UK Covid-19 Inquiry: Module 3

Written closing statement of the National Pharmacy Association

Introduction

1. This written closing statement of the National Pharmacy Association (the NPA) develops the issues addressed within the NPA's oral closing statement made at the Inquiry hearing on 27 November 2024, and it draws on the wider written and oral evidence before the Inquiry in Module 3.

2. The NPA, which represents the majority of independent community pharmacies in the UK, has been grateful for its designation as a core participant in Module 3 of the Inquiry, and for the opportunity to contribute to the Inquiry's work. The Inquiry has heard oral evidence from two witnesses on behalf of the NPA during this module: Jonathan Rees, a pharmacist and the superintendent pharmacist for two independent pharmacies based in the Swansea area; and Nick Kaye, the current chair of the NPA, who was vice-chair during the pandemic while at the same time working as a pharmacist in Cornwall. The Inquiry has also published the witness statement of Sanjeev Panesar, a pharmacist and the Superintendent Pharmacist for a small group of independent pharmacies in the Birmingham area.

3. During the pandemic, community pharmacies played a core role in maintaining access to healthcare services. Community pharmacists and other healthcare staff worked tirelessly to safeguard the nation's health while risking exposure to a deadly virus without adequate protection. There was a significant impact on pharmacists and their teams in maintaining primary care services at the height of the pandemic, including stress, fatigue and mental health issues, and the NPA has significant concerns that the sector and the healthcare system more broadly are less resilient to respond to a future pandemic than at the beginning of 2020.

4. This statement sets out key areas that the NPA would urge the Inquiry to consider as it develops its report and recommendations for this module, and it addresses the following issues:

    a. The role played by community pharmacy throughout the pandemic.

    b. The impact of the pandemic on community pharmacists and their teams.

    c. The lack of recognition from government for community pharmacy.

    d. The resilience of the community pharmacy sector in the UK.

5. This statement concludes with recommendations for the Inquiry to consider.

A. The role played by community pharmacy throughout the pandemic

6. Community pharmacy is an integral part of the NHS and primary care networks, and it plays a vital role in maintaining and improving the health of the communities it serves.

7. Community pharmacy demonstrated great resilience during the pandemic, not only in maintaining core services in the supply of medicines but taking on a bigger role as the first port of call for patients seeking health advice during the pandemic. Community pharmacy has been described by NPA witnesses as "*the front door of the NHS*" [Day 19/147:5-6] and a "*shock absorber*" for the UK's healthcare systems [INQ000340104/40].

8. Community pharmacists went to great and heroic lengths to ensure that their services were maintained during the pandemic and demonstrated the value of the network of community pharmacies across the country. Community pharmacy was one of the few parts of the health service where patients could walk in off the street and obtain expert health advice and treatment without an appointment. The Inquiry has heard evidence of the different ways that community pharmacy stepped up in the crisis aside from maintaining the safe supply of medicines - from providing a safe space to support victims of domestic violence to distributing lateral flow tests and its role in delivering the Covid-19 vaccination programme.

9. The witness statement of Nick Kaye recorded the following first-hand account from an NPA member in Dudley [INQ000340104/12]:

> "*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.*"

Increase in demand

10. During the pandemic, there was huge and increased demand for the services provided by community pharmacy as other parts of the NHS were required to limit availability. NPA members reported a significant increase in the number of prescriptions dispensed from February to March 2020, and phone calls to pharmacies more than tripled during this period. Home deliveries of medication to vulnerable patients more than doubled (requiring additional staffing and volunteers) and many pharmacies experienced long queues outside

their doors [INQ000340104/9]. Jonathan Rees told the Inquiry that his pharmacies "*served hundreds of new patients due to [their] ability to be agile and provide a highly efficient service in the most difficult of circumstances*" [INQ000492290/5]. This showed the value of independent pharmacies in being able to respond to the needs of patients and make sure that they were looked after.

11. The Inquiry has received evidence from the Pharmaceutical Services Negotiating Committee (PSNC) that in June and July 2020, the average pharmacy in England carried out 15 patient consultations per day, which were all conducted outside of specifically commissioned services [INQ000319520/1]. The PSNC found that if those patients who said they would have visited their GP had their pharmacy not been available, visited their GP, it would have led to 492,000 additional GP appointments each week, or 65 extra appointments per week for every GP practice in England. This illustrates the crucial role played by community pharmacy in maintaining access to health services and alleviating pressure on other parts of the NHS.

12. The increase in patient care spanned advice on minor ailments (such as minor infections, skins complaints, aches and pains, etc.) to much more complex and serious conditions requiring onward referral to other parts of the NHS (for example, potential symptoms of a heart attack or sepsis). Nick Kaye put it in his evidence as follows [Day 25/115:13-116:20]:

> "*people were scared, people were frightened, we didn't have all the answers but we certainly were dealing with lots more inquiries both from the standard things you'd expect within medicine supply but also maybe more technical general healthcare questions being fired at us from all angles…on reflection those were, you know, queries that could have been relatively basic or, in my own experience, those that were relatively complex, you know, from somebody telling me that they'd a cough, that they were coughing up blood for three weeks… what would be the advice?*"

13. An NPA member in Ramsgate provided the following account to the NPA, which illustrates the extraordinary increased demand on community pharmacists and their teams and the efforts they made to support patient care [INQ000340104/11]:

> "*One day we got to work to find the large surgery opposite shuttered and closed. We were told that the surgery team had become infected with Coronavirus. We found ourselves under siege from patients and carers seeking medical advice and worried about their prescriptions. We contacted the local NHS England team and eventually a 'hot hub' was set up and they started to write prescriptions for the surgery's patients. We made contact with them and*

acted as a point of liaison. They did not have EPS [electronic prescription service] facilities so, twice a day, our drivers went to the hub, dropped off patients' prescription requests and picked up physical prescriptions which we dispensed and (upon request) delivered. Our phone-lines were log-jammed so we set up a WhatsApp facility on our website. We kept everyone up to date with developments via Facebook and our website. We also installed an answer phone and promised that any out-of-hours messages would be returned in the afternoon. We dedicated a member of staff to communication and responded to literally hundreds of messages. Not one person was left without a response. I'm extremely proud of how my team responded in incredibly difficult circumstances. But we feel we've been abandoned on the NHS frontline".

Deliveries

14. Early in the pandemic, community pharmacy immediately increased deliveries to vulnerable and at-risk patients. NPA witnesses told the Inquiry that their pharmacies saw a "*vast increase in the number of patients [they] had to deliver medicines for*" [INQ000492291/8] and deliveries were increased from being 2.5 days a week to 6 days a week [INQ000492290/3]. An NPA member from Belfast told the NPA that "*[o]ur delivery volume doubled overnight, and we had to expand our delivery service within 24 hours to look after the vulnerable and elderly*", while an NPA member from Cambridgeshire reported the following [INQ000340104/16]:

> "*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*".

15. Although the NHS in all four nations commissioned delivery services to ensure access to prescribed medicines for vulnerable patients, the delivery service was initially un-funded, and it was a cost that community pharmacy had to absorb for the benefit of their patients and the community. Jonathan Rees told the Inquiry that he and his wife would walk around their village on the weekend with their three young children delivering medicines to ensure everybody received what they needed [INQ000492290/3]. Even when temporary funding was put in place, it only accounted for some patients due to restrictions on eligibility within the funded service [INQ000492291/8].

16. Nick Kaye told the Inquiry that in England the number of deliveries was just over 490,000 during the first month that deliveries were introduced [Day 25/118:8-10].

Maintaining the safe supply of medicines

17. The supply of medicines by community pharmacies to their local populations was challenging and complex, and in March 2020 there was a huge demand for medicines. Patients began to worry about shortages, and essential painkiller remedies, such as paracetamol, became out of stock within days. The many-fold increase in the prescribing of inhalers led to an out-of-stock situation in most pharmacies.

18. Many medicines became difficult to source and expensive, as demand outstripped supply, and staff spent long hours sourcing medicines. An NPA member survey, conducted in November 2020, showed that 50% of respondents were spending between 1-5 hours sourcing medicines, 40% were spending up to 10 hours, and in some cases over 10 hours [INQ000340104/14]. Jonathan Rees told the Inquiry that 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*" [INQ000492290/3].

19. NPA witnesses provided the following accounts to the Inquiry:

> "*The price of many medications rose extortionately during this period with seemingly little regulation or control…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*" [INQ000492290/4].
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> "*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*" [INQ000492291/7].

20. Medicines shortages have become a fact of life for pharmacists across the UK and the NPA considers that the UK's medicines supply system requires greater flexibility.

Addressing health inequalities

21. Community pharmacies have a unique understanding of the health needs of the populations and the communities they serve. They are disproportionately located in areas of higher deprivation, delivering health services to communities that need them most, and they play a crucial role in reducing health inequalities.

22. The inverse care law, which was described to the Inquiry in the evidence of Professor Adrian Edwards, reflects that the provision of good medical or social care services is inversely proportional to the medical need for it in the population, *"[s]o the reality is that populations with the highest medical and social care need have the lowest level of provision…it's a double whammy: there's greater health need, more illness and disability, and less provision*" [Day 9/15:12-16:16].

23. Community pharmacy however defies this trend, and the concentration of community pharmacies is higher in deprived areas, meaning that pharmacy-based services can reduce health inequalities between affluent and less well-off areas [INQ000340104/7].

24. Ninety-six per cent of the population can get to their local pharmacy within 20 minutes and 99.8% of the population in areas of highest deprivation have access to a community pharmacy within a 20-minute walk [INQ000340104/7]. A December 2021 report from DHSC's Equality Hub and Race Disparity Unit recognised that there are two to three times more pharmacies in deprived areas than in more affluent areas [INQ000354552/11]. This is a presence unmatched by any other part of the NHS.

Role in the vaccination programme

25. On top of the increased role played by community pharmacy in supporting access to healthcare during the pandemic, community pharmacy was involved in the rapid roll-out of the Covid-19 vaccination programme, which operated at an unprecedented pace, scale and complexity. Evidence before the Inquiry shows that by the end of October 2021, GP practices and community pharmacies had delivered 71% of all doses of the Covid-19 vaccine administered in England [INQ000339027/13]. Community pharmacy has, to date, delivered some 42 million Covid-19 vaccinations.

26. As trusted healthcare professionals at the heart of their communities, pharmacies were ideally placed to respond to the concerns of patients and overcome vaccine hesitancy within their communities. In his evidence, Nick Kaye explained that approximately 50% of the NPA membership and 50% of the NPA board are from ethnic minority backgrounds, and he described how this level of diversity enabled the board to deliver effective policies,

for example, in relation to vaccine hesitancy in the community and reducing health inequalities [Day 25/150:3-152:3].

B. The impact of the pandemic on community pharmacists and their teams

Increased workload

27. Pharmacists and their teams worked hard and longer than they ever had, putting in place unprecedented measures to support their communities. In his oral evidence, Nick Kaye told the Inquiry about a husband and wife, both pharmacists, who spent 10 weeks working apart to keep their business running, leading parallel teams and not seeing each other for that amount of time [Day 25/118:20-119:3].

28. The evidence of Sanjeev Panesar provides some indication of the impact of the high workloads on pharmacists and their teams [INQ000492291/4]:

> "*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. When workloads were unmanageable, and/or staff numbers were very low, this placed staff safety at risk…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…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*".

29. This experience was echoed in the evidence of Jonathan Rees, who told the Inquiry that he and his teams worked long hours for months, repeatedly starting early and staying late after normal closing [INQ000492290/3], and Nick Kaye, who described in his oral evidence "*people going into work at 6 o'clock, leaving at 11 o'clock because…we are there to serve the communities within which we're based*" [Day 25/119:3-6].

Staff shortages

30. Community pharmacists had been warning of workforce shortages long before the Covid pandemic struck. When lockdown and self-isolation restrictions were imposed staffing levels in community pharmacy were severely affected. As part of infection prevention and

control measures some pharmacies adopted the policy of working across split shifts, leading to a further depletion of staffing levels. Jonathan Rees spoke of his wife, who is also a pharmacist, having to return from maternity leave to work a split week with him because of staffing levels [INQ000492290/2].

31. Community pharmacies carried out risk assessments on staff and made decisions on which staff could continue to work and who needed to self-isolate. Sanjeev Panesar told the Inquiry that 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*" [INQ000492291/9].

32. The workforce was further depleted when pharmacy members were not able to come into work during the pandemic if they or a member of their family exhibited symptoms of Covid-19. Although testing was not initially available to community pharmacy, staff were later asked to test regularly which resulted in many positive tests through the pandemic and members having to isolate even when they felt well. This added to staff pressures and Jonathan Rees told the Inquiry [INQ000492290/4]:

> "*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*".

33. As the virus spread, pharmacies had to work out how to juggle ever busier, longer and more stressful days. Staff were asked to work longer hours, sometimes it was difficult to take breaks, and it was not always possible to let staff take leave. Staff shortages also led to an increasing reliance on locums, which in turn resulted in increased costs to community pharmacy.

Mental health and burnout

34. The increased demand on community pharmacy during the pandemic had a significant impact on pharmacists and their teams, resulting in stress, fatigue, mental health issues and financial hardship for many NPA members. Working longer hours, with an increased workload, including a significant rise in medication deliveries, led to burn out and mental anguish among pharmacy teams.

35. Pharmacists reported widespread anxiety amongst staff particularly in the early stages of the pandemic, altering working hours during peak periods to meet demand. The Inquiry heard that "*there was a constant concern among staff of the risk of infection, which was balanced against their desire to continue to work to deliver…essential services*" [INQ000492291/9].

36. RPS workforce and wellbeing surveys since 2020 have shown that burnout scores for the community pharmacy sector have been consistently high with 88% of respondents to the 2022 survey reporting they are at high or very high risk of burnout [INQ000319535].

37. Nick Kaye attributed these scores to the uncertainty felt by community pharmacists and their teams relating to, for example, how they would get the PPE they needed, how to get the medicines they needed, and how they would pay their teams. That becomes "*genuinely overwhelming*" [Day 25/143:20-144:1]. He described that one of the hardest things as chair of the NPA was listening to members asking, "*When's it going to get better, Nick? When's this going to change?*" and recognising that members did not feel supported or an integral part of the healthcare system [Day 25/144:2-8].

Stresses from financial worries

38. Jonathan Rees highlighted the financial impact on pharmacies in light of the additional costs and expenses that were incurred during the pandemic, describing it as huge and a large part of most conversations with NPA members [Day 19/159:23]. Some pharmacies were required to close due to Covid-19 and the funding situation in the sector is such that even short periods of closure can have a significant effect on pharmacy finances (when many were already loss making after years of rising costs and tight funding) [INQ000340104/27-28].

39. Nick Kaye told the Inquiry of the additional mental stress, that not only did members feel they were an afterthought from government, but they were working from 7 o'clock in the morning until 11 o'clock at night, separated from family members for weeks on end and worrying about whether they could pay their teams and pay their mortgage. He went on to say [Day 25/142:5-121]:

> "*people want to do the right thing and give the care to the communities they service but being able to pay their bills is another pressure*".

Treatment of pharmacists

40. Community pharmacy experienced increased pressure and in some cases inappropriate behaviour from some members of the public. A combination of lockdown rules, social distancing, access to healthcare, and then shortage of medicines, led to a number of patients exhibiting their frustrations towards pharmacy staff. Confrontational experiences with members of the public led some pharmacy team members to wear body cameras, which was previously unheard of [Day 25/146:16-19].

C. The lack of recognition from government for community pharmacy

41. Despite the central role played by community pharmacy, and the contribution of NPA members, community pharmacists and their teams were, time and again, overlooked as a core part of the NHS. They were not treated equally with other frontline healthcare workers and as a result, they did not receive the support they needed.

Life Assurance Scheme

42. The most significant and demoralising example of this different treatment by government was the initial exclusion of pharmacy workers from the Life Assurance Scheme for frontline workers in England, which was announced by Government in April 2020 as a scheme for frontline NHS and social care staff who died from Covid-19. Although the position was quickly reversed following representations from the NPA, the fact that community pharmacy was not included from the outset was demotivating and demoralising for community pharmacy teams, who were going to extraordinary efforts to provide care [Day 25/134:20-25].

43. In his witness statement to the Inquiry, Sanjeev Panesar said the following [INQ000492291/11]:

> "*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*".

44. The evidence of Matt Hancock during the Inquiry hearings shed important light on this issue. He made clear that he had instructed that all pharmacy staff should be included within the scheme, but the system of government and the NHS failed to implement his clear direction. Mr Hancock said [Day 36/176:19-25],

> "*The pharmacy contract is managed by NHS England. In order to maximise taxpayer value for money, NHS England is, by tradition, really very tight on pharmacists…there is, therefore, inbuilt into NHS England senior management a lack of enthusiasm for giving more to community pharmacists than they absolutely have to…*"

45. He went on to say [Day 36/178:9-179:9],

> "*My sense was also that the system was not looking after community pharmacists enough… They evidently were [an afterthought] as far as the system was concerned*".

Lack of PPE

46. Another example of the side-lining of community pharmacy was the initial lack of PPE through the NHS, requiring many pharmacy teams to source and fund their own PPE. The supply of PPE was a challenge, and pharmacy teams put themselves at risk to help patients stay well, often working in close proximity to others and reusing PPE repeatedly for days or even weeks. An NPA member in Antrim gave the following feedback to the NPA [INQ000340104/18]:

> "*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*".

47. Sanjeev Panesar told the Inquiry [INQ000492291/9]:

> "*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 the 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…Before the national PPE ordering portal became available to pharmacies…we had to source and distribute hand gels, wipes, gloves, aprons, masks – often having to loan some from a dental practice when needed. 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*".

48. Pharmacies were unable to access the NHS PPE portal to order PPE until August 2020, some months into the pandemic. However, even when pharmacy staff finally became eligible for NHS supplies, guidance from Public Health England contained incorrect quota information so pharmacies received much less than they needed [INQ000340104/19]. The Inquiry heard that initially supplies were quite strained, and it was not until around November 2020 that pharmacies could increase the amount of PPE they could order and the situation "*felt more comfortable*" [Day 25/125:13-16].

49. In his evidence to the Inquiry, Matt Hancock confirmed that he had pushed for community pharmacists to have access to the PPE portal but "*that in times of constrained supply, community pharmacists, rightly or wrongly, were deemed to be lower in the priority for people that needed access to the PPE portal*" [Day 36/175:17-21].

50. The consequence of this approach was that community pharmacists and their teams continued to provide healthcare services, without adequate protection from a potentially lethal virus. Nick Kaye told the Inquiry that his close friends contacted him early in the pandemic asking if he "*really want[ed] to go to work*" and was "*this really worth it*"? Similar discussions were taking place up and down the country as community pharmacists and their teams did what they could to keep themselves safe and deliver care [Day 25/124:14-24]

Lack of support

51. Many NPA members felt there was a lack of support from the NHS and government at the start of the pandemic. For example, pharmacies had to sort out their own Perspex screens and incur operational costs to meet social distancing requirements. Sanjeev Panesar told the Inquiry that "*[t]here was little NHS support about how to safely and effectively serve patients, and how our pharmacy workforce could stay safe*" [INQ000492291/2].

52. Another NPA member from Sutton gave the following account, illustrating the way in which pharmacies took matters into their own hands in the absence of formal support from the NHS [INQ000340104/21]:

> *"In the early days after lockdown, we had to think quickly about how to manage the control of crowds that were coming into our pharmacy and initially we restricted it to three patients at a time in our pharmacy. Initially we had to use some makeshift ideas, Blue Peter-style. We used our chairs to create a barrier around our counter so that we could keep that social distance between us and our patients. At that time we had to stop all non-urgent face to face consultations in our pharmacy as well – we provide support for people who give up smoking, for example – these appointments were postponed or we'd do those consultations on the telephone."*

53. Pharmacy teams resorted to innovative solutions to try to keep themselves, their staff and their patients protected. Jonathan Rees told the Inquiry that because of the inability to obtain antiseptic hand gel, he created his own alcohol-based gel for staff and patients to be able to safely sanitise their hands [INQ000492290/5]. Sanjeev Panesar gave a detailed account of the measures put in place in his pharmacies to try to manage and control

increased patient numbers, to protect both patients and the pharmacy teams, and to manage social distancing [INQ000492291/4].

Lack of testing availability

54. Testing for Covid-19 was not initially available for community pharmacy staff and as a consequence of the categorisation of community pharmacy as a 'retail setting' as opposed to a 'healthcare establishment', entire pharmacy teams were required to self-isolate following a single positive case within the pharmacy. The NPA was aware of pharmacies in rural locations that had to close because of this type of classification which ultimately resulted in a reduction of care for those people in that community [Day 25/138:4-7].

55. Pharmacy staff who were recent close contacts of positive cases were also told to self-isolate, which led to fewer available pharmacy staff, increased pressure on remaining pharmacists and staff, temporary pharmacy closures, and diminished access to medicines for patients [INQ000340104/20].

Lack of recognition as key workers

56. It was also the case at the start of the pandemic that many people who worked in community pharmacy were not recognised as key workers. The practical impact was that pharmacists and their teams had difficulty getting their children accepted into school keyworker schemes, notwithstanding that they were working in a frontline healthcare environment. However, the psychological impact was that community pharmacy again felt like an afterthought and not being classed as a key worker was both demoralising and frustrating [Day 25/135:20-136:7].

57. Having regard to the clear failure to properly recognise community pharmacy as an integral part of NHS primary care, the NPA's participation in this module of the Inquiry has provided solace to NPA members in allowing the voice of community pharmacy to be heard and the significant impact of the pandemic on this sector to be recognised.

D. The resilience of the community pharmacy sector in the UK

58. Community pharmacy entered the pandemic facing financial and workforce crises, due to long-term underinvestment in the network. These issues presented significant challenges for community pharmacy in responding to the pandemic and increased the difficulties in providing services to patients and maintaining staffing levels. Nick Kaye described the pre-pandemic community pharmacy sector as "*a system that was functioning but certainly strained*" [Day 25/114:20-21].

59. There is a substantial volume of evidence before the Inquiry relating to the financial pressures on community pharmacy since the start of the pandemic. Community pharmacy incurred unavoidable additional costs to keep the network of pharmacies open during the pandemic. Additional costs related to rising wholesaler bills, sudden price rises in some medicines, and rising staff costs, plus a range of measures for ensuring the safety of staff and patients, including social distancing measures.

60. Sanjeev Panesar explained the position as follows [INQ000492291/12]:

> "*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*."

61. Extra funding was announced by NHS England to all community pharmacies in England in recognition of cash flow pressures for pharmacies; however, the considerable extra costs incurred by pharmacies to keep services going throughout the pandemic were not reimbursed fully until 2022 [INQ000340104/18].

62. Nine out of ten independent pharmacy owners responding to an NPA survey made a net loss for at least one month of the year in 2022 dispensing medicines for the NHS, and 48% lost money for six months or more [INQ000272013/1]. Dispensing medicines at a loss and having repeated negative cashflow is clearly unsustainable and the funding crisis must be addressed to avoid pharmacies falling into a spiral of declining services and closures.

63. Since the start of the pandemic, approximately 1,000 pharmacies have closed in England and Nick Kaye told the Inquiry that seven pharmacies are closing every week across the four nations of the UK [Day 25/148:16-17].

64. Jonathan Rees concluded his evidence with the following remarks [Day 19/163:23-164/4]:

> "*The whole pharmacy network really did stand up to what was thrown at it. My concern is that moving forward, I'm not sure that same resilience will be there, purely from closures and fragility of the network. If it were to happen again, I'm not sure the pharmacy network would stand up quite as well as it did the first time*".

65. The healthcare system is less resilient to respond to a future pandemic than at the beginning of 2020. Unless urgent action is taken to redress this situation, the vital services that community pharmacy provide, which played such an important role in the pandemic response, will not be available to the same extent in a future healthcare crisis.

E. The future and recommendations

66. With regard to recommendations, this statement builds upon Nick Kaye's three simple asks at the end of his evidence to the Inquiry. To better enable pharmacies to fulfil their critical role in a future pandemic, his three key asks were: to "*make sure that we're here, use us, and we are part of primary care*" [Day 23/149:11-13].

Make sure that we're here

67. An accessible pharmacy network adds to the resilience of the health service, reduces health inequalities, and must be maintained. The pandemic showed the importance of having a vibrant network of pharmacies operating close to where people live, work and shop, and pharmacies absorbed demand for advice and treatment that prior to the pandemic were directed to other parts of the healthcare system.

68. It is therefore a huge concern for future preparedness that a combination of underfunding and cost inflation has put large number of pharmacies at risk of closure. If more pharmacies close, this will limit access to health services in villages, towns, urban areas and in rural communities. The inevitable result will be more pressure on the NHS as people turn to GPs and A&E departments for the help they can currently get conveniently in community pharmacies. It will also make the health service less resilient against the impact of future shocks and mean the UK will not be able to respond adequately in the next pandemic.

69. The NPA suggests that investing in and maintaining a strong community pharmacy network is a key preparation for a future pandemic or other public health emergency.

Use us

70. The NPA's position is that existing infrastructure should be the starting point for pandemic response capacity. The experience of the vaccine programme showed that community pharmacy, with its established network of premises, regulated workforce and relationships within the community, can be stepped up swiftly in the event of a crisis.

71. The NPA invites the Inquiry to recommend that the full potential of community pharmacy is recognised and utilised to support other parts of primary care, and that administrative

barriers to community pharmacy providing their services are removed, including in connection with the Covid-19 vaccination programme which still exist today [Day 25/121:14-17].

72. Pharmacists should also be given greater discretion to use their professional expertise to amend prescriptions for medicines where there are supply problems – for example, pharmacists could use their clinical judgment to give a different form of medicines or another clinically equivalent medicine where to do so would be in the patient interest in terms of maintaining supply of treatment [INQ000340104/44].

We are part of primary care

73. That community pharmacy is part of primary care - alongside general practice, optical services and dentistry - ought to go without saying. However, as Nick Kaye indicated in his evidence, a cultural shift from government is necessary to fully recognise that community pharmacy and their teams are genuinely part of the NHS family. Government and NHS should "*reframe community pharmacy, pharmacists and their teams, as a genuine part of the NHS family*" [Day 25/149:6-8]and as a valuable partner in post-pandemic recovery.

74. The response to the pandemic in primary care could have been more coherent were it not for the institutional side-lining of community pharmacy over many years, at both local and national level. Community pharmacy is perceived in parts of government and the NHS as a retailer or logistics provider – not as a key component of healthcare and public health. This was confirmed in the evidence to the Inquiry from Matt Hancock that pharmacists were evidently an afterthought as far as the system was concerned [Day 36/179:5-9]. This is important because it means that the capacity and skills in the sector can be overlooked and not sufficiently mobilised in response to NHS and public health challenges.

75. The pandemic also showed the necessity of working across professional and institutional boundaries in order to deliver an effective response. Given the essential nature of their front-line role, the Inquiry is asked to recommend that there is sufficient investment by government in the network and the infrastructure needed to integrate community pharmacy into the broader health system and to support effective cooperation across the health service.

76. It is also necessary that the role pharmacists and the wider pharmacy team is recognised, that they are protected and provided with PPE on the same terms and at the same time as other healthcare providers, that they are recognised as key workers with other frontline healthcare workers and that testing recommendations for healthcare professionals are uniform across all healthcare settings.

Conclusion

77. Political leaders were slow to recognise the vital role played by community pharmacy in the pandemic response, and the NPA spent a lot of time early in the pandemic encouraging political leaders to include community pharmacies when listing those that were leading the response to the pandemic at the grassroots level [INQ000340104/44].

78. The NPA asks that the significant contribution of community pharmacy to the pandemic response is reflected in the Module 3 findings in order to redress the lack of recognition they received throughout the pandemic. In any future pandemic, there is a need for better support for community pharmacy from the NHS, ensuring that community pharmacy is fully integrated into the health and social care system. This is an important lesson to ensure we have more robust systems in place for the future.

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