about possible medicine shortages led to early prescribing which then caused actual shortages. In response, we quickly managed to open accounts with new suppliers which allowed us to mitigate some of the stock shortage issues.
15. The ability to quickly source medications during the pandemic, particularly early on, was a huge frustration and proved one of the most difficult aspects to manage. Having

to explain to patients dozens of times per day about the difficulty of obtaining asthma inhalers and paracetamol in particular was extremely time consuming.

16. The price of many medications rose extortionately during this period with seemingly little regulation or control. As an example, all patients who received Vitamin b12 injections from Primary Care were swapped to tablet versions. Prior to the pandemic the tablets were available for 20p per box of 50, within 2 weeks of the pandemic they were £10 for the same box. These medications would have been made several months previously so the cost of production would not have increased by that point to cause the drastic price rise.
17. This also required that we arrange alternative prescriptions with our GP colleagues when the medication availability changed, sometimes on a daily basis, which required constant communication and alterations, and added to workload at an already incredibly busy time.

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

18. Staff members were asked to test regularly and also when any relevant symptoms were experienced. This resulted in many positive tests through the pandemic and some members having to be asked to isolate even when they felt well and did not wish to be off and add to staff pressures. There was an understanding amongst colleagues that this was inevitable and they worked collaboratively to cover any hours and all worked hundreds of hours of overtime over this period.
19. Through the pandemic there were multiple times when the guidelines were unclear or Welsh guidelines differed from the UK government leading to confusion amongst staff and anxiety about procedure.
20. Staff were worried about being responsible for the entire team being Covid-19 positive and transmitting the virus to patients, but as mentioned they also didn't want to let the team down by adding to staff pressures.
21. Payments which came in to cover sick pay for a positive infection helped ease staff anxiety as they were both concerned about being unpaid or being paid for being off whilst the business was incurring such high costs.

### **IPC and PPE issues**

22. For the first month or so we had to source our own PPE which was inadequate and difficult to acquire. A PPE ordering mechanism was then introduced in late May 2020 which provided weekly deliveries of facemasks and gloves. I believe that pharmacies were one of the last healthcare providers to be supplied with PPE. A local school used their Design and Technology team to create plastic face masks very early in the pandemic, for which we were tremendously grateful, but of course these were not of a medical standard and not fit to be worn for 8-10 hours per day.
23. Because of the inability of obtaining antiseptic hand gel during the early months of the pandemic, I resorted to creating my own product. I ordered the raw materials and creating batches of alcohol based gel for staff and patients to be able to safely sanitise their hands. This was particularly time consuming but appreciated by all who used it. Eventually we managed to liaise with a local brewery, **I&S** who began production of their own product, **I&S** Hand Sanitiser, and we became their first wholesale customer. The company producing the product later went on to supply multiple hospitals and care homes.

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

24. I could not be prouder of our business' response to the pandemic. We served hundreds of new patients due to our ability to be agile and provide a highly efficient service in the most difficult of circumstance. The appreciation from the local community has been noticeable and in my opinion demonstrates the value of the community pharmacy sector, our resilience and the drive to serve our communities.
25. It also, I believe, showed the value of independent pharmacies in being able to responds to the needs of patients and make sure that they were looked after.
26. On a personal level, the pandemic meant that with our pharmacy open 7 days a week and every single day of the year I did not have a day off in that period. Whilst I look back with pride at our response to that period, trying to manage the pharmacy and my role with the NPA with no alternative childcare available was no easy feat.

**The level of financial support from NHS Wales or the Health and Social Services Group**

27. Cashflow during the early months of the pandemic was a huge issue for every contractor. With prescriptions being reimbursed three months after dispensing but wholesalers requiring payment after 30 days, this caused a real pinch point that was experienced across community pharmacy. If you factor in wildly increased staffing and locum costs, and rocketing medicine prices, you have a recipe for financial disaster. This did not feel like it was appreciated by Government at the time as many of the measures to provide financial support did not come into force for several months, and then repayment was required within 12 months.

**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.

**Personal Data**

**Signed:**

**Dated:** 05 July 2024