Royal Pharmaceutical Society

Written closing statement in Module 3 of the UK COVID-19 Inquiry

Introduction

1. The Royal Pharmaceutical Society is the professional body for pharmacists and pharmacy scientists in Great Britain. It represents pharmacists working across all care settings in the health service, including in community pharmacy, hospitals, general practice, and other primary care roles, as well as in wider roles such as in the pharmaceutical industry, the armed forces, prisons, policy roles and academia. The RPS leads and supports the development of the pharmacy profession, including through professional standards, guidance and post-graduate pharmacy education, as well as advocacy on behalf of members in the media and with stakeholders.

2. Throughout this module, the Inquiry has heard evidence of the essential work of pharmacists, pharmaceutical scientists, pharmacy technicians and wider pharmacy teams in supporting the nation's health and ensuring the public could continue to access medicines safely during the pandemic.

3. In the final days of oral hearings, however, the Inquiry heard from the former Secretary of State for Health and Social Care, Matt Hancock, giving a 'brutally honest' account that "*the system was not looking after community pharmacists enough*" [Day 36/178:10-11].

4. This relegation of a central element of primary care to an 'afterthought', and a lower priority than other parts of the healthcare system, is a very significant concern that explains much of the unfair treatment of community pharmacy throughout the pandemic. This is one of five key areas that the RPS seeks to highlight to the Inquiry in this written statement. The other four key areas are:

    a. the failure to keep pharmacists and pharmacy teams safe while at work;

    b. the impact of the pandemic on the health and well-being of pharmacists and pharmacy teams;

    c. the role of hospital pharmacists; and

    d. the resilience of the pharmacy sector more broadly.

5. The statement concludes with the RPS's recommendations and suggested areas for learning from the pandemic response.

The failure to keep pharmacists and pharmacy teams safe while at work

6. At the height of the pandemic, pharmacists continued to be one of the most accessible healthcare professionals that were readily available to the public for face-to-face advice without an appointment. The Inquiry has heard evidence, including from NPA Chair and RPS Fellow, Nick Kaye, that pharmacists and wider pharmacy teams went above and beyond during the pandemic [Day 25/153:22-25]. They were on the frontline of COVID-19, often putting themselves at risk so they could continue looking after patients in a time of national crisis [INQ000409843/4].

7. However, there was a failure to properly protect pharmacists and pharmacy teams – including through appropriate use of risk assessments, ensuring Infection Prevention and Control guidance was suitable for all healthcare settings (including pharmacies), and the provision of adequate and effective PPE to pharmacists and their teams.

Personal protective equipment

8. In the early weeks of the pandemic, many members of the public presented to their pharmacy even when showing symptoms of COVID-19. As Nick Kaye told the Inquiry, "*they were trying to seek help and didn't know where else to go*" [Day 25/145:9-13]. However, by providing face-to-face care to patients with inadequate protection, pharmacy teams were putting themselves at risk of infection.

9. Guidance from the International Pharmaceutical Federation, updated on 26 March 2020, advised the following [INQ000319531/8]:

> "*Considering that transmission has occurred from asymptomatic and/or pre-symptomatic individuals (Ruiyun Li, 2020) and the frequent contact that pharmacists and the pharmacy workforce have with the public (including infected individuals), it is reasonable to recommend that pharmacy staff wear a face mask to protect themselves from infection, and to avoid further dissemination in case the pharmacy personnel becomes infected themselves*" (original emphasis).

10. However, the Inquiry has heard evidence that the majority of frontline pharmacy teams struggled to source PPE to protect themselves, their patients and their families, resorting to buying PPE themselves, including from local DIY centres, or relying on

local schools providing masks. This meant that pharmacists and their staff risked spreading the virus or being unable to work because of sickness. In March 2020, the then RPS President made the following statement [INQ000319542/2]:

> "*No pharmacist in any setting should be left wondering what to do if the coughing patient in front of them has COVID. Current PPE guidance assumes no one with COVID symptoms is coming to pharmacies or are on non-COVID hospital ward – this just isn't the case. Guidance on PPE needs to change to reflect this real-world situation.*"

11. Despite being an essential part of primary care, community pharmacy teams were only able to access the Government's 'PPE Portal' from 3 August 2020 – after the first wave of the pandemic. Even then, the Inquiry has heard evidence that initially supplies were "*quite strained and quite uncomfortable*" and it was not until around November 2020 that pharmacies could increase the amount of PPE they could order [Day 25/125:13-16]. The RPS England Chair commented in May 2020 that [INQ000319523/1]:

> "*It's really disappointing to see pharmacy being left behind in this phase of the roll-out [of the PPE portal]. Pharmacies are one of the last places keeping their doors open to the public without an appointment and yet seemingly an afterthought when it comes to sourcing PPE for staff…People working on the frontline of COVID-19 should get the same support wherever they may be, including across the whole of primary care.*"

12. This sentiment, that community pharmacy teams were an 'afterthought', was substantiated by the evidence of the former Health Secretary that in times of constrained supply, community pharmacists rightly or wrongly were deemed to be lower in the priority for people that needed to access PPE [Day 36/175:17-21]. He told the Inquiry [Day 36/174:21-175:1]:

> "*In a world of highly-constrained PPE availability we had to be careful to ensure it got to where it was most needed and there's a hierarchy of that. But I wanted it to be available to pharmacists*".

13. The safety of all healthcare workers attending their work to care for patients during the pandemic, should have been a priority for government, but it is apparent this was not the case. It is the RPS's position that frontline staff should have the same support across the whole of primary care.

Infection Prevention and Control and social distancing

14. Josh Miller, a clinical pharmacist working in the acute sector of a large health board in Scotland and a board member of the RPS, told the Inquiry in his witness statement [INQ000421862/7]:

> "*we know that some of the infection prevention and control measures suggested during the earlier parts of the pandemic were not adequate, and potentially put patients at risk*".

15. Professor Sir Michael McBride, the Chief Medical Officer for Northern Ireland, told the Inquiry that infection prevention and control is "*everyone's responsibility*" and there needs to be significant investment in terms of IPC teams and training. He said [Day 10/206:17-24],

> "*learning from the pandemic is that we need to do much, much more in this space, including ensuring that we have an awareness of and training around infection prevention control in those healthcare workers working…in care homes, in pharmacy, et cetera*".

16. It became clear very quickly that it was difficult if not impossible for pharmacy teams to maintain safe social distancing while at work. An RPS survey undertaken in April 2020 showed that 94% of respondents said they were unable to maintain two metres social distancing from other staff in their workplace - largely due to the limited space within pharmacies and in particular their dispensaries - and 40% were unable to maintain social distancing from patients [INQ000319559/1].

17. Another pharmacist made the following observation in their statement to the Inquiry [INQ000492291/9]:

> "*…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*".

18. The RPS's position is that infection prevention and control measures must be suitable for all healthcare settings, including pharmacies.

Risk assessments and protection for ethnic minority staff

19. The Inquiry is aware of the substantial volume of evidence of the serious impact of the pandemic on ethnic minority communities. Results from a survey by the RPS and the UK Black Pharmacists Association in June 2020 found that more than two-thirds of pharmacists and pre-registration pharmacists from ethnic minorities across primary and secondary care had not yet had access to a COVID-19 risk assessment from their employer, which was nearly two months after the NHS said they should take place [INQ000319552/1].

20. A follow-up survey in August 2020 found that 24% of all pharmacists were still waiting for an individual COVID-19 risk assessment. Sixty-three per cent of those surveyed believed they were at risk of COVID-19 in their workplace, rising to 71% of Black pharmacists and 67% of Asian respondents, and the majority of Black and Asian respondents believed that changes could be made to their workplace to reduce the risk of COVID-19 [INQ000319555/1].

21. In any future pandemic, it is essential that pharmacy teams are properly assessed so that those at highest risk can be supported, and the risks of transmission and infection mitigated. This will ensure that the pharmacy workforce can continue to provide healthcare services to the NHS and the public, while protecting themselves from infection.

The impact of the pandemic on the health and wellbeing of pharmacists and pharmacy teams

22. The Inquiry has heard compelling evidence about the enormous strain of the pandemic on pharmacy staff, and the dedication and determination of pharmacists to keep looking after patients in the face of unprecedented challenges – workload doubling for weeks and months, phone lines constantly in use from patient queries, working overtime every day, increases in the number of prescriptions, increases in deliveries to shielding and vulnerable patients, hours spent sourcing medicines that were in short supply. This huge surge in demand stretched the personal and professional resilience of pharmacists and their teams.

Mental health and burnout

23. There was a massive impact on the mental health of pharmacists and their teams, arising from the increased pressure of workload, managing medicines shortages and

trying to keep themselves, their families and patients safe from COVID-19. Other stresses came from financial worries and Nick Kaye told the Inquiry that,

> "*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 and thought process that just invades the parts of their downtime if they've got any*" [Day 25/142:18-23].

24. Even before the pandemic, pharmacists had been warning that rising pressures at work were affecting their health and wellbeing and an RPS workforce wellbeing survey amongst pharmacists in 2019 showed that 80% of respondents were at high or very high risk of burnout [INQ000319532/2].

25. When COVID-19 hit, there were mounting pressures on pharmacists and their teams as they continued to deliver services, adapt to new ways of working and remain open and accessible to the public whilst trying to provide a safe environment. The RPS workforce survey in 2020 showed that those at high or very high risk of burnout had increased to 89% of respondents [INQ000319533/4] and it has remained consistently high since then. Seventy-two per cent of respondents to the 2020 survey reported that their work had negatively impacted their mental health and wellbeing with reasons including workload, inadequate staffing, long hours and a lack of work-life balance [INQ000319533/3].

26. Pharmacists continue to warn about rising pressures at work and the impact on their health and wellbeing. This continued risk of burnout is evidenced by the responses of more than 6,000 pharmacists and pharmacy technicians, to the RPS's latest workforce wellbeing survey conducted in November 2024. While the full report will not be published until spring 2025, an initial analysis shows that more than a third of respondents said that their mental health was 'poor' or 'very poor'. Key factors behind poor wellbeing include inadequate staffing, lack of work/life balance, a lack of protected learning time and financial pressures. The survey also showed that medicines shortages have also contributed to workload pressures and poor staff wellbeing, and some respondents have experienced verbal abuse from the public as a result of these shortages.

27. It is essential that all pharmacists supporting the health service – irrespective of the care setting they are working in – have equal access to health and wellbeing support during any future health emergency.

Coping with death

28. Pharmacists and their teams were also coping with the death of people they knew and cared for, either personally or as part of their working lives. Priyanka Patel, a pharmacy student during the pandemic and member of the RPS, provided a witness statement to the Inquiry and gave the following account [INQ000421863/3]:

> "*as the months went on, we would often get calls from carers or family members of those who were particularly elderly or vulnerable informing us that they had passed away due to COVID. This was particularly tough as often these would be regular patients who we had good relationships with, however after taking the call, we would have to continue with our work and our day without having the space or time to process the loss*".

Increased incidences of abuse and aggression towards pharmacy staff

29. Pharmacy teams began reporting an increase in abuse, violence and aggression from some members of the public due to frustration around waiting times increasing and the short supply of medicines. The Inquiry heard oral evidence from Jonathan Rees, a pharmacist in Wales [Day 19/146:18-21], that it was:

> "*happening largely because some people were in queues for two to three hours and then they would get to the front of the queue and the stock wouldn't be there. It inevitably led to frustration*".

30. One respondent to an RPS survey in May 2020 gave the following account [INQ000409843/9]:

> "*The demands on us have been unreal. The hours we were expected to operate under, often alone or with one staff only, have been too much and there was no early support to say close the pharmacies, except for a few hours, and proper guidelines to the public to not come and expect to be served immediately as they have been used to before. We had abusive and angry customers, no control of how many people could come into the premises, and no way of knowing if they carried COVID-19 or not*".

31. In her witness statement to the Inquiry, Priyanka Patel described negative experiences involving verbal and physical abuse from patients, including racial abuse [INQ000421863/2-3]. She recalled informing a patient that the pharmacy did not have any stock of their antidepressant medication and:

"the patient began shouting that if they take their life it would be my fault…In another instance, prior to our safety screens being put up, we had a patient who was unable to get his medication…and he spat at the staff in the pharmacy and said, 'I hope you get COVID'".

32. There was limited support for pharmacists and pharmacy teams in responding to these incidents and protecting themselves. The Inquiry heard from Nick Kaye that these confrontational experiences led some pharmacy team members to wear body cameras, which was previously unheard of [Day 25/146:16-19].

Long Covid

33. Beyond the immediate impact of the pandemic, members of pharmacy teams continue to be affected by Long Covid. Five per cent of respondents to the RPS's 2022 wellbeing survey stated that they were suffering from Long Covid, although only 1% had been diagnosed by a health practitioner. Regardless of where they live, people with Long Covid should have access to the healthcare that they need, when they need it. It is vital there is ongoing support for any health professional with Long Covid [INQ00040943/39].

Pharmacy was an afterthought in government planning and thinking

34. The COVID-19 pandemic illustrated the crucial role of pharmacists during a national public health emergency. It was therefore disappointing that on many occasions the pharmacy profession, particularly community pharmacy, was seemingly an afterthought in Government planning, policy and communications.

35. There were multiple instances where community pharmacy teams were seemingly overlooked by policy makers, and the systemic difference in treatment between pharmacists who provided NHS contracted services compared with healthcare workers directly employed by the NHS, has contributed to pharmacy workers feeling demoralised and frustrated [Day 25/136:7].

36. The disparity in treatment was seen in the exclusion of pharmacists from visa extensions provided to other healthcare workers in March 2020; in the absence of specific mention of pharmacists in guidance regarding key workers which impacted childcare provision at school hubs, created unnecessary confusion and negatively impacted morale among an already hard-pressed workforce; and, significantly, in the

initial exclusion of community pharmacists from the life assurance scheme covering frontline health and care workers in England.

37. The Inquiry has heard evidence from Matt Hancock that inbuilt into the system and into NHS England senior management was a "*lack of enthusiasm for giving more to community pharmacy than they absolutely had to*" and that NHS England was "*by tradition, really very tight on pharmacists*" [Day 36/176:20-25]. This was despite pharmacists' crucial role in providing care throughout the pandemic, which undoubtedly alleviated pressure on other parts of the NHS, and which placed pharmacists at heightened risk of coming into contact with COVID-positive patients.

38. Pharmacists and pharmacy teams, working across the health service played a key role in the success of the COVID-19 vaccination campaign, with 71% of all COVID vaccinations delivered through general practice and community pharmacy. Given their fundamental role in helping to get the country and the economy back on their feet, the failure to provide community pharmacists with equal levels of support and protection must not be repeated.

39. The RPS is concerned that the failure to properly recognise the frontline nature of the work of all pharmacists persists, and the RPS strongly supports the call to "*reframe community pharmacy, pharmacists and their teams, as a genuine part of the NHS family and a key delivery in healthcare*" [Day 25/149:6-8].

Failure to engage with pharmacy stakeholders

40. The RPS is also concerned about the failure to properly consult with pharmacy stakeholders in policy decisions relevant to pharmacy. The RPS's witness statement describes the announcement on 25 March 2020 by the then Prime Minister that volunteers would "*be driving medicines from pharmacies to patients*". This is just one example of an initiative being announced before Government had adequately engaged with stakeholders to help plan and agree the practicalities. The RPS witness statement highlights the impact of this decision and provides the following observations [INQ000409843/26]:

> "*Following the announcement, we heard reports that pharmacy phones were jammed with people trying to use this free service. Many pharmacists had to ask friends and family to help make the deliveries in the absence of a properly worked out scheme. The RPS observes that it is important that the right balance is struck between providing additional support for those who are vulnerable and creating increased demand where people may have other*

options. We heard that some pharmacists were finding it difficult to manage offers of support, while others needed volunteers to help but did not know how to do this. An evaluation of the national volunteer programme would help inform future planning".

The role of hospital pharmacists

41. The work of hospital pharmacists is often less visible and is a perspective that the Inquiry has not heard in the Module 3 hearings.

42. Over the period of the pandemic, hospital or clinical pharmacists provided expert knowledge in the usage and administration of medicines, caring for the most critically ill patients with COVID-19, transforming their services and ways of working, and supporting the supply of medicines for critical care. The Inquiry's experts in intensive care medicine, Professor Summers and Dr Suntharalingam, recorded in their report that [INQ000474255/70]:

    "*ICU specialist pharmacists and pharmacy technicians were critical to the pandemic response in supporting teams to manage to source alternative agents and minimise the impact of the [medicines] shortage on the provision of clinical care*".

43. Josh Miller, a clinical pharmacist and a board member of the RPS, told the Inquiry in his witness statement of the challenges facing hospital pharmacists and the impact on patient care during the pandemic. These included:

    - Responsibility as a pharmacist for up to four respiratory and acute wards and 120 patients per day. Each ward consisted of 30 beds, containing four bays of six beds each and just six single bedded side rooms for the isolation of infected patients. Side rooms became quickly overwhelmed as the virus spread to the patients within the bays, and as the wards became closed off, access to patients to discuss their medicines was restricted. Mr Miller described communicating with patients by mobile phone, rather than face-to-face, to discuss their medicines, which severely limited the ability to adequately counsel patients [INQ000421862/2-3].
    - Mr Miller was fit-tested for an FFP3 respirator as he was working on acute wards, and he describes the lack of respirator availability that required

healthcare workers to be fit-tested with alternative types of masks [INQ000421862/6].

- He also described how pharmacy teams within hospitals were often responsible for oxygen supplies, and the "*real concerns*" about oxygen shortages to support ventilators. The pharmacy team was on call out of hours, to move and handle oxygen cylinders, which was physically demanding and risky work for which no risk-assessment was ever undertaken [INQ000421862/5].
- There was also the issue of a rapidly and daily changing landscape of advice, policy and protocols. Mr Miller described how "*[w]orking conditions became strained as colleagues struggled to process the events that occurred on a daily basis, and a once friendly office space became socially distanced*" [INQ000421862/4].
- Mr Miller described feeling a "*moral and compassionate strain which [he] had never experienced*" before the pandemic, when treatments were available for a specific patient one day, but then restricted the next [INQ000421862/5].

44. Pharmacists also played key roles in establishing and staffing field hospitals, ensuring vital medicines supply, and preparing critical injectable medicines.

The resilience of the pharmacy sector

45. It became apparent during the pandemic that additional funding to pharmacies was needed to support community pharmacy resilience and sustainability, to help prevent pharmacy closures, improve cash flow and reduce the risk of job losses [INQ000409843/19].

46. We continue to hear about the pressures facing community pharmacies, and the recent *Independent investigation of the NHS in England*, led by Lord Darzi, noted concerns about pharmacy closures, reduced patient access to care, and the impact on health inequalities. In his oral evidence to the Inquiry, Nick Kaye confirmed that seven pharmacies a week are closing, which is "*tragic for any future response*" [Day 25/148:15-18]. The resilience of the community pharmacy network continues to be tested and must be adequately supported.

47. The evidence presented to the Inquiry has demonstrated the heroic efforts of healthcare workers, including pharmacists and pharmacy teams, in battling COVID-

19. However, the workforce was left in a perilous state, with an increase in vacancies and staff shortages across the pharmacy workforce. The resilience of frontline workers and workforce capacity must be considered in preparation for a future pandemic, with adequate support for pharmacy services across all care settings, and steps taken to strengthen the medicines supply chain and medicines production. Investment and planning needs to be in place for the frontline and volunteer workforce in order to prepare for future pandemics.

48. The pandemic exposed the complexity and fragility of medicines supply chains, leading to shortages of many commonly used medicines, as well as those used in critical care. Even before the pandemic, pharmacy organisations were concerned that shortages of medicines were becoming an increasingly frequent issue that added pressure on pharmacy teams and required more time to manage (therefore reducing capacity available to deliver other clinical services) [INQ000319592]. Since the pandemic medicines shortages are increasingly common and it is vital that teams within Government and the NHS are adequately resourced to maintain UK medicines supplies.

49. A new report from the RPS titled *Medicines Shortages: Solutions for Empty Shelves*[1] was published on 26 November 2024 and developed in discussion with patient groups, health professionals and wider stakeholders. The report examines the growing impact of medicines shortages on patient care. It calls for a cohesive cross-government and NHS strategy across the UK to improve medicines access, with actions to build supply chain resilience, support UK manufacturing, improve data connectivity, protect access to life-critical medicines, and reduce duplication across the NHS.

50. The RPS is also concerned about the resilience of aseptic pharmacy services in the UK, which provide sterile, controlled environments for the preparation of injectable medicines including antibiotics, chemotherapy, nutrition and advanced medicines for cell therapy and clinical trials. A Government report on *Transforming NHS Pharmacy Aseptic Services in England* (from October 2020) noted the crucial role of aseptic pharmacy services during the pandemic and highlighted that the existing aseptic network was able to support the increased capacity essential to support aseptically prepared medicines into critical care services and the Nightingale hospitals as part of

[1] Available online here: https://www.rpharms.com/medicinesshortages

the UK's response to the pandemic. However, it added, "*this response was very much in extremis and would be unsustainable long term without further investment*" [INQ000319583/11]. Adequate investment in pharmacy production facilities and aseptic pharmacy services is vital.

51. With some national governments looking to develop long-term NHS plans, the RPS submits that the lessons learned from the pandemic must include longer-term reforms to better manage demand and build resilience across the health service. Pharmacists and their teams will continue to play a key role in our health service and will be essential in the event of a future public health emergency.

Recommendations

52. It is vital that lessons are learned so the UK is better placed to respond to future public health crises, enabling pharmacists, pharmacy technicians and wider pharmacy teams so they can make the best use of their skills in support of the nation's health [INQ000409843/4].

53. Lessons learned must include longer-term reforms to better manage demand and build resilience across the health service. This includes making the most of pharmacists' clinical skills, including through greater referrals into community pharmacy, supporting public health and prevention, and reducing medicines-related hospital admissions. This must be backed by workforce planning, sustainable funding and appropriate investment in new services, education and training.

54. The pandemic highlighted the need for professional empowerment and regulatory flexibilities to enable health professionals to put patients first. The RPS would welcome changes to medicines legislation to allow pharmacists to use their professional judgment to make minor amendments to prescriptions in the event of a medicine being out of stock, which would minimise the impact of medicines shortages on patient care. Pharmacists in Scotland already have greater professional autonomy to make these kinds of decisions to support patient care and for pharmacists in secondary care, these substitutions are standard practice.

55. In the event of a future pandemic, it is vital that there is early engagement by government and NHS leadership with pharmacy stakeholders. Closer coordination and engagement with professional bodies at an early stage would have enabled the RPS to better keep its members informed and reassured, develop appropriate support

resources and professional guidance, and provide constructive challenge to encourage more effective policymaking.

56. As an example, community pharmacists were initially not included as part of the vaccination delivery mechanism in England, as most pharmacies could not deliver the required number of 1,000 vaccinations per week (although this threshold reduced over time to 400 vaccinations per week) [INQ000319588]. However, a National Audit Office report in February 2022 noted that one factor that supported the success of the vaccination roll-out was, *"A balance between central command-and-control and wider empowerment (particularly once it was acknowledged that GPs and pharmacies would play a bigger role than originally planned)."* [INQ000065228/12]. The same report evidenced that by October 2021, community pharmacies and GP practices had delivered 71% of all doses of the COVID-19 vaccination administered in England against a planning assumption of 56% [INQ000065228/6].

57. Pharmacy was often an afterthought despite being a key healthcare setting readily available to patients during the pandemic. Government and NHS leadership must demonstrate consistent and clear recognition in national policy that pharmacists, pharmacy technicians and wider pharmacy teams are vital frontline health workers with parity to all NHS staff and other healthcare professionals. This applies to the nature of government communications, keyworker status, access to PPE, testing and vaccine provision, and support in response to staff shortages and workforce pressures. All health professionals providing NHS services across all care settings should have equal access to health and wellbeing support.

The Future of Pharmacy in a Sustainable NHS

58. In July 2020, following widespread engagement with the pharmacy profession and stakeholders, the RPS published a set of principles based on learning from the pandemic response and how the pharmacy profession can support patients and the health service in the future [INQ000319604]. This report included the following principles, which the RPS submits should form part of any recommendations for an effective future pandemic response:

    - Principle 1: Pharmacists and their teams must be able to work in a safe environment and be protected, particularly in times of public health emergencies.
    - Principle 2: Community pharmacy must be fully integrated into NHS services as a valued and recognised NHS provider to benefit patient care.

- Principle 3: Protected time for pharmacists across all sectors will improve the quality of care to patients.
- Principle 4: Pharmacy teams must be able to work in a positive working environment with access to appropriate mental health and wellbeing services.
- Principle 5: Equality of opportunity must be assured across the pharmacy profession and in every sector of practice.
- Principle 6: Investment in foundation training must enable all pharmacists to qualify as independent prescribers and leadership opportunities must be embedded throughout the career pathway.
- Principle 7: Digital infrastructure and processes available to pharmacists throughout the pandemic should be accelerated, improved and built upon.
- Principle 8: Pharmacists in all care settings must have read and write access to a full and integrated electronic patient record.
- Principle 9: Referral pathways must be put in place to ensure critical information can flow to and from all pharmacy settings.
- Principle 10: Pharmacists in all care settings must have access to virtual consultation tools and equipment.
- Principle 11: A universal model of consent for the delivery of pharmacy services must be created and implemented.
- Principle 12: All patient-facing pharmacists must be supported to become independent prescribers.
- Principle 13: The infrastructure must be established to support and facilitate the use of independent prescribers in all care settings.
- Principle 14: Ongoing support must be available to all independent prescribers including peer reviews and mentorship
- Principle 15: Changes in medicines legislation must empower pharmacists to use their professional judgment to improve patient care.
- Principle 16: Pharmacists and their teams must be enabled to contribute to solutions for reducing health inequalities - including tailored communications to local populations.

- Principle 17: The community pharmacy network must be fully utilised when providing vaccination and testing services whilst ensuring it is a safe environment to do so.
- Principle 18: Opportunities and support must be assured for practising pharmacists to participate in research to demonstrate value in existing services and products and lead future developments.
- Principle 19: Pharmacy teams must be fully integrated and utilised across primary and secondary care to support a seamless patient journey.

19 December 2024