The UK Covid-19 Inquiry

Written opening statement of the National Pharmacy Association (NPA) in Module 4

Introduction

1. The Inquiry will be aware of the NPA's role and interests from its participation in Module 3.

2. In brief, 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.

3. 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.

4. In addition to dispensing medicines, community pharmacy provides health advice on a wide range of health conditions, and where appropriate signposts and refers patients to other NHS services.

5. Specific to Module 4, community pharmacy has delivered over 42 million Covid-19 vaccinations and administers millions of flu vaccines every winter.

6. This opening statement seeks to highlight the NPA's significant role and interest in the delivery of the Covid-19 vaccination across the UK.

The success of the programme

7. The Covid-19 vaccination programme in the UK operated at an unprecedented pace, scale and complexity and was one of the success stories of the pandemic. Community pharmacy played a significant role in the delivery of the programme, that increased over time as the value of the contribution of community pharmacy was recognised.

8. The following account from a community pharmacist in Macclesfield, is typical of the commitment shown by community pharmacists in delivering the programme, in the national interest:

> *"I have been a pharmacist for 38 years and I can say the day when my pharmacy became one of the very first in the country to administer the COVID-19 vaccine was the biggest day of my career. It's been quite emotional at times for our patients. Some people have not been out of their homes since last March. They are hesitant to be outside and are not used to seeing people. They see being vaccinated as the start of the end of this grim existence. I opened this pharmacy in 1990 and feel close to many of our patients. I know four generations of some families who use the pharmacy. We are hard-wired into this community. We knew in mid-December that we would be part of this programme. Christmas is usually our busiest time of the year anyway, so to prepare for this on top of that has made it a very busy few weeks. A lot of work has been required of the team here but we are very excited about it. Having worked in this community for so long I have also been able to call on local volunteers to help us – friends, family, other pharmacists and even local Scout leaders who had helped us at the start of the pandemic with medicines deliveries. Everyone is DBS checked and there are various roles to carry out – we have people doing the admin and there are also car park marshals. Everyone here is part of something special. We're proud and honoured to be involved in this national effort to help protect the population of the country and hopefully return us all to some form of normality."*

9. Within the written statement of the NPA's Vice Chair, Olivier Picard [INQ000474318] there is an account of the experience of setting up a vaccination centre, which includes reference to the fact that Mr Picard and his pharmacy colleagues worked together alongside surgeons, doctors, nurses, and paramedics and that they enjoyed a sense of unity and cooperation as healthcare workers.

10. The vaccination programme was widely recognised by communities across the UK as the way out of restrictions, and the NPA would encourage the Inquiry to consider, and to find a way to recognise, the invaluable contribution of volunteers to the success of the programme. In Mr Picard's statement, it is described how on 23 December 2020 he reached out to his local community via social media to seek help in acquiring premises from which to run a vaccination centre, and by the next day (which was Christmas Eve) he had received numerous offers, including from a local I.T. company that allowed him

to operate the centre from their premises rent free. Shortly afterwards, he reached out again, on Boxing Day, to seek the help of volunteers in running the vaccination centre, and within just two days he had received over 600 offers of assistance. Reflecting on this experience Mr Picard remarks, *"I have never seen a community come together like this before, nor have I ever been involved in anything that meant so much to so many people at the same time."* [para 52, INQ000474318_0015]

Areas for improvement

Planning

11. Community pharmacy should have been consulted and involved earlier in the planning process, particularly given its years of experience and expertise in delivering the annual influenza vaccination programmes, and the reach and resources of the 13,000 community pharmacies across the UK, which are firmly embedded at the heart of their communities. Instead, community pharmacy was initially given a gap in service role, which failed to utilise their experience, expertise, and resource.

12. 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.

13. 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, seven 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.

14. Largely as a result of these restrictions, there were only six community pharmacy led contributors to the first wave of Phase 1, which caused Mark Lyonette (then NPA Chief Executive) to write to Lord Prior (Chair of NHS England) on 18 January 2021, in an effort to establish momentum to the process of delivery of the Covid-19 vaccination by community pharmacy [INQ000477610], and pointing out that community pharmacy was being under-utilised:

"...six community pharmacies are now live providing vaccinations to vulnerable groups, hopefully a hundred or so more next week, but this is only a small fraction of the 11,500-strong network who could add significant volume and reach to Government targets. That said we have been heartened in recent days to engage with the national NHSEI team to work together on designing such a programme...As you know, our view is that pharmacies can deliver so much more for the NHS if the potential for the network is recognised."

15. The NPA considers that the decision to limit the role of community pharmacy to gap in service provision, or where there was a need for additional capacity, was a missed opportunity to ensure wider public access to vaccinations through the extensive national community pharmacy network, particularly as some patients were being asked to travel considerable distances to receive a vaccination.

16. However, once these requirements were relaxed, community pharmacy was able to make a much more significant contribution. The contribution of community pharmacy increased through Phase 1 (the vaccination of JCVI patient cohorts 1-9) and Phase 2 (cohorts 10-12 (ages 40-49, 30-39, and 18-29 respectively)), and on 3 June 2021 the Covid-19 vaccination minister, Nadhim Zahawi announced that over 500 community pharmacies had delivered over five million vaccines in England, and thanked the staff and volunteers at community pharmacy local vaccination sites for their efforts. This contribution continued to increase throughout the pandemic and by 2023, 24% of all vaccinations had been provided by community pharmacy.

17. Other challenges faced by community pharmacy in participating in the vaccination programme from the outset were as follows:

    a. The limited time within which to express interest and to prepare to deliver the vaccine, including measures to manage patient flow and social distancing.

    b. The already stretched community pharmacy services as a result of the impact of the pandemic.

    c. The different storage requirement of the vaccines.

    d. The requirement of opening hours, seven days a week from 08:00 to 20:00.

e. The varied selection methodology across the country (recognising that decisions were deliberately delegated to a regional level to take account of local need and logistical considerations).

18. Feedback from NPA members through NPA surveys identified a common theme that the work required to set up a Covid-19 vaccination clinic was underestimated, including the following factors:

a. The need to train staff on systems and processes.

b. Implementing the required Standard Operating Procedures (SOPs).

c. Setting up a booking process to allow for patient questions and relevant triaging (which was particularly critical during the Covid vaccination programme due to the vaccine hesitancy experienced).

Operational challenges

19. The dual booking system was inefficient and wasteful. Community pharmacy and vaccination centres used the National Booking System (NBS), while general practice often used a different system, AccuRx. The two systems did not share information, and this caused a duplication of bookings and resulted in missed appointments, which adversely impacted efficiency, and 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.

20. 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

21. 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.

22. Approximately 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.

23. Community pharmacies are trusted healthcare professionals at the heart of their communities, ideally placed to respond to the needs and concerns of their patients, and a local pharmacy is one of the few places in the health service where you can walk in off the street and get treatment and healthcare advice without an appointment.

24. Community pharmacy is also disproportionately located in poorer areas, and it plays a significant role in addressing health inequalities. Community pharmacies play a particularly important role in deprived communities, which often have less access to other health services. Over a third of the vaccinations provided by community pharmacy were delivered in the most deprived communities.

25. On 7 January 2021, the NPA convened a virtual Ministerial round table with Kemi Badenoch MP, Minister for Equalities, Vaccine Deployment Minister, Nadhim Zahawi MP, and Pharmacy Minister, Jo Churchill MP, about reaching out to patients and communities who might otherwise miss out on vital care, such as the Covid vaccine, and the role that community pharmacy has in addressing health inequalities and vaccine hesitancy within communities. The NPA explained at the meeting how community pharmacy could help promote uptake of the Covid-19 vaccine, including how the high levels of trust in local pharmacists could be an important factor in overcoming doubts and misapprehensions about vaccines.

26. Further, together with Doctors of the World and NHS England, the NPA launched a toolkit, "Delivering an open access vaccination clinic" [INQ000477627] to provide vaccinations for hard to reach groups, including asylum seekers and the homeless, with the following aims:

> *"The Joint National Plan for Inclusive Pharmacy Practice asks all pharmacists and pharmacy technicians to join together to develop a culture of inclusive practice and embed it into everyday care to benefit the health of our diverse communities. A focus on continuing to address vaccine hesitancy and reducing health inequalities more broadly is an identified priority.*

People from inclusion health groups, those with long term conditions and carers are at risk of social exclusion. They often face barriers when accessing "mainstream" healthcare, resulting in poor health outcomes.

Inclusion health populations include people who experience homelessness, migrants in vulnerable circumstances, Gypsy, Roma and Traveller communities, sex workers and victims of modern slavery. Facing a higher risk of becoming unwell from serious infections, they might have missed routine vaccines in the UK or not received the same vaccinations as those offered in the UK whilst living in their country of birth. Migrants are entitled to receive vaccinations including hepatitis and TB in the UK, and the majority are paid for by the NHS. More information about vaccination entitlement and translated vaccine patient information leaflets are available on the Government website Gov.UK. You can also access the COVID-19 migrant health guide.

Through the offer of open access vaccination clinics, pharmacies can help address inequality in access to COVID-19 vaccination and other key services (through direct provisions and signposting)."

27. In Wales, community pharmacy was specifically engaged to address vaccine hesitancy. For example, a pharmacy was given a list of 200 patients, who had either not responded to the invitation or cancelled their appointment from the vaccination centre and asked to assist in booking further appointments and administering vaccinations to those patients.

28. Community pharmacy was similarly engaged in Northern Ireland to increase access to Covid-19 vaccines for priority groups and in areas where vaccine uptake was lower than the regional average. Community pharmacies in Northern Ireland were also called upon to participate in the Covid-19 vaccination programme in care homes for the Spring 2022 Booster Campaign and are now responsible for all ongoing care home Covid-19 and flu vaccinations.

29. In Scotland, the role of community pharmacy was arranged through the relevant Health Board. Vaccinations were initially delivered via local GP practices and in vaccination centres, with community pharmacy put on standby for future stages. Community pharmacies were commissioned in more remote areas, and once a single dose vaccine became available, more Health Boards began to commission pharmacy vaccination services.

30. 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) [INQ000329507].

31. However, these issues could have been better anticipated, and this should be a key learning for the future.

Utilising existing resources and expertise

32. 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).

33. The Inquiry is invited to examine and consider whether the creation of mass 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.

Impact on and unrealistic expectations of healthcare workers

34. The Inquiry will be taking account of the impact of the pandemic on healthcare workers within Module 3, and the NPA suggests that it will also be helpful to reflect on these impacts within Module 4. 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.

Recommendations and lessons learned

35. The NPA acknowledges that the Covid-19 vaccination programme was an emergency response and that lessons were learned and improvements

implemented over the course of the programme. However, there needs to be better planning of vaccination services for the future. It was a mistake to consider community pharmacy as just a gap filler, and given its existing vaccination expertise, and its reach and accessibility across the UK, it should have been an integral part of delivery planning from the outset, alongside GPs and vaccination centres.

36. The requirement in England to administer 1,000 vaccination doses per week, prevented many community pharmacists from making the contribution they wanted from the outset. Mass vaccination capacity 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.

37. 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 bespoke temporary facilities (often at significant cost).

38. Community pharmacy is ideally placed to meet the needs of the whole population, including underserviced communities and geographically remote areas, with experience built up over many years in providing services to their communities. Community pharmacy is located in the heart of local communities (disproportionately in poorer areas) and played a significant role in addressing health inequalities and vaccine hesitancy during the pandemic.

39. The disjointed booking systems presented a major challenge and undoubtedly caused wastage, which would have been worse but for the flexibility and innovation of healthcare workers on the front line. 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.

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