

Royal Pharmaceutical Society
Submission for UK COVID-19 Inquiry Preliminary Hearing, 10 April 2024

1. These submissions set out the key issues and lines of enquiry that the Royal Pharmaceutical Society (RPS) consider it essential for the Inquiry to explore in the Module 3 hearings.
2. COVID-19 highlighted the essential work of pharmacists, pharmaceutical scientists, pharmacy technicians and wider pharmacy teams in supporting the nation's health. It brought unparalleled challenges that stretched personal and professional resilience. Pharmacists faced a huge surge in demand from patients at the same time as coping with a unique and changing working environment, as national policy and guidance evolved.
3. Pharmacists and wider pharmacy teams were on the frontline of COVID-19, working alongside colleagues across the health service, often putting themselves at risk so they could continue looking after patients in a time of national crisis.

Safety at work

4. 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 backgrounds, and the provision of appropriate and adequate PPE (which some pharmacists were required to self-fund).
5. 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 all healthcare settings, including pharmacies.

The role of pharmacists within hospitals

6. The work of pharmacists within hospitals is often less visible. Over the period of the pandemic, hospital pharmacists cared for the most critically ill patients with COVID-19, transforming services and supporting the supply of medicines for critical care. Pharmacists also played a key role in rapidly establishing the Nightingale Hospitals.

The recurring and systemic difference in treatment between pharmacists who provided NHS contracted services compared with healthcare workers directly employed by the NHS

7. This difference was strikingly highlighted through the initial omission of pharmacists working in community pharmacy from the life assurance scheme in England, despite their critical role providing primary care. However, there were many other examples, including the omission of pharmacists in guidance regarding key workers and schools, and the initial exclusion of pharmacists from visa extensions announced for doctors, nurses and paramedics in March 2020.

The resilience of pharmacy services

8. 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.
9. Whether there is adequate investment and resilience in aseptic pharmacy services, in the event of a future pandemic. A Government report on Transforming NHS Pharmacy Aseptic Services in England (October 2020) noted the crucial role of aseptic pharmacy services during the pandemic, providing sterile, controlled environments for the preparation of injectable medicines including antibiotics, chemotherapy, nutrition and advanced medicines for cell therapy and clinical trials. The existing aseptic network was able to support the increased capacity essential to support aseptically prepared medicines into critical care services, however, the report adds, “this response was very much in extremis and would be unsustainable long term without further investment.”
10. 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 resilience of the community pharmacy network continues to be tested and must be adequately supported.
11. 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.
12. Workforce capacity: RPS workforce surveys demonstrate that pharmacists have been left suffering with burnout and long COVID. A 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.
13. Planning and deployment of volunteer programmes, including prior engagement with stakeholders, especially on key healthcare issues such as medicines delivery.

Lessons learned

14. Professional decision-making: 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.
15. Government and NHS engagement with stakeholders: 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.
16. Information flows and patient records: Pharmacists in all care settings must have read and write access to a full and integrated electronic record to support patient care.
17. Support for students: 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.

Expert witnesses

18. The role of pharmacists and pharmacy during the pandemic must be adequately considered within expert witness reports, notably:
- The role of pharmacy teams working in community pharmacy, general practice and primary care more widely, must be considered by the expert witness report on primary care.
 - The vital role of pharmacy in critical care provision, including access to medicines.
 - The impact of Infection Prevention and Control guidance on pharmacy teams working across the health service, including variations between care settings and addressing potential risk factors in the event of a future pandemic.
 - The adequacy of the provision of PPE to pharmacists.
 - The impact and prevalence of long COVID in the pharmacy workforce.

27 March 2024