

Background

The pandemic-associated surge in community pharmacy occurred some two weeks before other sectors. The network was hit hard and hit early. Overnight the local community pharmacy landscape transformed. Working practices quickly changed, unfamiliar physical adaptations were put in place with an unprecedented spike in workload needing to be managed. Community pharmacists have continued to be the most accessible healthcare professional in primary care with community pharmacy teams putting themselves at risk every day to support their communities.

Putting the Patient First

Over the last six weeks the pressure on the network has been immense. This pressure continues. It is well documented the community has had significantly reduced access to GP practices and so, more than ever before, people are turning to their local pharmacy for advice and support. As a crucial part of primary care, they are still seeing patients every day face-to-face, often in small pharmacies where social distancing is impossible.

Community pharmacy practice has seen a paradigm shift over recent weeks, queues stretch outside pharmacy doors, phone calls have quadrupled, and free deliveries have been introduced to get critical medicines to the most vulnerable, shielded population. Many pharmacy owners and their teams are putting in 14-hour shifts, across 7 days of the week, with a reported 20-30% of staff self-isolating - placing immeasurable strain on an already threadbare workforce.

The non-HSC related side of community pharmacy also collapsed overnight, because of contractors having to put in place measures to support social distancing, limiting, or preventing access to pharmacy retail stock. This space is now utilised to support various aspects of the HSC-related function, such as storing assembled prescriptions in preparation for giving out or delivering to patients with staff previously employed on the retail side now re-deployed to COVID-related roles, such as queue management and premises decontamination.

The operational challenge, *stress and worry involved in keeping community pharmacies open cannot be overemphasised*. Despite these challenges, pharmacies have and will continue to deliver a patient-facing service, safeguarding the continued supply of medicines and advice. This has been difficult with rising medicines prices and increasing levels of shortages exacerbated by public stockpiling and prescriptions often written for three or more months duration.

‘Community pharmacists stepping in’

Community pharmacy has not only managed to maintain its critical dispensing function, with little or no access to GP practices, but pharmacists are also providing a community triage role, for non-COVID-related issues as part of their pandemic support activities.

Community pharmacies have also introduced, in conjunction with DoH (NI) and HSCB, new arrangements to further support patients in the community, these have included:

- A new pandemic **Emergency Supply Service**, which allows pharmacists to use their professional judgement to make a supply of previously prescribed medicines to patients, where prescriptions are not available through their GP practice. This service prevents patient harm through missed medicine doses and supports the **“Stay at Home”** message during this lockdown phase.
- **Enhanced palliative care arrangements**, with extended stock holding across the region and an Easter community pharmacy on-call advisory service. A full palliative care on-call pharmacy service will soon be extended network wide.
- New arrangements with **Nursing Homes**, supporting an extended palliative care stock, with further out of hours call out arrangements planned.
- New oxygen arrangements to nursing homes, providing a back-up to the installation of concentrators for nursing home patients requiring oxygen therapy.
- Support to **GP COVID centres**, where prescriptions for non-COVID stock medicines are required.
- New network-wide Easter enhanced **on-call** arrangements.

Funding

In March, the DoH NI announced a Special Advance Payment Temporary Adjustment – **a total of £35m was loaned to Contractors**. This cash injection, whilst welcomed has gone straight to wholesalers to pay for the medicine bills that have been accumulated. It will be clawed back or managed out of the system after the initial COVID19 response subsidies, which will have potentially devastating effects on the community pharmacy network.

Further intervention by the Health Minister allowed for **£10.5m** of the COVID-related funding package to be released in March and April. It was referred to “*as a start*” to reflect COVID-related pressures in March and April i.e. premises adaptations, increasing overheads, rising staff costs, business continuity and the set up and activity involved in the new Emergency Supply Service (ESS). This funding allowed pharmacy owners to switch from short-term

survival mode to focus on strategies they could employ to allow public-facing services to patients to continue during COVID.

Community pharmacy funding was desperately needed to create a stable baseline pre-COVID and this requirement has not diminished. **We strongly emphasise the need for on-going and recurrent COVID related investment, particularly for increased staff and premises costs that will continue to be incurred in May onwards. This will enable pharmacy teams to be able to continue working at the frontline, maintaining the supply of medicines and advice to patients over the coming months.**

Working towards a 'new norm in service delivery'

COVID 19 will remain with us for the foreseeable future, with a further wave or peak anticipated in the autumn. As we navigate towards finding a new norm in service delivery, we believe with adequate investment community pharmacy can continue to step-up to meet the needs of local communities, particularly with the vacuum caused by limited access to GPs. We firmly believe that an opportunity exists over the next 3-6 months to introduce new community pharmacy patient-facing services which will complement and support existing MDT teams in general practice including:

- **Enhanced Minor Ailments/Pharmacy First Service** including conditions such as: Acne, Acute Backache, Chicken pox, Constipation, Diarrhoea, Dry Skin, Hay Fever, Headache and Migraine, Indigestion and Reflux, Minor injuries/sprains/strains
- **Management of other self-limiting minor ailments which may include antibiotic supply** via Patient Group Directions, or community pharmacy independent prescribers e.g. Urinary Tract Infections, Earache, Impetigo, and minor skin infections
- **Rescue packs** for patients with asthma / COPD (where these have been agreed as part of their management plan)
- **Sexual Health service** including the provision of Emergency Hormonal Contraception
- **Flu immunisation service** (potentially extending to other immunisations including COVID when vaccine available)
- **Blood pressure monitoring**
- **Repeat medicines service**, a seamless service capable of supporting the individual needs of patients on regular medicines, from prescription ordering to medicines delivery.

Looking beyond the acute phase – how we can best support the patient?

All the services previously listed have already been tried and tested in the community pharmacy setting and evidence exists to support their safe introduction. Clearly, any new services can only be delivered within the context of stable funding and available workforce but public demand for these services exists and will increase as we enter the period of winter pressures. Community pharmacy offers a solution to address current gaps in patient-facing care.

Beyond that, community pharmacy is ideally positioned to assume responsibility for the management of repeat medicine dispensing. It is apparent that patients have been disadvantaged during COVID by the inaccessibility to GP surgeries. A paper-based repeat dispensing service has existed in NI for over 15 years. With suitable investment, a modern community pharmacy repeat dispensing service would benefit patients, the Health Service, by utilising the skill-set of community pharmacists in supporting patients and reducing pressures on GP teams.

We are calling for your support to:

- **Reinforce to the Health Minister the need for on-going and recurrent COVID related investment, so that pharmacy teams can continue to work at the frontline, maintaining the supply of medicines and advice to patients over the coming months.**
- **Continue to keep community pharmacy on the political agenda by joining us in a 'zoom' call with local contractors in your constituency, to find out more about how they are responding to the pandemic and supporting local patients.**