ROYAL PHARMACEUTICAL SOCIETY

House of Commons Health and Social Care Committee and Science and Technology Committee
Coronavirus: lessons learnt

1. The Royal Pharmaceutical Society is the professional body for pharmacists and pharmacy in Great Britain, representing pharmacists working in all sectors. Pharmacy is the third largest health profession after medicine and nursing, with more than 56,000 pharmacists and 23,000 pharmacy technicians on the General Pharmaceutical Council (GPhC) register.[1]

2. The COVID-19 pandemic has 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. In July 2020, after widespread engagement with the profession and stakeholders, the RPS published a set of principles based on learnings from the pandemic response and how the pharmacy profession can support patients and the health service in future.[2] We have previously submitted written evidence to Health Committee inquiries on COVID-19[3] and staff burnout[4], which are relevant for 'lessons learned' but are not repeated in full here. While these issues may go beyond the initial themes outlined by this current joint inquiry, lessons learned must also consider better working together and improved clinical care, not only to help tackle the current pandemic, but also examine how health and care services are delivered in future to meet growing demand.

Responding to guide topics from the committee

Deployment of non-pharmaceutical interventions

3. Sustainable access to adequate PPE was a significant issue for pharmacy, wider health professions and beyond. 34% of pharmacists responding to an RPS survey said they were unable to source continuous supplies of PPE.[5] The Healthcare Distribution Association warned on 29 April that stocks of Public Health England PPE masks supplied to pharmacies had "almost completely run out".[6] PHE would revise its guidance on PPE, describing it as "a pragmatic approach for times of severe shortage of respiratory protective equipment". Whilst recognising the importance of social distancing, 94% of respondents to our survey said they were unable to maintain two-metre social distancing from other staff in their workplace.

4. 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 welcomed subsequent changes by the Government to allow community pharmacies to order PPE from the national PPE Portal. We would welcome steps to reimburse pharmacists who paid for PPE themselves.

The impact on BAME communities

5. The COVID-19 pandemic presents various health challenges for a wide range of communities across the UK. However, evidence emerged of a specific serious impact for Black, Asian and

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[1] www.pharmacyregulation.org/sites/default/files/document/gphc_annual_report_2018-19.pdf

[2] www.rpharms.com/recognition/all-our-campaigns/policy-a-z/future-of-pharmacy

[3] committees.parliament.uk/writtenevidence/4816/pdf/

[4] committees.parliament.uk/writtenevidence/11102/pdf/

[5] www.rpharms.com/about-us/news/details/Pharmacists-unable-to-maintain-social-distancing-at-work-and-risk-infection

[6] hdauk.com/hda-news/hda-statement-regarding-availability-public-health-england-supplied-ppe-community-pharmacy

Minority Ethnic communities. Results from a survey from the RPS and the UK Black Pharmacists Association in June found that more than two-thirds of Black, Asian and Minority Ethnic (BAME) pharmacists and pre-registration pharmacists 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.[7] The NHS subsequently called for employers to urgently take measures to conduct risk assessments.[8]

6. We have welcomed discussions with the NHS and other key stakeholders on how pharmacists can help reduce health inequalities, particularly in BAME communities. In September we agreed a joint national statement with NHS England and Improvement and the Association of Pharmacy Technicians UK to improve inclusion, diversity and belonging in pharmacy.[9] Making inclusive pharmacy professional practice a key part of everyday patient care would better support the prevention of ill-health and address health inequalities in the diverse communities we serve. We will continue to build on this discussion alongside the delivery of our Inclusion and Diversity Strategy, which was published in May this year.[10]

Testing and contact tracing

7. In April, after raising the issue with the Government, we welcomed news that community pharmacy teams in England would be able to access testing for COVID-19, which is vital to support retention and help keep them looking after patients.[11]

8. In October, community pharmacy organisations raised concerns about apparent inconsistencies in the approach of NHS Test and Trace around the country.[12] 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.

9. 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 apply different rules from other healthcare settings such as GP practices. NHS leaders sought to give assurances this would be addressed and lessons learned must include avoiding similar inconsistencies in future.

Government communications and public health messaging

10. 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 pharmacy. While the public were not initially required to wear face coverings in pharmacies, unlike when visiting hospitals, this would later change.[13] We heard of cases where community pharmacists and their teams contracted the virus and had to self-isolate, highlighting the urgent need to

[7] www.rpharms.com/about-us/news/details/Urgent-action-needed-on-BAME-risk-assessments
[8] www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0625-risk-assessments-for-at-risk-staff-groups-letter.pdf
[9] www.rpharms.com/about-us/news/details/Inclusion-and-diversity-agreement-with-NHS-England
[10] https://www.rpharms.com/LinkClick.aspx?fileticket=plJ2cLMj2H4%3d&portalid=0
[11] www.rpharms.com/about-us/news/details/RPS-welcomes-access-to-COVID-19-testing-in-England
[12] psnc.org.uk/our-news/nhs-test-and-trace-discrepancies-could-close-pharmacies-down-warn-industry-leaders/
[13] www.rpharms.com/about-us/news/details/RPS-calls-for-face-covering-measures-to-be-extended-across-all-healthcare-settings

protect all those working on the frontline, including through access to appropriate Personal Protective Equipment (PPE) and COVID-19 testing.

11. The COVID-19 pandemic has 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. The RPS and others in the profession have consistently called for pharmacists on the frontline to receive the recognition they deserve, seeking clarifications on key worker status, visa extensions[14] and calling for equal inclusion in mental health support for staff. Despite some welcome progress and support from health ministers and NHS leaders, the whole profession was dismayed at initial reports that pharmacists would only be considered by the new life assurance scheme "in exceptional circumstances".[15] Pharmacists were also excluded from the public sector pay rise announced in July.[16] Efforts to boost staff morale and support retention must be consistent across the health professions.

12. Given the scale and urgency of the challenges arising from COVID-19, we welcomed the more open and collaborative approach from Government, including the Minister for Public Health, Primary Care and Prevention, to engaging with stakeholders, listening to concerns and solving problems. We hope this will continue as a positive legacy of COVID-19.

13. 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.

Development of treatments and vaccines.

14. We have already seen a huge effort from pharmacy teams to provide record numbers of flu vaccinations this year. Given their accessibility and current role in vaccinations, pharmacists are well-placed to support potential vaccination against COVID-19. It is vital that we vaccinate those who are at high risk from COVID-19 as soon as possible and we know this will depend on effective collaboration between health professionals across the entirety of the health service.

15. Key considerations for a COVID-19 vaccination programme include the logistical arrangements, including for managing the "cold chain" for temperature-sensitive medicines and mass vaccination sites. With pharmacy teams already under pressure, the impact on workforce will also need to be carefully managed, alongside appropriate funding, additional training requirements and timely information flows. Safety will be paramount, both for patients and for those administrating the vaccine. A mass vaccination programme also highlights the urgent need to invest in and enable 'interoperability', allowing pharmacists in all care settings to update a clinical record.

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[14] www.rpharms.com/about-us/news/details/rps-and-bpsa-welcome-visa-extensions-for-pharmacists
[15] www.pharmaceutical-journal.com/news-and-analysis/news/pharmacists-will-not-be-automatically-included-in-government-covid-19-life-assurance-scheme/20207937.article
[16] www.rpharms.com/about-us/news/details/pay-rise-omission-kick-in-the-teeth

Further topics

Pressures during COVID-19 and funding

16. At the height of pandemic, pharmacists remained one of the few healthcare professionals readily available to the public for face-to-face advice. They faced increased demand from patients at the same time as coping with a unique and changing working environment, as national policy and guidance evolved.

17. Feedback from pharmacists during the pandemic noted a significant increase in demand on community pharmacies, particularly in the early phase of the lockdown, with reduced access to GP surgeries, an increase in medicines and healthcare queries (as patients did not want to access emergency care services), and a rise in the volume of prescriptions.

18. Pharmacists have also faced financial pressures during COVID-19. We continue to support calls for fair funding for community pharmacy to help keep their doors open to the public and support teams working on the frontline. There is also a need for additional funding and infrastructure to support the transition to any new ways of working combined with winter pressures, alongside coping with potential local outbreaks and restrictions.

19. We saw a huge spike in public demand for paracetamol in the early days of COVID-19 in the UK. We received a number of queries from members calling for guidance on breaking down larger packs so people could continue to access the medicines they needed. While not usually allowed, in the unique circumstances we raised this with the General Pharmaceutical Council to offer reassurance to pharmacists and produced professional guidance.[17]

20. 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 in November.[18]

21. We also 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.[19]

Staff health and wellbeing

22. We are incredibly proud of the resilience of the pharmacy profession in responding to the COVID-19 pandemic. Almost 3,500 pharmacists and 3,000 pharmacy technicians returned to the register to support the health service.[20] Pharmacists were also redeployed to offer specialist support in medicines at the Nightingale sites. We are concerned however about the immediate and longer-term impact on the profession's mental health and wellbeing from coping with such unprecedented pressures.

23. Even before COVID-19, pharmacists had been warning how rising pressures at work were affecting their health and wellbeing, undermining staff retention and putting the ambition of improved patient care at risk. In October 2019 we conducted a GB-wide survey of pharmacists,

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[17] www.rpharms.com/about-us/news/details/Packing-down-paracetamol
[18] www.rpharms.com/Portals/0/Documents/C0893_CPhO Second Wave Letter__26nov.pdf
[19] www.rpharms.com/about-us/news/details/One-consent-to-save-your-time
[20] www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-21/38649/

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/very high risk of burnout.[21] This has increased to 89% for our latest survey this year.[22] With doctors, nurses, pharmacists and other staff moving between roles to support the health service during COVID-19, this highlights why health professionals must have equal access to support, regardless of the care setting in which they work.

24. The most common factors for poor mental health were listed as: stress at work (76%), inadequate staffing (68%), lack of work life balance (62%) and long working hours (54%). 44% of respondents said they would not feel comfortable seeking support for their mental health and wellbeing from their employer, place of work, or university.

25. With continued pressures, the Government and the NHS must take steps to retain the current workforce and encourage new students into the profession to meet demand. Further detail has been provided in our response to the Health Committee's inquiry on burnout.[23]

Managing future demand

26. The Health Committee's report on 'Delivering core NHS and care services during the pandemic and beyond' drew some initial conclusion on lessons learned from the pandemic, including the role of virtual consultations.[24] Whilst perhaps out of scope for the inquiry, our written evidence also highlighted that lessons learned must include longer-term reforms to better manage demand across the health service.[25] Making the most of pharmacists' clinical skills will be key to delivering the NHS Long-Term Plan, including greater referrals into community pharmacy, supporting public health and prevention, and reducing medicines-related hospital admissions.

Technology

27. COVID-19 has underlined the importance of timely information flows. Whilst there are welcome moves 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. The Topol Review argued that 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.[26] This must be backed by appropriate Government funding.

28. 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.

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[21] www.rpharms.com/about-us/news/details/Pharmacists-suffer-the-mental-health-consequences-of-workplace-pressures

[22] www.rpharms.com/Portals/0/RPS document library/Open access/Mental Health and Wellbeing/Mental Health and Wellbeing Survey 2020_FINAL2.pdf

[23] committees.parliament.uk/writtenevidence/11102/pdf/

[24] committees.parliament.uk/publications/2793/documents/27577/default/

[25] committees.parliament.uk/writtenevidence/4816/pdf/

[26] topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-2019.pdf

Medicines supply

29. We continue to hear about shortages of certain medicines and increased demand on those used to treat people with COVID-19. We have also heard from pharmacists concerned about the potential longer-term impact of the pandemic on medicines manufacturing. The Government has said it is examining how COVID-19 could affect the medicines supply chain.

30. COVID-19 has seen an emphasis on pharmacists being empowered to do the right thing for patients. Regulations need to support professional decision-making and pharmacists should continue to be able to take appropriate steps to minimise the impact of medicine shortages on patient care. The Government is reviewing the effectiveness of Serious Shortage Protocols, which our members tell us are overly burdensome. Medicines legislation should instead be amended to allow pharmacists to use their professional judgement to make minor amendments to prescriptions in the event of a medicine being out of stock.[27]

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[27] www.rpharms.com/recognition/all-our-campaigns/policy-a-z/shortage-policy