

UK Covid-19 Inquiry: Module 4

Written closing statement of the National Pharmacy Association

Introduction

1. This is the written closing statement of the National Pharmacy Association (NPA) to the Inquiry in respect of Module 4, the Covid-19 vaccination programme.
2. Throughout the Module 4 hearings, the Inquiry has heard evidence from a multitude of sources highlighting the vital role that community pharmacy played in the successful delivery of the Covid-19 vaccination programme, as well as the advocacy efforts made by the NPA on behalf of its members to increase the involvement of community pharmacies in vaccine delivery.
3. The NPA welcomes the Inquiry's scrutiny into the rollout of the vaccination programme and the opportunity to reflect on lessons learned that may inform future mass vaccination programmes.
4. This statement addresses two broad themes arising from the evidence presented to the Inquiry during the Module 4 hearings:
 - a. The key role that community pharmacy played in the success of the vaccination programme, and the need for early involvement of community pharmacy in the planning and delivery of future vaccination programmes; and
 - b. The role of community pharmacy in addressing health inequalities, overcoming barriers to vaccination, encouraging vaccine uptake and countering vaccine hesitancy.

The Role of Community Pharmacy in the Vaccination Programme

5. Community pharmacy, as part of primary care, played a pivotal role in the delivery of the Covid-19 vaccination programme. All four UK nations relied on community pharmacy to varying extents to ensure that vaccines were widely available, protecting and saving the lives of tens of millions of people across the UK.
6. Community pharmacies, with their extensive reach of approximately 13,000 sites embedded within local communities across the UK, are uniquely positioned to deliver vaccination programmes. Their expertise and longstanding experience in providing annual flu vaccinations, as well as their accessibility to the public, make community pharmacies ideal partners for future vaccination programmes.

7. The Inquiry has heard that the Covid-19 vaccination programme benefited from the infrastructure already in place for routine immunisation programmes, with local-level delivery proving highly effective.¹ However, community pharmacy was not involved in the early phases of the rollout, largely due to the requirements in England that vaccination sites must administer at least 1,000 doses per week and remain open 12 hours a day, seven days a week.
8. The NPA raised concerns that community pharmacy was under-utilised during the initial stages of the rollout, a sentiment echoed by the Prime Minister in January 2021, when he questioned whether enough was being done through community pharmacies.²
9. The reasons cited for excluding community pharmacy initially included challenges with transporting and storing the Pfizer vaccination. While these challenges were well understood, by 4 January 2021, the Oxford AstraZeneca vaccine had become available and was suitable for community pharmacy to administer. The NPA believes that the 1,000 vaccines per week requirement was no longer justified, and this policy risked exacerbating health inequalities.³
10. It was also suggested that 'supply constraints' necessitated the 1,000 doses per week requirement, and the approach was devised to "*protect as many people as quickly as possible, in the fairest way possible*".⁴ However, the very first Covid-19 vaccine delivery plan, issued by DHSC on 11 January 2021, emphasised that local vaccination services including community pharmacy sites, provided:
 - a. the largest number of sites,
 - b. supported the country's highest risk individuals, and
 - c. delivered vaccination to people unable to attend vaccination centres, including reaching vulnerable groups such as the homeless.
11. This document also recognised that "*community pharmacies are integral parts of local communities and will be accessible and approachable places from which to deliver vaccination*".⁵
12. In view of this, the NPA submits that the balance reached in the early part of the pandemic - prioritising large vaccination centres in favour of a higher number of local

¹ Opening statement on behalf of the UK Health Security Agency [Day 2 - 15.01.2025/28:12-19]

² [INQ000234278/2]

³ [INQ000477623/3]

⁴ Nadhim Zahawi [Day 10 - 27.01.2025/97:24-25]

⁵ [INQ000399454/31-32:5.5, 5.7]

sites - was wrong, and a missed opportunity to better utilise the existing, extensive network of community pharmacies across the country. A more balanced approach would have ensured more equitable access to the vaccine at an earlier stage and could have been achieved if community pharmacy had been consulted earlier in the planning process.

Impact on community pharmacists and their teams

13. The NPA also asks the Inquiry to take into account the significant impact that the delivery of the vaccination programme had on community pharmacy teams, who were already operating in a system stretched to breaking point by the pandemic. Many healthcare workers in community pharmacy worked tirelessly to provide crucial vaccination services alongside their existing commitments. Any future vaccination programmes must ensure that experienced health professionals are given sufficient capacity to deliver the programme safely and sustainably.

Vaccine Uptake, Barriers, and Hesitancy

14. The second key area for the NPA's submission concerns vaccine uptake, barriers to vaccination, and vaccine hesitancy. The Inquiry has heard that working at the local level, through community pharmacy and general practice, was crucial in overcoming barriers to vaccination. Local healthcare providers, including community pharmacies, have high levels of patient registration, can easily identify clinical at-risk groups, and offer a familiar environment that builds public confidence in vaccination.⁶

15. Professor Heidi Larson, the Inquiry's expert in vaccine hesitancy, highlighted the importance of local engagement in overcoming barriers to accessing vaccination:

"the more we can try to engage locally. And again, that doesn't have to wait and shouldn't wait for another crisis...whether it's through a local GP or a pharmacy, the more we can bring vaccines closer to people is only an asset".⁷

16. Community pharmacists and GPs were described as *"by far the most trusted health professionals in their communities"*.⁸ With their strong trust relationship within communities, community pharmacies played a crucial role in addressing vaccine hesitancy, especially among populations that were sceptical about the vaccination.

⁶ Opening statement on behalf of the UK Health Security Agency [Day 2 - 15.01.2025/28:19-29:2]

⁷ Professor Heidi Larson, Expert in vaccine hesitancy [Day 3 - 16.01.2025/181:4-182:17]

⁸ [INQ000499497/2]

17. Approximately 50% of the NPA's membership is from ethnic minority backgrounds, and these community pharmacists were uniquely placed to respond to the specific needs and concerns of their patients. By leveraging their trust and expertise, community pharmacists were able to address myths and misconceptions and improve vaccine uptake, especially among those expressing initial hesitation.
18. Community pharmacies are disproportionately located in poorer areas, and they play a particularly important role in deprived and rural communities, where access to other healthcare services may be limited. Community pharmacies offer accessible services without an appointment, and 99.8% of the population in the most deprived areas of the country have access to a community pharmacy within a 20-minute walk.
19. Community pharmacies have tried and tested mechanisms of reaching out to patients to reduce vaccine inequity in local populations and have demonstrated resourcefulness in delivering patient care. The NPA's witness statement in Module 4 included the following account from an NPA member pharmacy in Sheffield that had set up a process with their local Director of Public Health to vaccinate individuals from marginalised communities:

"The pharmacy team recognised the importance of vaccinating people from inclusion health groups, given they are already experiencing significant health inequalities, and are at high risk of poorer outcomes should they contract Covid-19. Inclusion health groups comprise people who might struggle to access "mainstream" healthcare and include vulnerable migrants (asylum seekers/refugees), people experiencing homelessness, sex workers, Gypsy/Roma/Traveller communities, and people struggling with addiction. The walk-in model was particularly useful for helping inclusion health populations, who are typically not registered with a GP and have no NHS number, or access to the Covid-19 vaccine as they are unable to use the [National Booking System] appointment system..."

The Covid-19 vaccine programme has been a great success for both [the] Pharmacy and the wider community. The vaccination team have tirelessly built trust and confidence in the vaccine, and to date, over 12,500 people have received their vaccine".⁹

20. The NPA believes that the significance of vaccine hesitancy and barriers to vaccine uptake were not fully appreciated early enough. Barriers to vaccination need to be

⁹ Witness statement of Dr Olivier Picard [INQ000474318/37-39]

understood and addressed at a community level and the early involvement of community pharmacy in vaccination planning would have allowed for a more thorough understanding of these barriers. This would have allowed greater scope for the positive role that community pharmacy can play, ultimately enabling a more effective response.

Conclusion

21. In conclusion, the Inquiry has heard that community pharmacy delivered just under 21% of all Covid-19 vaccines in England during the relevant period, and in the most recent winter campaign, community pharmacies delivered over 40% of vaccinations. As Dame Emily Lawson has stated:

*“the role that pharmacy plays in vaccination, particular in areas...which are underserved by both primary and secondary care is absolutely vital”.*¹⁰

22. The NPA believes that there is substantial scope for community pharmacy to play an even greater role in vaccination planning and delivery, which would significantly enhance future pandemic preparedness. Community pharmacies are integral to the healthcare system and have proven to be invaluable in delivery vaccination services in a safe, accessible, and trusted environment.
23. The NPA respectfully requests that the Inquiry takes these points into consideration when making recommendations for future vaccination programmes.

¹⁰ Dame Emily Lawson [Day 9 - 27.01.2025/200:24-201:6]