Witness Name: Paul Bennett
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UK COVID-19 INQUIRY

WITNESS STATEMENT OF PAUL BENNETT, CHIEF EXECUTIVE OFFICER OF THE ROYAL PHARMACEUTICAL SOCIETY (RPS)

I, Paul Bennett, will say as follows: -

1. I am a pharmacist, qualifying from the University of Bradford in 1984. I joined the Royal Pharmaceutical Society as Chief Executive in July 2017. Immediately prior to this I was Chief Officer at the Hampshire and Isle of Wight Local Pharmaceutical Committee, which negotiates and discusses community pharmacy services with commissioners.

2. I was Professional Standards Director and Superintendent Pharmacist at Boots UK from 2008 to 2013. Prior to that I held Executive Director roles and Superintendent Pharmacist positions in community pharmacy. In 2007, I became Chair of the first RPS English Pharmacy Board, and in 2008 took up the Chair of the National Pharmacy Association. I was Non-Executive Chair of Pharmacy Voice, the umbrella organisation for community pharmacy trade associations in the UK and served on a number of subcommittees as a long-standing member of the Pharmaceutical Services Negotiating Committee (now known as Community Pharmacy England), which represents community pharmacy contractors across England. I was a Director of the Company Chemists Association for sixteen years. I became a Fellow of the RPS in 2012.

3. I provide this statement on behalf of the RPS in response to a Rule 9 request for evidence in Module 3 of the Inquiry. The Inquiry's request is for an organisational response that is focused on the impact on RPS members, and I have therefore sought input and assistance from colleagues across the Society. The information contained within this statement is true to the best of my knowledge and belief.

4. The headings used in this statement reflect the topics and questions set out in the Inquiry's Rule 9 request.

About the Royal Pharmaceutical Society

5. The Royal Pharmaceutical Society is the professional body for pharmacists and pharmaceutical scientists in Great Britain. We represent pharmacists working across all care settings. We lead and support the development of the pharmacy profession, including through post-graduate pharmacy education curricula, professional standards and guidance. We advocate for pharmacy in the media and with stakeholders.

6. Our policy work is guided by members of three elected Boards across England, Scotland and Wales, reflecting the devolved nature of healthcare, with overarching organisational governance through a GB-wide Assembly.

7. In 2010 what was then known as the 'Royal Pharmaceutical Society of Great Britain' shed its regulatory function to become the new professional leadership body for pharmacists in England, Scotland and Wales. The Pharmaceutical Society of Northern Ireland is the regulatory and professional body for pharmacists in Northern Ireland.

8. From 2010 membership of the RPS became voluntary and our leadership body function, including the development of professional guidance, is supported by membership subscriptions. Our online Covid-related and other resources were made open access during the pandemic for non-members as well as members to support pharmacy practice, covering a wide range of issues including: infection prevention and control; pharmacy services; ethical, professional decision making; managing medicine supplies; vaccinations; staff wellbeing and volunteering.

9. We offer free membership to students studying for a pharmacy undergraduate degree. Our not-for-profit publishing arm, Pharmaceutical Press (the knowledge business of the RPS), produces a range of independent pharmaceutical information used around the world, including the British National Formulary (BNF), which provides guidance on prescribing, dispensing, and administering medicines, plus legal and professional guidelines. The BNF is used by health professionals in the NHS and across the world and is jointly published with the British Medical Association (BMA). The BNF for Children is published jointly with the BMA, Royal College of Paediatrics and Child Health, and the Neonatal and Paediatric Pharmacists Group.

10. Pharmacists are increasingly working across different care settings - 47% of our members in practice mainly work in community pharmacy, 25% in hospitals, 6% in primary care, including general practice or Primary Care Network roles in England, and 6% in the pharmaceutical industry. The remaining 16% work mainly in a variety of roles including in academia, policy, the armed forces or in other care settings such as prisons.

11. During the pandemic an RPS 'COVID response team' brought together team members across all the core functions of the professional leadership body. It discussed key topics and priorities for members identified through insights and intelligence from across the team, including through our science and research team, feedback from frontline pharmacists, stakeholder meetings, Board members and Expert Advisory Groups (which cover topics including: antimicrobial stewardship, community pharmacy, digital pharmacy, early careers, education and standards, hospital pharmacy, industrial pharmacy, primary care, and science and research).

12. Over 9,000 pieces of intelligence were processed, considered, and prioritised by the team within the first 12 months of the pandemic. We surveyed members on a range of issues to inform our engagement with key stakeholders, including access to Personal Protective Equipment (PPE). In summer 2020, we engaged with the pharmacy profession to review the impact of the pandemic on pharmacy practice and lessons learned. The RPS Museum is in the process of collating an 'oral history', consisting of a series of audio interviews with pharmacy teams sharing their experiences of COVID-19.

Introduction

13. The COVID-19 pandemic highlighted the essential work of pharmacists, pharmacy technicians and wider pharmacy teams in supporting the nation's health and ensuring the public can continue to access medicines safely.

14. The pandemic brought unparalleled challenges that stretched personal and professional resilience to the limit. Pharmacists faced a huge surge in demand from patients, including through record numbers of prescriptions, at the same time as coping with a unique and changing working environment, as national policy and guidance evolved. Some of these challenges together with a number of illustrative case studies

were set out within a written submission from Community Pharmacy England (formerly called the Pharmaceutical Services Negotiating Committee, which represents community pharmacy contractors in England) to the House of Commons Health and Social Care Committee in November 2020. [PB/1 – INQ000319520]

15. 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. Pharmacists and the wider pharmacy team 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.

16. As an essential healthcare service, community pharmacy kept their doors physically open throughout the pandemic, making quick changes to increase safety but continuing to provide vital care for their communities. Primary care pharmacists also changed their ways of working, to ensure that patients continued to access care, including through video consultations. Hospital pharmacists cared for the most critically ill patients with COVID-19, transforming services to help colleagues and sourcing medicines for critical care. There were huge challenges for those supporting people living in care homes. Academic teams continued to support students remotely. The pandemic brought into focus the essential contributions of pharmacists and pharmaceutical scientists working in healthcare research and development.

17. There were many successes during the pandemic, including the crucial role of pharmacy teams in maintaining access to essential medicines and later supporting the roll-out of COVID-19 and flu vaccinations at a strategic and operational level. But there were also some significant failures, including multiple instances where community pharmacy teams were seemingly overlooked by policy makers compared with directly-employed NHS staff, such as equal access to life assurance schemes, and the inadequate provision and availability of PPE. It is vital that lessons are learned so that the UK is better placed to respond to crises in future, enabling pharmacists, pharmacy technicians and wider pharmacy teams so that they can make best of their skills to support the nation's health.

Liaison and communication with the UK Government, Welsh Government, Scottish Government and other key stakeholders

18. The RPS engaged with a range of key stakeholders throughout the pandemic, including the governments, regulators and NHS leadership across the three countries of Great Britain.

19. Regular stakeholder video calls were hosted by ministers as well as policy officials and communication teams within the Department for Health and Social Care and NHS England to share information and to provide an opportunity to identify issues or challenges, including with Royal Colleges and leadership bodies across health professions. These were usually held weekly in the first phase of the pandemic, with opportunities for issues to be raised ad hoc as well. A weekly call hosted by the Chief Pharmaceutical Officer for England brought together key pharmacy stakeholders including regulators, professional bodies, community pharmacy employers and trade unions. The Welsh Government and Chief Pharmaceutical Officer for Wales hosted a regular stakeholder COVID forum, which brought together pharmacy stakeholders to share key information and timelines, with opportunity to raise any issues. Regular update calls were held with the Chief Pharmaceutical Officer for Scotland and NHS Scotland Directors of Pharmacy.

20. We were in regular, often daily, contact with the General Pharmaceutical Council (GPhC), the pharmacy regulator in Great Britain, in particular around regulatory flexibilities to support patient care, as well as support for pharmacy undergraduates and pre-registration pharmacists.

21. Our teams worked in discussion with NHS pharmacy leaders, including NHS officials and clinical experts, to develop a range of resources to help the profession respond to emerging priorities and needs, including educational webinars, professional guidance and a hub page on our website.

22. We engaged with a range of other key stakeholders including Public Health England, Public Health Wales and Public Health Scotland on issues such as our call to ensure infection prevention and control guidance was appropriate for pharmacy teams, as well as delivery of COVID and influenza vaccinations. We worked with the British Pharmaceutical Students' Association, the student body of the RPS, on issues such

as guidance and FAQs to support pre-registration members; and the Pharmacy Schools Council on issues such as volunteering guidelines for pharmacy students.

23. Discussions with key stakeholders covered a wide range of issues, including:
    a. Updates on national policy.
    b. Operational issues across the health and care system.
    c. Educational resources to support changes to pharmacy practice.
    d. Infection prevention and control, including contact tracing and operational guidance for pharmacy teams.
    e. Provision of PPE.
    f. Mobility of pharmacists and pharmacy staff as essential workers.
    g. Protecting frontline pharmacy teams and managing risk of abuse from the public.
    h. Liaison with the police around issues such as controlled drugs and supporting the safety of pharmacy teams.
    i. Support for pharmacy students, pre-registration pharmacists and provisional registrants.
    j. Medicines shortages.
    k. Reuse of dispensed medicines.
    l. Vaccine roll-out and uptake.
    m. Recognition of pharmacy teams in government communications.

Key issues addressed

24. Throughout the pandemic, we engaged extensively with stakeholders and the media around a range of issues, acting on feedback from pharmacists around their professional requirements to operate safely and efficiently, and advocating for pharmacy teams to be included in appropriate national policies, guidance and resources.

Infection Prevention and Control Guidance and access to PPE

25. In the early weeks of the pandemic, many members of the public showing symptoms of COVID-19 continued attending community pharmacies and hospitals. Guidance from the International Pharmaceutical Federation, updated on 26 March, stated, *"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." [PB/2 – INQ000319531]

26. On 27 March 2020 we issued a public call for the UK Government and devolved Parliaments to take immediate action on the provision of PPE across all settings. We warned that safeguards provided to pharmacists and their teams through guidance and access to PPE were unacceptable and needed urgent attention. We also called for urgent updates to guidance on PPE use that reflected the circumstances in which pharmacists and their teams were working.

27. Our then President said, *"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. The Government and NHS have repeatedly tried to provide reassurance that adequate supplies of PPE are available to the pharmacy profession and that guidance is robust. This is not the reality experienced by our pharmacists across community, general practice and hospitals across the UK. This needs to change and change now."* [PB/3 - INQ000319542]

28. An NHS England primary care email bulletin on 10 April 2020 [PB/4 – **INQ000331027**] noted:

"Updated guidance on Personal Protective Equipment (PPE) was published by Public Health England (PHE) on 2 April 2020. If social distancing of 2 metres from patients attending the pharmacy can be maintained there is no indication for PPE in a pharmacy setting. If this distance cannot be maintained, use of fluid resistant surgical masks (FRSM) is recommended.

Community pharmacies should use the PPE stock that has been delivered to them and when needed order more from their wholesaler. More stocks of fluid resistant surgical masks are being made available to wholesalers to supply to community pharmacies on 9th April 2020. We recognise that some pharmacy staff cannot stay more than 2 metres away from symptomatic people and will need masks. Pharmacy staff working

in dispensaries but unable to maintain 2 metres from their work colleagues do not necessarily need to wear masks.

It would be extremely helpful, both to protecting longer term supplies to pharmacies and to keeping supplies going to other health professionals, if pharmacies limit the number of staff that have to be within 2 metres of the public to help manage the use of masks and maintain availability."

29. It became clear that the vast majority of frontline pharmacy teams were unable to maintain safe social distancing either from staff or patients and were struggling to source PPE to protect themselves, their patients and their families. We called for staff to be safeguarded if pharmacy services were going to be able to continue to function and on 10 April 2020 we advised pharmacy teams who were unable to maintain two metres social distance from either patients or other staff members to wear a fluid resistant surgical mask. [PB/5 – INQ000319557]

30. A BBC News article of 6 April 2020 [PB/6 – INQ000319558] reported the concerns of a pharmacist in London, *"We are unprotected and the most at risk. People could be asymptomatic or with the coronavirus symptoms…One guy came in for advice the other day saying my partner has coronavirus, what should I do? I told him he needed to leave the pharmacy, self-isolate at home and call 111."* In the same article, our then Director of Pharmacy warned, *"The problem the message pharmacists have been getting up until now is to buy PPE from wholesalers. When they even have them in stock it's expensive. Pharmacies should not be having to go out and buy protection to keep them safe - this should be supplied by the NHS. Without it pharmacists are being needlessly put at risk."*

31. Sustainable access to adequate PPE was a significant issue for pharmacy across care settings, including for locums, as well as for wider health professions and beyond. In April 2020, 34% of pharmacists responding to an RPS survey said they were unable to source continuous supplies of PPE. 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. Another 40% of respondents said they were unable to maintain social distancing from patients. [PB/7 – INQ000319559]

32. In addition to the practical difficulties they faced, 34% of respondents said they were unable to source continuous supplies of PPE to protect themselves from potential infection by the public or colleagues at work. In light of the survey findings, our then President made a statement warning that pharmacists and their staff could potentially risk spreading the virus if they are insufficiently protected, as well as being unable to work because of sickness. She called on the Government to provide sufficient PPE to enable pharmacists to face the realities of working in a pharmacy during the pandemic. [PB/7 – INQ000319559]

33. On 17 April 2020, PHE issued guidance on the sessional use and reuse of PPE when there are severe shortages of supply. [PB/8 - **INQ000106358** It stated, *"The considerations are to ensure that health and care workers are appropriately protected from COVID-19, where items of PPE are unavailable and should be considered as temporary measures until the global supply chain is adequate to meet the UK's needs."*

34. On 22 April 2020, an online media article reported the safety concerns of pharmacists, including the following comment, *"I don't need the stuff they're wearing in intensive care units, I'm not dealing with the sickest people that we have, but I should have something that gives me some assurance of protection. For my colleagues, my profession, to feel that we're not just getting warm words but we're actually being valued properly and being given access to the things that we need to make us safe."* [PB/9 – INQ000319561]

35. Responding to a survey in May 2020 to inform a lessons learned exercise, one community pharmacist said, *"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."*

36. The Healthcare Distribution Association, which represents businesses in the healthcare supply chain, including those supplying medicines and medical devices, warned on 29 April 2020 that stocks of Public Health England (PHE) PPE masks supplied to pharmacies had "*almost completely run out*". [PB/10 – INQ000319521] Community pharmacy teams were initially not eligible to access a new Government

'PPE Portal' which enabled GPs and small care homes to register. Community pharmacies only became eligible to order from the portal after the first wave of the pandemic on 3 August 2020. [PB/11 – INQ000319522]

37. On 27 May 2020, the RPS England Chair commented, *"It's really disappointing to see pharmacy being left behind in this phase of the roll-out. 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. We've raised this repeatedly with the Government and have called for pharmacy to urgently being included in the PPE Portal. People working on the frontline of COVID-19 should get the same support wherever they may be, including across the whole of primary care."* [PB/12 – INQ000319523]

38. Many large pharmacy chains purchased their own PPE rather than rely on central procurement, but smaller pharmacies were less able to manage, chasing down suppliers and absorbing additional costs. We called for pharmacists and pharmacy contractors who paid for PPE themselves to be reimbursed. The NHS Business Services Authority later announced that from 1 January 2021 pharmacy contractors would become eligible to claim for PPE that was purchased between 27 February 2020 and 31 December 2020 for use in the delivery of NHS pharmaceutical services up to 31 March 2021 as a result of COVID-19 infection control guidance. [PB/13 - INQ000319524]

39. In Wales, we heard reports of many community pharmacies that had to order complete 'boxes' of PPE and were unable to source specific items individually. For example, a complete 'box' contained masks, disposable gloves and 200 aprons each time. Due to the nature of community pharmacy work, aprons and gloves were not always needed, but there was no option to order just masks which were in high demand. An 'all or nothing approach' meant that some items had to be ordered that were not needed.

40. In Scotland, Community Pharmacy Scotland, the national community pharmacy negotiating body, collaborated with National Procurement to establish processes to allow ongoing PPE supply to pharmacies. An initial allocation of fluid resistant masks was made to all community pharmacies from 9 April 2020. A telephone ordering system for replenishment was put in place from 20 April 2020. This transitioned to the PECOS PPE ordering route in May 2021. This approach in Scotland was largely deemed sufficient and faced fewer difficulties compared with England and Wales.

COVID-19 testing and contact tracing

41. Access to COVID-19 tests for pharmacy staff was a key issue flagged to us by pharmacy teams and this was raised with Governments across Great Britain. In April 2020, we welcomed news that community pharmacy teams in England would be able to access testing for COVID-19, which was vital to support staff retention and help keep them looking after patients. [PB/14 – INQ000319525]

42. In October 2020, community pharmacy organisations in England raised concerns about apparent inconsistencies in the approach of NHS Test and Trace around the country. [PB/15 – **INQ000271966**] They reported incidents where community pharmacy teams were told to self-isolate following a single positive case within the pharmacy. This would potentially mean the pharmacy would need to close and no longer be able to support patient care. A pharmacy is required to have a Responsible Pharmacist in charge in relation to the sale and supply of all medicines from the registered premises and cannot operate without one.

43. At the time, national guidance stated that with the appropriate use of PPE and other measures, pharmacy teams did not necessarily need to self-isolate. However, it was understood that some contact tracers considered pharmacies as "retail" settings, leading to them to apply different rules from other healthcare settings such as GP practices. NHS leaders gave assurances on stakeholder update calls that this would be addressed. Lessons learned must include avoiding similar inconsistencies in future.

Regulation of COVID-19 tests

44. We received a high volume of queries regarding quality assurance of COVID-19 test kits and in the absence of any legal requirement at the time, in May 2021 we called for a validation process for private COVID-19 tests before they are made available to purchase, so they undergo quality and accuracy checks to ensure they meet all safety requirements. [PB/16 - INQ000319527] In July 2021 the Government introduced a mandatory approval process for all COVID-19 tests placed on the UK market.

Support from the police

45. Pharmacy teams began reporting an increase in abuse, violence and aggression from some members of the public. [PB/17 – **INQ000221569** On 25 March 2020, we wrote to the National Police Chiefs Council calling for greater support and reassurance from the police to help protect pharmacy staff across the UK. [PB/18 – INQ000319529] On 26 March 2020, in response to our letter, the National Business Crime Centre (NBCC), a UK organisation hosted within the Metropolitan Police Service, offered an initial call to discuss the issue. Further engagement and dialogue continued subsequently throughout the pandemic on the safety and security of pharmacy teams. In April 2020 the NBCC published new security advice for pharmacies during COVID-19, including advice on security of premises, opening and closing times, secure storage, customers and deliveries, and ensuring any incidents are reported to the police. [PB/19 – INQ000319530]

Mental health and wellbeing support for pharmacy teams

46. Even before COVID-19, pharmacists had been warning how rising pressures at work were affecting their health and wellbeing. In October 2019 we conducted a GB-wide survey of pharmacists, in association with the independent charity Pharmacist Support, to explore some of these issues, including burnout, the impact of workplace pressures and the availability of support. The survey showed that 80% of respondents were at high or very high risk of burnout. [PB/20 – INQ000319532] This jumped to 89% in our 2020 survey [PB/21 – INQ000319533] and has remained broadly consistent at 89% in 2021 [PB/22 – INQ000319534] and 88% in 2022. [PB/23 – INQ000319535]

47. On 18 March 2020 the Chair of RPS Scotland called for more support for pharmacists during the pandemic, *"We expect to see an increased impact on pharmacy services, which are already under pressure. Pharmacists in both secondary and primary care settings are key to supporting medicines safety and providing frontline services to patients. It is essential that all pharmacists supporting the health service are given access to health and wellbeing support at this crucial time."* [PB/24 - INQ000319536]

48. After ongoing discussions with Government and NHS leaders across Great Britain, we began to see some progress, with all pharmacists in England being able to access a new mental health support line in England from 8 April 2020, the Health for Health Professionals Wales scheme from 16 April 2020, and Scotland's National Wellbeing

Hub when launched on 11 May 2020. [PB/25 – INQ000319537] All pharmacists in England could access new Mental Health and Wellbeing Hubs when launched in February 2021. It has since been reported that health hubs in England may close with the end of national funding and responsibility moving to Integrated Care Systems. [PB/26 – INQ000319538]

49. Community pharmacy teams historically did not have the same access to national wellbeing schemes open to staff directly employed by the NHS. Pharmacists and other staff are increasingly working across different care settings, including to support the health service during COVID-19. They should all have equal access to wellbeing support, regardless of where they work.

Equal access to life assurance scheme

50. On 27 April 2020 the Department of Health and Social Care announced that the families of frontline health and care workers in England would benefit from a new life assurance scheme during the pandemic. [PB/27 – INQ000319539] The announcement stated that, *"The scheme is aimed at those who die from coronavirus during the course of their essential and lifesaving work. This includes those providing direct care as well as cleaners and porters who continue to carry out vital duties in these care environments."* And the then Health and Social Care Secretary, Matt Hancock, said, *"Nothing can make up for the tragic loss of a loved one during this pandemic. We owe a huge debt to those who die in service to our nation and are doing everything we can to protect them. Financial worries should be the last thing on the minds of their families so in recognition of these unprecedented circumstances we are expanding financial protection to NHS and social care workers delivering publicly funded care on the frontline. We will continue to strive night and day to provide them with the support and protection they need and deserve to keep them safe as they work tirelessly to save lives."*

51. However, the whole profession was shocked and dismayed to learn that community pharmacists would only be considered by the new life assurance scheme "*in exceptional circumstances*". [PB/28 – INQ000319540] We sought urgent clarification and wrote to the Prime Minister on 29 April 2020, noting that:

"This news came without any prior engagement with the pharmacy profession and has been a bitter blow to the thousands of pharmacists putting themselves at risk every day when they care for patients.

…Pharmacists and their teams, who are working flat out in the fight against COVID-19, must all be covered in this scheme. There are early indications that the Welsh Government will offer this support for pharmacists automatically and we have called for similar measures in Scotland. By any sense of fairness, pharmacists across the whole of the UK should be included.

If ever the Government wanted to show its appreciation for the commitment that pharmacists are demonstrating on the frontline, now would be the time to step up and ensure they get the support and recognition they deserve." [PB/29 – INQ000319541] and [PB/30 – INQ000319543]

52. It remains unclear how and why this approach was taken by the Government. Efforts to boost staff morale and support retention must be consistent across the health professions in all care settings.

53. We welcomed the subsequent recognition by the Health Secretary on 30 April 2020 that pharmacists are "*a vital part of our NHS family*" [PB/31 – INQ000319544] and would be covered by the scheme. [PB/32 – INQ000319545] On 7 May 2020 the Secretary of State for Health and Social Care responded to our letter, stating, *"I absolutely recognise the vital contribution of community pharmacy staff as a frontline service and the increased risks that community pharmacy staff may face where they are providing close personal healthcare. Because of the different nature of employment in community pharmacy, we have designed the scheme by way of my having discretion to make awards to those in pharmacy who meet the conditions of the scheme. I can confirm that I intend to exercise that discretion in respect of those members of the pharmacy workforce."* [PB/33 – INQ000319546]

54. Welsh Government officials responded to RPS and Community Pharmacy Wales with assurances that the 'Death in Service benefits' would apply to community pharmacy teams in Wales, in line with other pharmacy teams employed by the NHS. This was confirmed in a statement to the Welsh Assembly on 29 April 2020. [PB/34 – INQ000319547] The Scottish Government confirmed that community pharmacy would be included in its scheme.

Free flu vaccinations for all pharmacy teams

55. Despite the clear error in respect of the life assurance scheme and subsequent clarification, the RPS is concerned that the failure to properly recognise the frontline nature of the work of all pharmacists persists. In 2021 there was an inconsistent approach across Great Britain to flu vaccinations for pharmacy teams, with pharmacists in England and Wales again excluded, and on 16 September 2021 the RPS called on the NHS to offer free flu vaccinations to pharmacists and pharmacy teams in both England and Wales, as was already the case in Scotland. [PB/35 – **INQ000319548** This exclusion, coming after the handling of the life assurance scheme, the contribution made by pharmacists in the first and second waves of the pandemic, and then subsequently in connection with the vaccination roll-out, is hard to comprehend. A subsequent letter from NHS England on 29 September 2021 noted that eligibility for free flu vaccinations had been extended to all primary care contractors in England. [PB/88 - INQ000346350] A letter from NHS Wales dated October 2021 noted that all primary care workers in Wales would have access to free flu vaccinations. [PB/89 - INQ000346351]

Key worker status

56. A further consequence of the failure to recognise the essential frontline nature of the role of pharmacists and the importance of maintaining accessibility to the services they provide, was that not all pharmacists and their teams were universally recognised as "key workers".

57. Government guidance on *Children of critical workers and vulnerable children who can access schools or educational settings* did not mention pharmacists under "health and social care". [PB/36 – **INQ000075731** This caused problems with obtaining childcare provision at school hubs (reserved for the children of key workers) to enable pharmacists with children of school age to go to work. In addition, not all pharmacists and their teams were initially afforded priority supermarket access as with other key workers, or free bus travel as in some parts of the UK. Together with the GPhC we published letters for pharmacists to use around key worker status [PB/37 - INQ000319550] and [PB/38 – INQ000319551] noting that many pharmacy teams' members will not have an NHS ID badge as they are employed by organisations

contracted to the NHS, as is the case with almost all of the community pharmacies throughout Great Britain.

Risk assessments and protection for BAME staff along with vulnerable groups

58. The COVID-19 pandemic presented various health challenges for a wide range of communities across the UK. However, evidence emerged of a specific serious impact for ethnic minority communities. Results from a survey from 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 COVID-19 risk assessments from their employer, nearly two months after the NHS said they should take place. [PB/39 – INQ000319552] Individuals assessed as at a higher risk should have had discussions with relevant occupational health teams about potential mitigations.

59. The RPS President said, *"It's shocking that pharmacists across primary and secondary care, especially colleagues from BAME backgrounds, are telling us they have still not been risk assessed. It is essential that pharmacy teams are properly assessed so that those at high risk can be supported to reduce the risk of COVID-19 transmission, while still providing a vital service to the NHS and the public. Lessons are to be learned from this pandemic, especially with the risk of a second wave, and we now need action so our workforce is protected."* [PB/39 – INQ000319552] The NHS also called for employers across the health service to urgently take measures to conduct risk assessments. [PB/40 - **INQ00051089**]

60. A follow-up survey in August 2020 found that 24% of pharmacists were still waiting for an individual COVID-19 risk assessment. 63% 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. [PB/41 – INQ000319555]

61. In 2019 we had engaged with members and the wider profession to develop the RPS Inclusion and Diversity (I&D) strategy, where we heard experiences from individuals that highlighted discrimination, injustice and prejudice that has impacted them, their families, friends and colleagues. We heard the urgent need to act on this, showcase strong leadership, recognise intersectionality and a desire not to leave anyone behind. The previously planned launch of the RPS Inclusion and Diversity strategy was

delayed by the start of the pandemic and later launched in June 2020. [PB/42 – INQ000319556]

62. In response to the increased risk of COVID-19 to ethnic minority groups, on 10 June 2020 we wrote jointly to ministers with the UK Black Pharmacists Association in England, [PB/43 – INQ000319562] Scotland, [PB/44 – INQ000319563] and Wales [PB/45 – INQ000319564] calling for support for Pharmacists and team members from ethnic minority backgrounds, including the importance of robust risk assessments for staff.

The impact of wearing a mask if you have a hearing impairment

63. We helped raise awareness within the profession of the impact of wearing a mask for pharmacy staff with hearing impairments and the challenges it presents if individuals rely on lip reading. We have not been able to identify whether this issue was formally raised with governments. [PB/46 – INQ000319565]

Medicines supply in care homes and substance misuse services

64. Specialist medicines are crucial in managing symptoms and easing discomfort and pain for people at the end of life. We supported more flexibility in legislation and regulation in response to concerns about pressures on the supply chains of palliative care medicines as a result of the unprecedented impact of COVID-19. We welcomed a new Standard Operating Procedure (SOP) issued by the Department of Health and Social Care and NHS England and Improvement on 28 April 2020 on the re-use of medicines in a care home or hospice setting. [PB/47 – INQ000319566] While NICE guidance included a recommendation that care home providers must ensure that medicines prescribed for a resident are not used by another resident, the new SOP noted that, during the COVID-19 pandemic, "*the best interest of patients mean that it is not appropriate to follow this recommendation*" and that a medicines re-use scheme for care homes and hospices could potentially ease supply chain pressures.

65. We welcomed legislation which allowed pharmacists to provide controlled drugs to patients who had previously been prescribed them, without the need for a new prescription, such as for substance misuse. This enabled patients to continue to receive access to the medicines that they needed directly from a pharmacist under exceptional circumstances, such as the closure of GP practices or other services in an

area because of COVID-19, and where the patient's health is at risk. To maintain treatment and reduce harm, it also allowed pharmacists to vary the interval between each time the medicine can be supplied, after consultation with the prescribing service. [PB/48 – INQ000319567]

Prescription charges in England

66. As a member of the Prescription Charges Coalition the RPS has long advocated that prescription charges in England need reform. On 23 April 2020, we wrote to the Pharmacy Minister calling for prescription charges in England to be suspended, arguing that the collection of prescription charges, during a time of added pressure, was an unnecessary bureaucratic burden on depleted pharmacy teams. [PB/49 – INQ000319568]

67. Given the increase in third party collection due to shielding and self-isolation, we called for the collection of prescription charges to be suspended in order to remove a transmission risk factor that could potentially save lives. Patients collecting prescriptions are required to provide both a signature and a payment, unless the patient can show they are exempt. This interaction put both dispensers and patients at increased and avoidable risk.

68. On 24 April 2020, the Pharmaceutical Services Negotiating Committee, British Dental Association and British Medical Association wrote jointly to the Health Secretary calling on the Government to "*consider carefully the impact that removing the need for prescription signatures and prescription charges will have to save lives – protecting vulnerable patients and those working daily on the frontline to dispense prescriptions at a time of heightened risk to their own safety and that of their families*". [PB/50 – **INQ00097934**]

69. A House of Lords written question tabled on 28 April 2020 asked what assessment the Government had made of the case for suspending charging for prescriptions in England. The written answer on 2 June noted that the Government had "*no plans*" to suspend prescription charges but did not address whether any assessment had been made. [PB/51 – INQ000319570]

Government recognition of pharmacy in national communications and support

70. Pharmacists and their teams were on the frontline of COVID-19 and under huge pressure as they went above and beyond to support the public, doing their best to make sure everyone could access the medicines and healthcare advice they needed. With all healthcare professionals working extremely hard, our members repeatedly expressed their frustration at the lack of public recognition of pharmacists and pharmacy teams in Government communications, including televised Number Ten briefings. On 23 March 2020 we wrote to Government ministers expressing disappointment at the apparent lack of recognition, support and encouragement from the Government for the fantastic work pharmacy was doing. During the course of the next few months, we did see a shift in communications towards more inclusive recognition of healthcare workers and others, with the Prime Minister recognising the "*vital role*" of pharmacy teams in fighting the pandemic. [PB/52 – INQ000319571] This would continue as pharmacy teams later played a key role in the vaccination roll-out.

Funding and resourcing to help the pharmacy network support the public

71. It became apparent that an NHS-funded delivery service was needed for patients who were unable to reach pharmacies. Deliveries were initially carried out by pharmacists as a discretionary "*good will*" service for which pharmacists received no payment. Additional funding to pharmacies was also needed to support their community pharmacy resilience and sustainability, helping to prevent closures, improve cash flow and reduce the risk of job losses. We welcomed the NHS taking a pragmatic approach to contract and audit requirements so that pharmacies could focus on patient care. [PB/53 – INQ000319572]

72. On 24 March 2020 I signed a joint letter to the Secretary of State for Health and Social Care with community pharmacy bodies in England to warn of the pressures on pharmacy teams, which stated:

> *"In terms of the urgent funding challenge; many pharmacies are facing significant cash flow problems. As well as the costs of delivering more workload as demand increases, we are experiencing the same sickness levels as other sectors of the economy. Increased hours and increased levels of sickness that need replacing have a significant impact on the costs of staying open for the public. As you know, every year community pharmacies procure almost £8bn*

worth of prescription medicines for the NHS. As the impact of the pandemic has grown, so too have the volumes of prescription medicines we are having to procure, paying up-front on average two months before receiving full NHS reimbursement. At a time when drug prices are also increasing this growing financial strain is becoming unbearable. An advance payment mechanism must be put in place within days to protect pharmacies from the financial shock of the circumstance created by coronavirus.

"It is also essential that community pharmacies are reimbursed for all the extraordinary costs associated with dealing with coronavirus. Pharmacies are putting in place measures to support social distancing, are dealing with a huge increase in demand for generally unfunded medicines delivery services and in many cases are incurring additional costs associated with securing the pharmacy and creating a safe environment for staff and patients." [PB/54 - **INQ000049782**]

A mechanism for advance payments and reimbursement for COVID-19 costs incurred by pharmacy contractors was subsequently agreed with the Government, with £370 million of advance loans agreed and delivered between 1 April and 1 July 2020. [PB/90 - INQ000346354]

State-backed indemnity insurance and fast-tracked DBS

73. We called on the Government to ensure that all pharmacists, pharmacy teams, proposed return workers and volunteers continue to be covered under a state-backed indemnity scheme, as well as ensuring they have access to funded fast-tracked DBS checks, to reduce potential barriers for them to support the pandemic response. [PB/55 – INQ000319574] While a state-backed indemnity scheme was initially available for pharmacy teams, this would be discontinued in later phases of the vaccination roll-out from 31 August 2021, despite remaining available for other health professions. [PB/91 - INQ000346353]

Public messaging

74. It became clear that, despite advice to stay at home, some members of the public with COVID-19 symptoms or living with someone who had symptoms were still going to their local community pharmacy. The public were not initially required to wear face

coverings in pharmacies, unlike when visiting hospitals, (although this later changed in June 2020 [PB/56 – INQ000319575]) and community pharmacists and their teams were reporting that they had contracted the virus and had to self-isolate. This highlighted the urgent need to protect all those working on the frontline, including through access to appropriate PPE and COVID-19 testing. The RPS subsequently designed posters which could be downloaded and displayed in pharmacies highlighting the need for face coverings, waiting time, patience and politeness, and warnings about "no entry" with COVID-19 symptoms in English and Welsh.

Impact on education

75. COVID-19 impacted UK pharmacy students in a number of ways.

    a. **Disruption to undergraduate programmes:** the pandemic led to the closure of universities and educational institutions, resulting in the shift from in-person classes to remote learning. Pharmacy students had to adapt to online lectures, virtual labs, and remote assessments. This transition posed challenges in terms of hands-on practical training and collaborative learning experiences.
    b. **Clinical placements:** The pandemic disrupted clinical placements, which limited learning opportunities, in particular, direct patient interaction and practical skills development.

76. Recognising the challenges faced by students during the pandemic, Higher Education Institutions offered increased flexibility and extensions for assignment deadlines, and a 'no detriment' policy where a student's degree class cannot be negatively affected by their performance in assessments completed during the period of disruption. RPS was very much in support of this approach and policy.

Student volunteers

77. We acknowledged that students were keen to support the pharmacy workforce during this demanding period. On 9 April 2020 we developed and issued a *Joint Statement and Guidance: Pharmacy undergraduate students volunteering to support the pharmacy workforce,* with Health Education England, NHS Education for Scotland, Health Education and Improvement Wales, Pharmacy Schools Council, and the British Pharmaceutical Student Association. [PB/57 – **INQ000292712**]

78. The joint statement included:

a. General good practice principles, such as that individuals should not feel coerced to deploy or complete their allocated deployment, identifying and mitigating risks, or that students should not be placed in a situation where they are asked to work beyond their competence.
b. Health risks associated with deployment, where students should be able to make an informed decision when considering deploying into the pharmacy workforce.
c. Timing of student deployment.
d. Employment and regulatory legislation.
e. Definition and supervision of activities for pharmacy students.
f. Location and workplace setting.
g. Monitoring the deployment of students and their wellbeing.

Foundation trainees

79. The COVID-19 pandemic was a particularly challenging period for pre-registration trainee pharmacists. We supported the GPhC's decision to postpone the registration assessments in June and September 2020. Our then Director for Education and Professional Development commented, "*It recognises the unprecedented and challenging circumstances that many pre-registration pharmacist trainees are in and will enable them to focus on their own wellbeing whilst at the same time providing care to patients.*" [PB/58 – INQ000319577]

80. We developed a one-stop hub for pre-registration pharmacists to prepare, support and guide them through provisional registration. It included:
    a) A dedicated web hub with resources needed to prepare for practice including insight and experiences from colleagues in different sectors of pharmacy.
    b) A team of experienced pharmacists to support through provisional registration and practice, including support buddies and mentors.
    c) A new e-portfolio to guide pre-registration pharmacist's learning and record evidence of their practice to support GPhC's provisional registration requirements.

Visas for training

81. On 31 March 2020, the Home Office announced that doctors, nurses and paramedics will have their visas extended, free of charge, for one year as part of the national effort

to combat COVID-19. This was not the case for pharmacists and pre-registration pharmacists.

82. The RPS and BPSA called on the Government to extend Tier 2, 4 and 5 visas for pre-registration pharmacists during the COVID-19 pandemic to allow them to remain in the UK and complete their training programme. [PB/59 – INQ000319578] The Home Office later announced that frontline workers with visas due to expire before 1 October 2020 will receive an automatic one-year extension. [PB/60 – INQ000319579]

Provisional registration

83. We supported GPhC's proposal to introduce provisional registration and postpone the registration assessment, enabling pre-registration pharmacists to take up employment in summer 2020.

84. We called on the GPhC to ensure pre-registration pharmacists could register provisionally without delay, so they were not disadvantaged in their career and could start supporting patients during the pandemic. We also called on the relevant agencies of government for the cohort of newly-registered 'provisional pharmacists' to be guaranteed that:

a) Time spent provisionally registered will count towards their Foundation Training.
b) Time spent provisionally registered will count towards the two years practice needed to become an independent prescriber.
c) Pre-regs have access to a named clinical supervisor or preceptor to provide the appropriate support and structure during provisional registration.

85. The GPhC agreed the above measures (a) and (b) on 27 April 2020 [PB/61 – INQ000319580] and (c) on 21 May 2020. [PB/92 – **INQ000221626**

Healthcare provision and treatment

86. Whilst the pandemic brought unparalleled challenges that stretched personal and professional resilience to the limit, it has also led to innovation and transformation like never before. Pharmacists played key roles in establishing and staffing field hospitals, ensuring vital medicines supply, preparing critical injectable medicines, and ensuring continuity of care in the community for patients with chronic diseases. They also played

important roles in research and have been instrumental in providing reliable information for preventing, detecting, treating and managing COVID-19.

GB-wide issues

87. **Flexibility in opening hours for community pharmacy:** The flexibility provided during COVID enabled community pharmacies to close the pharmacy to members of the public for a specified amount of time per day. This supported team's mental health and wellbeing and allowed time to plan and manage workflow, deal with complex queries or issues, or to clean the pharmacy. Flexibilities were agreed between the NHS and respective community pharmacy negotiating bodies in Wales and England on 21 and 22 March 2020. In Scotland, a plan was made on 18 March 2020 to enable flexibilities in opening hours, with the specifics then taken forward by Community Pharmacy Primary Care teams at individual NHS boards. Although we also heard feedback that such flexibilities should have been offered sooner during the pandemic.

88. **Remote consultations:** Some pharmacies undertook remote consultations via phone or video. This was particularly useful for patients or staff who were vulnerable and shielding. At the same time, pharmacists involved in substance misuse services noted the impact of restrictions of face-to-face appointments on the assessment process and the challenge of maintaining contact with patients that did not have access to phones or other communication routes.

89. **Remote working:** In some situations, pharmacists were able to work from home. The use of technology to hold meetings remotely has reduced the need to travel and this is generally seen as a positive. It has also enabled online learning.

90. **Patient consent:** We welcomed more streamlined patient consent mechanisms, where a verbal consent could be provided instead of requiring a 'wet signature' from a patient for each and every pharmacy service. [PB/62 – INQ000319581] Written consent or wet signatures can be a barrier to new technologies and timely access to pharmacy services, where multiple consent is often required for different services.

91. **Reduction in bureaucracy:** Paperwork usually thought of as a necessity was drastically reduced with no known untoward effects on patient care. There was a strong steer for this light touch approach from corporate employers and the NHS to continue.

92. **DBS checks for volunteers:** Many across the profession raised concerns that volunteers delivering medicines would only be given the same level of checks and training as those delivering food, despite the increased risks associated with medicines use. Because NHS volunteers via the GoodSam app were not DBS checked, pharmacies preferred to link with local authority schemes and other local volunteer schemes who did insist on such checks. On 14 April 2020 the RPS and GPhC issued a joint statement to reassure pharmacy teams and pharmacy owners on the use of NHS volunteers to get medicines to extremely vulnerable people. [PB/63 - INQ000319582]

93. **Aseptic pharmacy services:** A Government report on *Transforming NHS Pharmacy Aseptic Services in England*, published in October 2020 noted the crucial role of aseptic pharmacy services during the pandemic. [PB/64 – INQ000319583] NHS hospital pharmacy aseptic services provide sterile, controlled environments for the preparation of injectable medicines including antibiotics, chemotherapy, nutrition and advanced medicines for cell therapy and clinical trials. The report noted 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 the UK's response to the pandemic. However, it adds, "*this response was very much in extremis and would be unsustainable long term without further investment*."

England

94. **Electronic repeat dispensing:** The NHS encouraged greater use of electronic repeat dispensing throughout COVID. This enabled patients to access their prescriptions from the pharmacy without having to order at monthly intervals from the GP. This system enables pharmacists to make sure they have the medicines in stock at the time they are required to be dispensed and supplied and is a more efficient process for the system.

95. **Summary Care Record Additional Information:** It became the norm for all Summary Care Records to contain additional information. This supported patient care as it reduces the risk of important information about the patient not being available at the point of care and assists with the consultation process. For patients, use of a detailed patient record by community pharmacies ensures that the patient receives optimum

care and reduces the need for patients to repeat their history in the pharmacy, which may be particularly beneficial if their care need is of a sensitive nature.

96. **Introduction of Community Pharmacy Consultation Service:** Triage of patients from NHS 111 and general practice to community pharmacies meant that people were being seen by the right healthcare professional in the right place.

97. **Delivery of medicines:** The Prime Minister's announcement on 25 March 2020 that volunteers would "be driving medicines from pharmacies to patients" [PB/65 – INQ000319584] is one example of where an initiative was announced before the Government had adequately engaged with stakeholders to help plan and agree the practicalities. 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.

Scotland

98. **Pharmacy First:** Introduction of NHS Scotland Pharmacy First and Pharmacy First Plus services which allowed patients to access care and treatment for certain conditions via their pharmacy rather than having to contact their GP.

99. **Emergency Care Summary record:** Work completed to allow pharmacists access to Emergency Care Summary records. This allowed pharmacists to provide quick and safe care to patients and saved time by reducing the need for them to contact other healthcare professionals or services to obtain this information.

100. **Antiviral supply:** Establishment of a community pharmacy antiviral supply service which allowed access to COVID-19 antivirals for non-hospitalised patients.

Wales

101. **Delivery of medicines:** Shielding advice resulted in a dramatic increased demand on already stretched pharmacy home delivery medicine services. Community pharmacies had to adapt rapidly to meet this demand, including employing temporary courier and taxi services to aid delivery, at a direct cost to the pharmacy, acknowledging some funding was redirected from other services suspended (e.g., Medicine Use Reviews in Wales).

102. Whilst people's willingness to volunteer to help pharmacies with medicine deliveries was positive, this also provided professional dilemmas for pharmacists. Through a normal employment process, a delivery driver would be assured through a recruitment process, appropriate references and safeguarding checks. Entrusting members of the public and couriers to deliver prescription only medicines to patients without the necessary appropriate background checks in place, due to the pressure and time constraints on the service, was professionally difficult for pharmacists.

Regulation and professional empowerment

103. We have long advocated for an emphasis on 'just culture' in pharmacy practice – supporting transparency and discussion, raising concerns and learning from mistakes – versus a 'punitive culture' based upon assigning blame and punishment. [PB/66 - INQ000319585] This balances accountability and learning and leads to improved patient safety. We therefore welcomed the joint statement by regulators of health and care professionals which reconfirmed that "*the first concern of the individuals on our registers will be the care of their patients*". [PB/67 – **INQ000221579**] It placed an emphasis on health and care professionals using their professional judgement to assess risk to deliver safe care informed by relevant guidance and the values and principles set out in professional standards. It recognised that in the highly challenging circumstances of COVID-19, professionals may need to depart from established procedures in order to care for patients and people using health and social care services.

104. As with other health professions under pressure, we welcomed a pragmatic approach to regulation and inspections during the pandemic. This approach was restated in a joint letter from the UK's Chief Pharmaceutical Officers and pharmacy regulators on 26 November 2020. [PB/68 – INQ000319587]

Vaccination delivery in England

105. Throughout the pandemic we engaged frequently with NHS England and other community pharmacy organisations to understand and influence the process for involvement of pharmacists in the delivery of COVID vaccinations.

106. Key issues identified included:

a. **Supply:** the COVID vaccination was supplied centrally on a 'push' rather than 'pull' model, i.e. centrally determined rather than driven by local requirements. This quite often made it difficult to make appointments as pharmacy teams were often unaware how many vaccines would be supplied to their vaccination site. The supply was not always consistent and could often be short-dated (meaning it was near its expiry date). The way in which vaccines need to be stored also made if difficult initially for community pharmacies to be involved as they did not have the amount of cold storage required.

b. **IT infrastructure:** Pharmacies were part of the National Booking System (NBS). However, people were also able to book local appointments via a Primary Care Network/GP system so often booked two appointments and forgot to cancel one of them, leading to duplication and higher levels of Did Not Attends. Pharmacy sites did not have an ability to alter the length of appointment times on the NBS which sometimes led to time management pressures.

c. **National Protocol and support:** The National protocol was generally welcomed and the training and support offered by NHS England/Health Education England was helpful. The protocol enabled pharmacists to be able to administer vaccines alongside other healthcare professionals and trained volunteers.

d. **Capacity and impact on business-as-usual activities:** Initially community pharmacists were not included as part of the vaccination delivery mechanism from their pharmacies as they could not deliver the required throughput, although this threshold would reduce over time in England from 1000 vaccinations per week (November 2020) to 400 vaccinations per week

(February 2021). PB/69 – INQ000319588] There also needed to be consideration about what pharmacists could deliver alongside business-as-usual activities. However, a National Audit Office report in February 2022 noted that one factor to support 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)."* [PB/70 INQ000065228

e. **Identifying vaccination sites:** The process to become a community pharmacy vaccination site was thought to be particularly onerous and labour intensive. There were also considerations around flow of people through a site, including time to sit and wait after the administration of vaccines, staff capacity, segregation within a pharmacy and minimisation of waste. Even when community pharmacies had been allocated as vaccination sites in phase 1 and 2 of the roll out, they had to reapply to be part of phase 3 of the rollout. The service was not commissioned as an advanced service via the contractual route due to supply limitations, delivery limitations and how many sites were able to use the NBS. Moving the designation process to that required for the influenza service, with an element of self-declaration was important.

f. **Indemnity insurance:** The RPS wrote to the Minister for COVID Vaccine Deployment on 22 July 2021 calling for pharmacists to continue to be provided with state-backed indemnity to cover their practice. [PB/71 – INQ000319590] Just as the Government was looking to widen uptake of vaccinations, expecting community pharmacists to start paying for their own indemnity insurance was an extraordinary position. This created an unnecessary and avoidable barrier to boosting the number of vaccinators and is inequitable with other health professions.

107. We also worked with other pharmacy organisations to provide resources to support pharmacists to deliver vaccinations in practice. [PB/72 – INQ000319591]

Vaccination delivery in Wales

108. In Wales, the commissioning of COVID-19 vaccination delivery services through community pharmacies was sporadic and limited. Pharmacies in rural locations where patient access to healthcare provision may have been more limited were more likely

to be commissioned to deliver COVID vaccinations. Many community pharmacies in all locations expressed a desire to deliver vaccination services and aid the nations effort but were not included in the rollout programme.

Vaccination delivery in Scotland

109. In Scotland, while some NHS Health Boards employed pharmacists in vaccination hubs, COVID-19 vaccine delivery through community pharmacy was not offered in Scotland through a national service. Only one of the 14 regional Health Boards offered vaccination through community pharmacy.

Vaccine hesitancy

110. As the vaccine programme was rolled out, we supported the need to collect data about people receiving the COVID-19 vaccine. This data helped to understand the rates of uptake across different populations and to identify the vaccine hesitancy amongst some communities.

111. As a result, a concerted public health campaign was undertaken to tackle vaccine hesitancy amongst local communities. Pharmacists and their teams were able to lead on and support targeted campaigns and approaches to vaccine hesitancy in their local communities.

Medicines shortages

112. Pharmacists regularly deal with medicines shortages and play a key role in sourcing supplies and advising the public. 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 require more time to manage, reducing capacity available to deliver other clinical services. [PB/73 – INQ000319592] During the pandemic the Government said it was examining how COVID-19 could affect the medicines supply chain and we heard from Superintendent Pharmacists, responsible for the pharmacy services provided by a pharmacy or group of pharmacies, who were concerned about the potential longer-term impact of the pandemic on medicines manufacturing.

113. The Department of Health and Social Care has overall responsibility for ensuring the continuity of the supply of medicines in the UK, as set out in its *Reporting Requirements for Medicines Shortages and Discontinuations*, [PB/74 – INQ000319593] noting that it works with NHS England, the Medicines and Healthcare products Regulatory Agency (MHRA), the pharmaceutical industry, the devolved administrations and others operating in the supply chain to help prevent shortages and to ensure that the risks to patients are minimised when they do arise. Since January 2019 it has been a mandatory requirement for the pharmaceutical industry to report issues that could potentially disrupt the supply of medicines and affect UK patients. [PB/74 – INQ000319593] It is vital that teams within Government and the NHS are adequately resourced to maintain UK medicines supplies. Following recent reorganisation and headcount reductions within NHS England, there is a risk that experience and expertise in medicines supply issues may not be adequately resourced to deal with another pandemic.

114. The Specialist Pharmacy Service's Medicines Supply Tool maintains a list of medicines shortages, including the medicines affected, dates, actions required and suitable alternatives. [PB/75 – INQ000319594]

115. In 2019 the UK Government introduced legislation enabling a "Serious Shortage Protocol" (SSP) to be issued if the Department of Health and Social Care decides there is a serious shortage of a specific medicine. These SSPs set out an alternative product, formulation, strength and/or quantity of medicine that may be supplied without needing to refer patients back to prescribers. While this offers one approach to support medicines supply, pharmacists have told us they believe this system to be overly bureaucratic. The NHS Business Services Authority maintains a list of active and expired SSPs on its website [PB/76 - INQ000319595] Thirty SSPs were issued between 1 March 2020 and 28 June 2022.

116. The pandemic response saw an emphasis on pharmacists being empowered to do the right thing for patients. Regulations should support professional decision-making and pharmacists should be able to take appropriate steps to minimise the impact of medicine shortages on patient care.

117. We saw a huge spike in public demand for paracetamol in the early days of COVID-19. We received queries from members calling for guidance on breaking down larger packs of paracetamol so people could continue to access the medicines they needed.

While not usually allowed, in the unique circumstances we raised this with the GPhC to offer reassurance to pharmacists and produced professional guidance. [PB/77 - INQ000319596] Other examples include a shortage of inhalers driven by a spike in demand and longer prescription durations [PB/78 – INQ000319597], neuromuscular blocking agents often used during surgery and in patients that are ventilated [PB/79 – INQ000319598], and increased demand for hydroxychloroquine (an antimalarial and antirheumatic medicine) following unproven claims it could be used to treat COVID-19. [PB/80 – INQ000319599]

118. Our members have told us that SSPs are overly burdensome and that they would welcome changes to medicines legislation to allow pharmacists to use their professional judgement to make minor amendments to prescriptions in the event of a medicine being out of stock. [PB/81 – INQ000319600] We shared with ministers our view that as part of prudent planning to help manage future shortages, pharmacists should be empowered to make simple substitutions without the patient going back to the prescriber. Community pharmacists in Scotland already have greater professional autonomy to make these kinds of decisions to support patient care. For pharmacists in secondary care these substitutions are standard practice. This would save patients time and reduce GP workload. On 11 September 2020 the RPS and other health leaders wrote to the Health Secretary calling for change and a meeting with officials was subsequently arranged in December that year. [PB/82 – INQ000319601] While we have seen little evidence that the Government intends to amend the current legislation, this issue should be reviewed as more pharmacists become independent prescribers. Changes to pharmacy education mean that all pharmacists will qualify as prescribers from 2026.

Shielding

119. We are not aware of specific instances where shielding advice impacted on the ability of pharmacy teams to dispense medicines to clinical vulnerable or clinically extremely vulnerable patients. Pre-existing delivery services and additional delivery services through volunteers, taxi and courier services helped to bring medicines to patients in their homes throughout the pandemic.

120. The roles of some pharmacists changed because of shielding, for example redeploying to non-patient facing functions, and while there was the potential for isolated incidents

where services might be impacted in the short-term, we do not believe there were systemic problems caused by the need for pharmacists to shield.

121. We published guidance on "Protecting your team in the pharmacy". This includes information on:

a) Reducing the risk of transmission.
b) Preparing the pharmacy in case you need to isolate someone.
c) Looking after yourself and your team.
d) Rest breaks and wellbeing.
e) Risk assessments (e.g. shielding and vulnerable people).
f) Infection control measures.
g) PPE.
h) Face masks and coverings.
i) Testing.

Guidance issued by the Royal Pharmaceutical Society

122. We published a range of resources and guidance for pharmacists and wider pharmacy teams, hosted on a central webpage on the RPS website. During the pandemic these resources were made open access for non-members as well as members to support pharmacy practice. Resources and guidance included the following issues and areas and can be made available to the Inquiry if this would be of assistance.

123. **Day to day practice**

a. **COVID background information links:** including government and country specific webpages for the public and pharmacists.
b. **Changing scope and return to practice:** information on returning to frontline practise or changing scope of practise.
c. **Managing your medicine supplies:** topics included Making professional decisions, Not profiteering, Medicine supplies and shortages, Repeat prescriptions, Access to medicines to people from the UK who are stranded abroad during the pandemic.
d. **Volunteering in pharmacy during the pandemic** – information on volunteering and pharmacies looking for volunteers.
e. **COVID 19 vaccinations:** information on Vaccine safety, Role of the pharmacy team - including reassuring and educating the public, and signposting, Dealing with vaccine hesitancy, Dealing with myths, false information and conspiracy

theories, Vaccinating the pharmacy team - including mandatory vaccination, Vaccine Approval process, Mode of action, Efficacy, Vaccine dosing interval - including booster doses, Duration of protection, excipients and ingredients, Dealing with concerns about side/adverse effects - including anaphylaxis and reporting, Use in pregnancy and effect on fertility, Use in children, RPS Position on Vaccinating healthy children aged 12 to 15 years, COVID-19 vaccination programme - including eligibility and service delivery, Flu vaccinations and COVID-19 vaccinations, COVID Pass/record of your COVID-19 vaccination status, Our COVID-19 vaccinations for pharmacists policy.

f. **COVID-19 Therapies and Long COVID:** information on Long COVID, COVID-19 vaccine, Treatments for COVID-19, Ibuprofen use by people with COVID-19, ACE inhibitors and ARBs use by people with COVID-19.
g. **Your wellbeing during COVID-19.** Including coping with death and end of life, Switching off, Coping with stress and Managing Abuse.
h. **Initial advice update on novel Coronavirus.**
i. **Protecting your team in the pharmacy**: included Reducing the risk of transmission, Preparing the pharmacy in case you need to isolate someone, Shielding and vulnerable people, Looking after yourself and your team - rest breaks and wellbeing, Risk assessments, Security and staff safety during the pandemic, Infection control measures, PPE, Face masks and coverings, Testing.
j. **Pharmacy services during the pandemic:** included Business contingency planning, Prescription services - ordering, drop off, collections and sending, Delivery services, Pharmacy services, Homecare services, Reusing medicines, Yellow Card reporting and COVID-19.
k. **Ethical, professional decision making in the COVID-19 pandemic**: on making difficult decisions and ensuring safe and effective care. For all sectors of pharmacy.
l. **Returned medicines:** Community pharmacy teams expressed concerns about the potential for infection from unwanted medicines returned to the pharmacy for disposal, where the patient may have had COVID-19. Given pharmacies also had a duty of care to support patient safety and accept unwanted medicines, the RPS issued joint guidance with the National Pharmacy Association, the Pharmaceutical Services Negotiating Committee and the Community Pharmacy Patient Safety Group to help community pharmacy teams safely handle returned unwanted medicines and included advice for

patients on how best to do this during the pandemic. It was based on information at the time on how long COVID-19 might survive on surfaces.

m. **Critical Care:** Our publishing arm, Pharmaceutical Press, brought forward the publication of a new resource in April 2020, which provided essential medicines information focussed on supporting those working in critical care. It was made freely available to teams working in the NHS in England, Scotland, Wales and Northern Ireland. We worked with organisations such as the UK Clinical Pharmacy Association to develop training resources for staff redeploying into critical care roles amid huge uncertainty as to the demands they might face.

124. **Legislation**

a. **Controlled Drugs Contingency Legislation:** Supply of controlled drugs under an SSP during a pandemic.

b. **Controlled Drugs Contingency Legislation:** Emergency supply of controlled drugs: supply during a pandemic.

c. **Controlled Drugs Contingency Legislation:** Changing the intervals of instalments for controlled drugs during a pandemic.

125. **Pre-registration and provisional registration**

a. COVID 39-week assessment.

b. COVID Preparing for assessment.

c. COVID Preparing for provisional registration.

d. COVID Pre-Reg training and COVID-19 main page.

e. Pre reg training and COVID Visas and your employment.

f. Pre reg training and COVID What happens now?

g. Pre reg training and COVID Your current training main hub.

126. Given the unprecedented situation facing our members and the profession as the scale of the pandemic unfolded in the UK, we took the decision to pause all planned 'business as usual' activity and establish a programme focused on providing intensive support to our members and the wider pharmacy family and profession. Our 'COVID response team', which brought together team members across all the core functions of the professional leadership body, helped review key topics and priorities for members.

127. During March 2020 the RPS webpage acted as a 'hub' from news and changes from third party organisations. The main purpose was to aggregate links to many different

websites which contained useful information for pharmacists into one place. As the need for professional support grew, we began developing original content and guidance for pharmacy teams from April 2020.

128. In May 2020, we reformulated how we wrote guidance due to increasing content volumes and evolution in priorities from our website users. Existing content was audited regularly and three main objectives needed to be met for new content:
    a. What audience we are trying to help?
    b. What problems should we be trying to solve for this audience in relation to COVID?
        i. Also reflecting on what problems should we not be trying to solve for this audience in relation to COVID? (e.g., it is for an audience that is not ours, it is being done already by someone else, it is outside of our capacity or capabilities)
    c. What content is needed to mitigate or solve these problems for our audience? What is the best format and channel to reach the people who need it?

129. This ensured: we produced accurate and up to date content in line with COVID response objectives; content is coherent with existing or planned content from other teams; and that content was useable and findable.

130. A comprehensive process was in place to support the development of professional guidance, drawing on feedback from frontline pharmacy teams and discussions with key stakeholders. We regularly reviewed and fed into 'COVID-19 rapid guidelines' developed by the National Institute for Health and Care Excellence.

RPS support and resources for pharmacists

131. Our Workforce Wellbeing Surveys had shown that pharmacists were already at risk of burnout and in the early weeks of the pandemic, 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.

132. We also heard about incidents of abuse from angry customers who were being asked to wait outside as well as pharmacists and their teams not having time to take a break

or mentally reset. We partnered with both Pharmacist Support and the Mental Wealth Academy to provide support to both members and non-members during the pandemic.

133. **Livestream events:** We ran a series of livestream virtual lunchtime sessions which were recorded so they could be viewed later on. These covered a variety of topics that members told us they were struggling with.

a) Managing abusive behaviour
b) How to switch off
c) Coping with stress
d) Connecting with others
e) Supporting others through a difficult time
f) Learning something new during lockdown
g) Having a conversation about mental health
h) Reducing anxiety
i) Building positive workplace relations
j) Focus on your wellbeing webinar

134. **Evening sessions with Pharmacist Support:** Pharmacist Support supported two of our mentor sessions where they talked to mentors about how to have difficult conversations and support mentees who may have mental health and wellbeing issues.

135. **Resources**: These resources were developed in response to hearing about issues that our members were facing on a daily basis.

a) Coping with death and end of life - a number of pharmacists and their teams were having to cope with the death of people they knew and cared for, either personally or as part of their working lives. We developed this guidance to recognise this situation and signpost them to where they could get further support.
b) Building positive workplace relations – this resource was produced with a number of members who had an interest in this area.
c) Workforce Wellbeing in the Workplace Support Tool – this was produced with members who were part of our Workforce Wellbeing Action Group
d) Safeguarding your mental health during COVID – this was produced by the Mental Wealth Academy
e) How to switch off effectively at night – this was produced by RPS, Pharmacist Support and the Mental Wealth Academy

f) 5-minute mindfulness video – produced by the Mental Wealth Academy
g) Managing conflict – produced by RPS, Pharmacist Support and the Mental Wealth Academy

136. After successfully campaigning for pharmacists and their teams across Great Britain to have access to the nationally funded mental health and wellbeing support, we shared what was available in all three countries with the profession. This was shared both online via our Wellbeing Hub and via an evening webinar. We established a Workforce Wellbeing Action Group for members to join where we offered support and asked for their views on key issues.

137. Issues raised with RPS by members regarding the support being provided to them included:
    a) Requests for government to treat pharmacy, pharmacists and pharmacy teams as vital frontline health workers with parity to all NHS staff and other healthcare professionals at the outset, in relation to:
        i. Nature of all government communications, with pharmacy often an afterthought despite being a key healthcare setting readily available to patients.
        i. Keyworker status.
        ii. Limited access to PPE, especially earlier in the pandemic.
        iii. Provision of vaccine.
        iv. Staff shortages and workforce pressures, including through COVID-related operational issues.
    b) Requests for more support linked to abuse from members of the public.
    c) Requests for employers to ensure social distancing protections and PPE.
    d) View on mandatory vaccinations for pharmacists.
    e) Support for locum pharmacists.
    f) Ability to exercise professional judgement to support patient care.

Other issues

Government stakeholder engagement

138. Given the scale and urgency of the challenges arising from COVID-19, we welcomed the more open and collaborative approach from Government and Government agencies to engaging with stakeholders, listening to concerns and solving problems.

At the same time, headline policies would often be announced centrally before the details had been finalised, which left pharmacists and others across the health service looking for clarity in what it meant for them. Closer coordination and engagement with professional bodies at an early stage would enable us to better keep our members informed and reassured, develop appropriate support resources and professional guidance, and provide constructive challenge to encourage more effective policymaking.

Recognition of pharmacy within Government policy

139. The COVID-19 pandemic illustrated the crucial role of pharmacists during a national public health emergency. With this in mind, it was disappointing that on many occasions the pharmacy profession, particularly in community pharmacy, was seemingly an afterthought in Government planning, policy and communications. How Government policy supported pharmacists providing contracted NHS services compared with those directly employed by the NHS was a recurring and systemic issue. The RPS and others in the profession consistently called for pharmacists on the frontline to receive the recognition they deserve, seeking clarifications on key worker status, visa extensions, access to PPE, and calling for equal inclusion in mental health support for staff.

Long COVID

140. Beyond the immediate impact of the pandemic, members of pharmacy teams continue to be affected by long COVID alongside the general population. [PB/83 – INQ000319602] Five per cent of respondents to our 2022 wellbeing survey stated they were suffering from long COVID, but only 1% had been diagnosed by a health practitioner. [PB/23 – INQ000319535] 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 and we continue to engage with the NHS on this issue, including through the NHS England Long COVID National Taskforce. Trade unions have called for long COVID to be recognised as a disability and occupational disease. [PB/84 – **INQ000272240**

RPS lessons learned exercise

141. In July 2020, after widespread engagement with the profession and stakeholders, we 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 future. [PB/85 – INQ000319604]

a) Pharmacists and their teams must be able to work in a safe environment and be protected, particularly in times of public health emergencies.
b) Community pharmacy must be fully integrated into NHS services as a valued and recognised NHS provider to benefit patient care.
c) Protected time for pharmacists across all sectors will improve the quality of care to patients.
d) Pharmacy teams must be able to work in a positive working environment with access to appropriate mental health and wellbeing services.
e) Equality of opportunity must be assured across the pharmacy profession and in every sector of practice.
f) Investment in foundation training must enable all pharmacists to qualify as independent prescribers and leadership opportunities must be embedded throughout the career pathway.
g) Digital infrastructure and processes available to pharmacists throughout the pandemic should be accelerated, improved and built upon.
h) Pharmacists in all care settings must have read and write access to a full and integrated electronic patient record.
i) Referral pathways must be put in place to ensure critical information can flow to and from all pharmacy settings.
j) Pharmacists in all care settings must have access to virtual consultation tools and equipment.
k) A universal model of consent for the delivery of pharmacy services must be created and implemented.
l) All patient-facing pharmacists must be supported to become independent prescribers.
m) The infrastructure must be established to support and facilitate the use of independent prescribers in all care settings.
n) Ongoing support must be available to all independent prescribers including peer reviews and mentorship.

o) Changes in medicines legislation must empower pharmacists to use their professional judgment to improve patient care.
p) Pharmacists and their teams must be enabled to contribute to solutions for reducing health inequalities - including tailored communications to local populations.
q) The community pharmacy network must be fully utilised when providing vaccination and testing services whilst ensuring it is a safe environment to do so.
r) 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.
s) Pharmacy teams must be fully integrated and utilised across primary and secondary care to support a seamless patient journey.

142. **Read-write access to patient records:** COVID-19 underlined the importance of timely information flows. Whilst there is a welcome policy direction across Great Britain towards allowing pharmacists to access and update a patient's clinical record, there is still some way to go to make this a reality in all care settings. There are different approaches in England, Scotland and Wales. There is a need to complete the digitisation and integration of health and care records if the full benefits of digital medicine are going to be realised for the NHS, including around earlier diagnosis, personalised care and treatment. This must be backed by appropriate Government funding.

143. **Virtual consultations:** With virtual consultations likely to become more common in a 'new normal' of COVID-19, funding for additional training and equipment must be made available across the health professions. This must also be supported with flexibility to enable the right mix of face-to-face and virtual consultations, so patients can receive care most appropriate for them and to avoid potentially widening health inequalities.

144. In Scotland, use of the video consulting service, Near Me, increased significantly from early March 2020 following a rapid roll-out which was part of the national resilience planning. Between March and June 2020 there was a fifty-fold increase in video consultations taking place on this platform, from 330 per week to just under 17,000 per week across health and social care.

Recommendations

Government and NHS engagement with stakeholders

145. The importance of early engagement by government and NHS leadership with pharmacy stakeholders, such as to support planning for potential roll-out of vaccination services.

146. A more formal link to be established between the MHRA and the RPS to better anticipate and coordinate the sharing of critical information to pharmacists on the frontline.

Communications

147. We must see consistent and clear recognition in national policy that pharmacists, pharmacy technicians and wider pharmacy teams are key workers and a core part of the frontline health service. For example, the omission of pharmacists in guidance regarding key workers and schools created unnecessary confusion and negatively impacted morale among an already hard-pressed workforce.

Information flows and patient records

148. The life role of timely information flows, including different approaches to patient records in England, Scotland and Wales. Pharmacists in all care settings must have read and write access to a full and integrated electronic patient record.

149. Greater adoption of electronic methods of consent across pharmacy and other healthcare settings, avoiding the need for a 'wet' signature.

Professional empowerment

150. The pandemic highlighted the need for professional empowerment and regulatory flexibilities to enable health professionals to put patients first, such as steps to minimise the impact of medicine shortages on patient care.

Contractual and audit requirements

151. Where appropriate the pausing of contractual and audit requirements so teams under pressure can focus on patient care.

Resilience, managing NHS demand and workforce planning

152. Lessons learned must include longer-term reforms to better manage demand and build resilience across the health service. 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.

Support for students

153. The need for adequate support for students, pre-registration (now 'foundation') trainees and provisional registrants, as well as clear criteria for the future use of provisional registration.

Equal support for all health and care staff

154. Equal access to health and wellbeing support for all health professionals providing NHS services across care settings.

155. Guidance around PPE and contact tracing must be appropriate for care settings, especially in pharmacies where social distancing may be impractical.

Volunteer programmes

156. An evaluation of volunteer programmes and their role in healthcare and pharmacy services.

Changes to pharmacy practice

157. The need for appropriate prescription durations, especially in a pandemic, to reduce the risk potential medicines shortages driven by a sudden spike in demand.

Potential lines of inquiry

158. Failures to ensure the safety of healthcare workers through appropriate use of risk assessments for pharmacy teams, including among vulnerable groups and staff from ethnic minority background, and the provision of appropriate and adequate PPE.

159. Approaches to testing, contact tracing and self-isolation rules, especially in community pharmacy, including reports of local variation in how rules were interpreted and whether they were appropriate for healthcare settings.

160. Planning and deployment of volunteer programmes, especially on key healthcare issues such as medicines delivery.

161. Whether there is sufficient support for staff wellbeing, including healthcare staff affected by long-COVID, and whether cuts to national funding and moves to more regional and system-level responsibility might create regional variation.

162. The resilience of the medicines supply chain in the event of a future pandemic: The local and global pressures put on the medicines supply chain resulted in shortages in several commonly used medications. The supply chain is potentially fragile and medicines shortages are increasingly common.

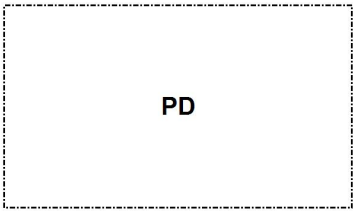
163. The support in place to retain a resilient community pharmacy network: During the pandemic community pharmacies were easily accessible and provided vital medication, testing, health advice and vaccinations. The evidence presented here demonstrates the pivotal role that community pharmacy teams played in protecting the health of the public. The resilience of the community pharmacy network continues to be tested and must be adequately supported. [PB/86 – INQ000319605]

164. Workforce capacity: 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 2022 Community Pharmacy Workforce Survey in England reported vacancy rates of 16% for pharmacists and 20% for pharmacy technicians, alongside a 6% reduction in Full-Time Equivalent staff. [PB/87 – **INQ000271977** Our workforce wellbeing surveys

demonstrate that pharmacists have been left suffering with burnout and long COVID. During the pandemic volunteers and other non-trained staff were pulled in at short notice to try to cover the gaps in the service that appeared due to the shortages of trained staff. A potential further line of inquiry should consider the current investment and planning in place for the frontline and volunteer workforce, in order to prepare for future pandemics.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.



Signed: _____

31st January 2024

Dated: _____