Royal Pharmaceutical Society

Written opening submissions for Module 3 of the UK COVID-19 Inquiry – the impact of the pandemic on healthcare systems

1. The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists and pharmaceutical scientists in Great Britain. It leads and supports the development of the pharmacy profession, including through post-graduate pharmacy education curricula, professional standards and guidance. Its policy and advocacy work is guided by three elected Boards across England, Scotland and Wales.

2. The RPS represents pharmacists working across all care settings, including community pharmacy, hospitals, primary care and the pharmaceutical industry. It offers free membership to students studying for a pharmacy undergraduate degree, working with the British Pharmaceutical Students Association, the official student body of the RPS. Its not-for-profit knowledge business, Pharmaceutical Press, also produces a range of independent pharmaceutical information and reference sources used around the world.

3. 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.

4. 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 and challenges, such as inadequate safety measures to protect pharmacists at work, national guidance that was confusing or lacking, increased aggression and hostility from patients towards healthcare professionals, and an appalling disparity in the treatment of community pharmacy compared with NHS staff.

5. 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 to make the best of their skills in support of the nation's health.

Safety at work

6. Pharmacists and wider pharmacy teams played an essential role in combatting 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.

7. 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 2020, said that 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".

8. Guidance on PPE failed to reflect the circumstances in which pharmacists and their teams were working. 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. In an April 2020 RPS survey, 34% of pharmacists who responded said they were unable to supply continuous supplies of PPE, 94% said they were unable to maintain two metres social distancing from other staff, and 40% were unable to maintain social distancing from patients.

9. The RPS President at the time warned, "*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.*"

10. Community pharmacy teams were on the frontline of COVID-19 but often felt last in line for support. In one example, 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.

11. 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.*"

12. Evidence also emerged of the serious impact of the pandemic on 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, nearly two months after the NHS said they should take place.

13. Failures to ensure the safety of healthcare workers and pharmacy teams, including through appropriate use of risk assessments (particularly for vulnerable groups or staff from ethnic minority backgrounds) and the provision of suitable PPE, must be considered by the Inquiry. The Inquiry is also asked to examine whether rules on testing, contact tracing and self-isolation, including Infection Prevention and Control guidance, were appropriate for all healthcare settings, including pharmacies. As mentioned above, social distancing in pharmacy settings was often impractical. In addition, the RPS

received reports of inconsistent approaches to self-isolation rules around the country, which potentially meant that some pharmacies had to close or were no longer able to support patient care.

14. A criticial care pharmacist in Scotland said, "*In hindsight, we know that some of the infection prevention and control measures suggested during the earlier parts of the pandemic were not adequate, and potentially put patients at risk*."

15. One Integrated Care System Lead Pharmacist in England described how national guidance was sometimes either "*not comprehensive, or at times misleading*" and they would have to advise or instruct people working locally, taking on professional challenge and risk.

Health and wellbeing of pharmacists

16. There is also significant concern around the health and wellbeing of pharmacists and their staff, and workforce capacity. Even before the pandemic, pharmacists had been warning that rising pressures at work were affecting their health and wellbeing. The pandemic placed enormous strain on staff, and RPS workforce surveys demonstrate that pharmacists are suffering from burnout and long Covid. At the start of the pandemic access to wellbeing services was not universal across the UK, and community pharmacy teams did not have the same access to national wellbeing schemes that were open to staff directly employed by the NHS. The RPS submits that all pharmacists should have equal access to wellbeing support, including for long Covid, regardless of where they work.

17. A community pharmacist in Wales described how, "*There was a massive impact on mental health, increased pressure of workload, medicines shortages, and trying to keep your family safe. Other stresses came from having to continually adapt and change work patterns and home life to fit service requirements*."

18. One repsondent to an RPS survey in May 2020 gave the following feedback, "*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*."

19. Regrettably, a number of pharmacy teams began reporting an increase in abuse, violence aand aggression from some members of the public. One primary care pharmacist in Wales described how, "*At the start of the pandemic, a lack of information and clear direction for health staff was a real challenge. There was also a lack of lack of information to the general public on access to health care and medication. Some members of the public suddenly ordered all medication, resulting in a huge increase in workload for both*

GP surgeries and community pharmacies. This lack of information negatively affected the relationships between the public, GP surgeries and community pharmacy, increasing aggression and hostility towards healthcare professionals."

20. A community pharmacist in England described how, "*Patients were understandably anxious and fearful of the situation at the time, and unfortunately as frontline healthcare workers easily accessible to the public, we received both verbal and physical abuse. In my pharmacy in particular, we also faced racial abuse.*"

21. They continued, "*Prior to our safety screens being put up, we had a patient who was unable to get his medication as the prescription had not been sent to us from the GP surgery yet, and he spat at the staff in the pharmacy and said 'I hope you get COVID'.*"

The role of pharmacists within hospitals

22. 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 ways of working, and supporting the supply of medicines for critical care. Changes to procedures and processes within wards meant that pharmacists were often unable to speak to patients face to face or review a patient's own medications, which made the pharmacist's role incredibly difficult, particularly when taking a medicines history. Staffing shortages due to illness, self-isolation or annual leave often increased the number of patients that hospital pharmacists were expected to attend or added extra weekend or on-call shifts. This resulted in additional pressure and increased the risks of professional burnout.

23. A clinical pharmacist in Scotland described the isolation felt by colleagues as the pandemic progressed: "*There was also the issue of rapidly and daily changing landscape of advice, policy and protocols. Working conditions became strained as colleagues struggled to process the events that occurred on a daily basis, and a once friendly office space became socially distanced. Within the specific site where I worked, there was a lack of available space for individuals to abide the distancing rules, and many started work and left straight from the ward areas. Professional and personal isolation became commonplace.*"

24. One critical care pharmacist in Wales described how, "*The limited availability of PPE resulted in me being the only member of the pharmacy team allowed to work on the COVID critical care unit, supporting essential medicines supply and helping to minimise infection risk. I faced stigma by peers within the department who did not feel I should be allowed in the department after visiting the COVID wards. I felt isolated at times.*"

25. Pharmacists also played a key role in rapidly establishing the Nightingale Hospitals, building pharmacy departments in under two weeks to procure, store and supply critical medicines.

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

26. The disparity in treatment can be seen in the exclusion of pharmacists from visa extensions provided to other healthcare workers in March 2020; in the absence of specific mention of pharmacists and their teams in guidance regarding key workers which impacted childcare provision at school hubs; and, perhaps most egregiously, in the omission of pharmacists from the life assurance scheme for the families of frontline health and care workers in England in April 2020.

27. Community pharmacy played a crucial role in maintaining patient access to primary care and patients who were potentially COVID-positive walked into pharmacies without an appointment to seek advice and treatment.

28. One pharmacy student involved in the vaccination programme at a vaccination centre and working in a community pharmacy said, "*Our impact was not limited to administering vaccinations; the most vulnerable populations passed through the vaccine centre daily and for many of them it was the first time they had had contact or conversation with another person in months...The pharmacy become [sic] a safe space for worried and concerned patients who were unable to speak to any other healthcare professionals. This meant increasingly complex questions were asked by patients to all pharmacy staff...*"

29. Despite their crucial role providing care throughout the pandemic, the pharmacy profession, and particularly community pharmacy, was often an afterthought in government planning, guidance and communications, and this had a hugely detrimental impact on their morale and wellbeing.

30. The RPS remains concerned that the failure to properly recognise the frontline nature of the work of all pharmacists persists, and it welcomed the inclusion of community pharmacy in the Inquiry's list of issues. COVID-19 showed that community pharmacies were an essential provider of primary care in a time of crisis, and any lessons learned must reflect this to ensure that pharmacy teams are adequately prepared and supported in future.

31. The RPS urges the Inquiry in Module 3 to examine and recognise the key role played by pharmacists – in hospital settings, in the community and across the health service – in the pandemic response.

The resilience of pharmacy services

32. During the Covid-19 pandemic, community pharmacies were easily accessible and provided vital medication, health advice, testing and vaccinations.

33. A community pharmacist in England described how pharmacy teams went above and beyond to support patient care, adding, "*If patients were unexpectedly shielding or had requested an urgent delivery after the driver had already left, often the pharmacy staff including myself would make deliveries ourselves after the pharmacy closes at the end of our shift. After a 12-hour shift, I would often walk or take a bus around 20-30 minutes away from work to deliver medication to a shielding patient before making my way home on the other side of town.*"

34. At the same time, despite their pivotal role in protecting the health of the nation, community pharmacies are under very significant pressure, which is leading to closures and reduced patient access to care. Further evidence is also emerging of how closures are disproportionately affecting more deprived and rural areas. The pharmacy workforce is currently in a perilous state, with an increase in vacancies and staff shortages across the sector.

35. The pandemic exposed the international complexity of the medicines supply chain, leading to shortages of many commonly used medicines, such as paracetamol, as well as those used in critical care. In the years since, it has become increasingly common to see medicines shortages within fragile supply chains. One clinical pharmacist in an acute setting in Scotland said, "*There were times [when] treatments would be available for specific patients one day and then restricted the next. It was the first time I felt a moral and compassionate strain which I had never experienced prior.*"

36. One community pharmacist in England described the impact of medicines shortages on both patients and pharmacy teams, saying, "*During the lockdown, there were many stock and manufacturing issues faced by pharmacies, and some of the most common were inhalers and antidepressants. I distinctly remember a patient who came in to collect their antidepressant and when I informed them that unfortunately we didn't have any stock, the patient began shouting that if they take their life it would be my fault. These types of scenarios were unfortunately quite common.*"

37. Another key issue is 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.*"

38. The Inquiry is asked to consider the resilience of medication supply and pharmacy services across all care settings in the event of a future pandemic. Specifically, the current investment and planning in the medicines supply chain, in medicines production

facilities (including aseptic pharmacy facilities in hospitals), and in the role of the frontline and volunteer workforce in preparation for future pandemics.

Lessons learned

39. The RPS submits that lessons learned must include longer-term reforms to better manage demand and build resilience across the health service. Pharmacists and their teams must be able to work in a safe environment and be protected, particularly in times of public health emergencies.

40. Guidance around PPE and contact tracing must be appropriate for care settings, especially in pharmacies where social distancing may be impractical. There should be equal access to health and wellbeing support for all health professionals providing NHS services across care settings.

41. The pandemic highlighted the need for professional empowerment and regulatory flexibilities to allow all health professionals to put patients first. This included steps to help pharmacists better manage the impact of medicine shortages on patient care, such as enabling the re-use of unused medicines in care homes and hospices. Pharmacists and their teams must be enabled to contribute to solutions for reducing health inequalities.

42. The RPS also wishes to emphasise the importance of early engagement by government and NHS leadership with pharmacy stakeholders – for example, around medicines delivery services and supporting the planning and roll-out of a mass vaccination programme - and the need for pharmacists in all care settings to have read and write access to patient records to support patient care.

43. The RPS encourages the Inquiry to seek to identify lessons such as these, so that they can be embedded within working practices going forward, to ensure that we are better prepared in the future.

22 August 2024