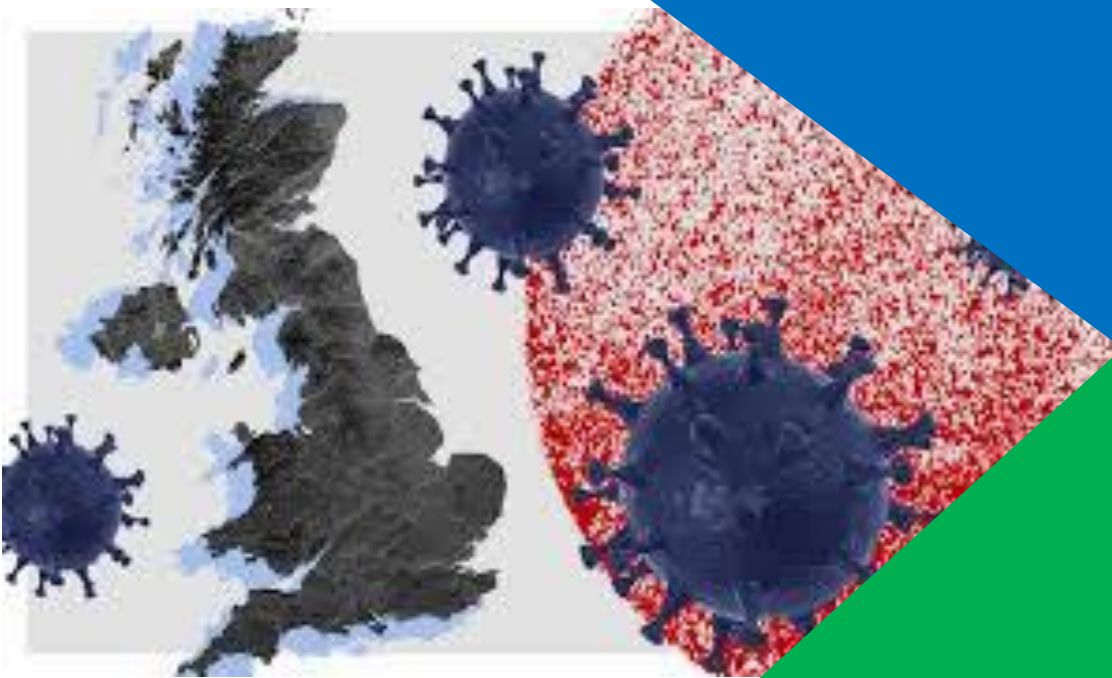


Community Pharmacy COVID 19 Survey



Foreword

The COVID 19 pandemic has had a devastating impact on many communities, families and individuals and our thoughts go out to those who have suffered most. Throughout this crisis the community pharmacy workforce has shown extraordinary strength and resilience under these unprecedented pressures.

At the beginning of 2020, community pharmacy's task was much different. Despite a struggling workforce, severe understaffing and underfunding, we were still tending to around 125,000 patients a day across Northern Ireland. In reality local pharmacists had reached crisis point deciding collectively to take action, with a range of measures being considered.

However, the outbreak of COVID 19 changed everything. People's lives were at risk, and with public health and our patients our paramount concern, community pharmacy drew back from any potential action.

We had to continue delivering our core services, helping and supporting our communities in the safest way possible. New measures had to be introduced into pharmacies, including screens and social distancing. Our working practices changed, literally overnight, and so did much of our lives. Hours increased, services changed, but the commitment of our local pharmacists remained.

Community pharmacists and their teams have proven to be public servants and community heroes. During a period of uncertainty and fear, they have been a steady hand of reassurance, advice, and support for many people, including some of the most vulnerable in our local communities. We are so proud of the work of our pharmacy colleagues who stood firm and resolute when they were called upon.

The role that we have played as the first responders to the virus shows the potential of community pharmacy if properly funded and invested in by the health service. As Northern Ireland moves into the next phase of the pandemic and works to restore our health service, now is the time that the increased role of community pharmacists is prioritised for implementation.

Public health and the safe supply of medicines will always remain paramount to community pharmacists. The pandemic has changed the way we look at public health irrevocably.

We hope this experience, difficult as it has been for all of us, signals a sea change for the future of community pharmacy, with the sector receiving the ongoing investment and appreciation it deserves, reinforcing its value and importance in our communities, across Northern Ireland.



James P. McCaughan
James McCaughan
Chairman CPNI



Gerard F. Greene
Gerard Greene
CEO CPNI

Summary

In early March 2020 community pharmacy was the first healthcare sector to be dramatically impacted by the COVID 19 pandemic. Community pharmacies across the country experienced a huge surge in demand for prescription and over the counter medicines, placing acute strain on pharmacy owners and their teams. With patients having significantly reduced access to GP practices, people increasingly turned to their local pharmacy for advice and support.

The CPNI COVID survey, carried out in May 2020, was completed by 122 respondents, representing 379 pharmacies (71% of network). The survey clearly illustrates the agility and responsiveness of community pharmacy owners and their pharmacy teams, in responding rapidly to the COVID crisis.

While community pharmacists took the decision to maintain patient-facing services, overnight the local community pharmacy landscape transformed. Working practices quickly changed, unfamiliar physical adaptations were put in place with the unprecedented spike in workload needing to be managed. The survey demonstrated 96% of respondents made premises modifications such as introducing screens and partitions to minimise infection risk to both pharmacy teams and patients while maintaining their essential service to local communities. 96% of respondents indicated the physical modifications to their premises are being continuously reviewed according to pandemic risk. A number of pharmacies have already re-modelled their initial adaptations, with others offering two systems, which can be adjusted in accordance with the 'R' number.

The additional COVID workforce pressures placed immeasurable strain on an already threadbare workforce. Against a rising workload demand, the community pharmacy workforce was further depleted, with many members of pharmacy teams self-isolating. This combined with locum shortages, resulted in pharmacy owners and their teams working 14-hour shifts, across 7 days of the week. The survey revealed many pharmacy teams worked on a staggered basis with one team providing patient-facing services during opening hours while another team worked in the evenings to manage repeat prescriptions and MDS workloads.

The non-HSC related side of community pharmacy also collapsed overnight, due to contractors having to put in place measures to support social distancing and infection control, which limited, or prevented access to pharmacy retail stock. Quickly this space was utilised to support various aspects of the HSC-related function, such as storing assembled prescriptions in preparation for giving out or delivering to patients. Additionally, staff previously employed on the retail side were re-deployed to COVID-related roles, such as queue management, hand sanitisation stations and premises decontamination.

Rising medicines prices and increasing levels of shortages exacerbated by public stockpiling and prescriptions often written for three or more months duration resulted in (93%) of respondents stating stock shortages and increased costs being the greatest work-related concern. This was closely followed by the 'impact of a continuing pandemic on staff health and well-being' (92%). Respondents (82%) reported they are 'extremely' or 'very' worried about the impact of the continuing pandemic on themselves, their family and the pharmacy team(s).

Collaborative work between CPNI, HSCB and DoH led to a release of funding towards premises modifications and staff pressures. This funding investment, while not fully addressing the COVID-related expenditure of pharmacy contractors, offered a welcome lifeline to the sector during the pandemic. A delay in pharmacy staff COVID testing and lack of adequate PPE were key areas respondents reported as not being sufficiently supported through the first phase.

Community pharmacy remained on the fringes of central planning for the first number of weeks of the pandemic, and it was categorised as a low risk environment, even though many symptomatic patients presented in pharmacies on a daily basis. Eventually collaborative working resulted in community pharmacy teams being awarded key worker status with access to PPE and COVID testing.



Through the first phase of the pandemic, CPNI COVID email updates were reported as being the main source of information (96%) with over 100 updates being sent to the network in a two-month period. Going forward email (95%) was listed as the most useful form of communication and CPNI will continue to provide email updates to support the pharmacy network.

A number of rapid interventions were needed to sustain the service through the initial phase of the emergency, including the standing down of non-essential services and commissioning of new services to meet emerging population health needs. The Emergency Supply Service, which allows pharmacists to use their professional judgement to make a supply to patients of previously prescribed medicines, was a useful tool to ensure continuity of supply and helping people stay at home. The survey demonstrated various examples on how the service improved patient care.

A number of services which would have benefited patients during the initial pandemic phase have been well articulated within this survey. An Enhanced Minor Ailments/Pharmacy First Service offering advice and support in the management of an expanded range of common conditions is the key service area that respondents believed would be of most benefit to patients (93%). This is also the service most likely deemed to be deliverable with current social distancing measures in place (94%).

Respondents stated, 'lack of resources' (66%) and 'maintaining social distancing' (64%) as being the main barriers to providing pharmacy services. Implementation of pharmacy services may require the regular use of new technologies and digital solutions for patient populations unable to visit the pharmacy. 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.

Despite many challenges, pharmacies continued to deliver a patient-facing service, safeguarding the continued supply of medicines and advice. Overwhelmingly respondents felt they were able to adequately support their patients through the first phase of the pandemic with pharmacy teams going above and beyond their own professional capabilities to ensure patients have been supported. The survey provided examples of pharmacists who didn't have easy access to childcare and made the decision to let their children live with grandparents for a number of weeks to ensure they afforded protection to both their children and parents whilst ensuring they were available for their patients.

Many respondents have been inundated with outpourings of public support and gratitude in recognition of their dedication and professionalism, congratulating them on continuing to protect and promote patient safety while maintaining efficiency and effectiveness of service levels.

There seems little doubt that the threat of COVID 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 normal" in service delivery, community pharmacy must be adequately resourced to allow the sector to continue to step-up to meet the needs of local communities, particularly with the vacuum caused by limited access to GPs.

An opportunity exists over the next few months to introduce quickly new commissioned community pharmacy, patient-facing services to address gaps identified in the first wave, which will complement and support general practice. Community pharmacy offers the health service an ideal solution to address deficiencies in patient-facing care. Pharmacies have the potential to be 'Community Healthcare Hubs' that readily engage (remotely or directly) with isolating patients and the wider patient base.

This survey evidences that those involved in pandemic planning should be aware of the challenges faced and the fortitude demonstrated, by the community pharmacy network, during the first wave of the COVID 19 pandemic. The agility of the network should be noted as a unique strength which can be harnessed and utilised optimally to help combat future threats.

Survey Results

Responses

Named responses = 90	122 Responses
Anonymous responses = 32	

Small Chain & Independent = 212 contracts	= 379 contracts (531) = 71% of network
Multiple = 167 contracts	

LCG Area

B LCG	12%
N LCG	9%
S LCG	8%
SE LCG	7%
W LCG	10%
Multiple LCG areas	54%

What changes have been made to the pharmacy in which you work, during the first phase of the COVID pandemic?

Premises modifications e.g. screens, partitions	96 %
PPE stations	92 %
Restricting access to small numbers of patients	94 %
Queue management	91 %
Prescription collection from GP surgeries	93 %
Prescription delivery	94 %
Other (Please specify)	54 %

Other e.g.

Extra security, additional phone lines, additional delivery drivers and vehicles, additional space in unit above pharmacy, staggered staff hours/split shifts, online/telephone consultations, deep cleaning rotas, reconfigured shop floor/dispensary, staff redeployment, flyers/posters designed, structural changes, hatch built, marquee, extended hours, self-service scanners, additional signage, patient triage, text messaging service, all retail done via telephone, drive – through prescription collection, use of Tannoy/speakers

How have these changes impacted on your interaction with patients?

e.g. Impact on pharmacy service delivery, diagnosing conditions, ability to triage

"...huge increase in triaging demand due mainly to GP closing their doors."

"...delivery went from 10-20 per day to over 150 per day - new drivers employed, costs around mileage and wear and tear."

*"Increased amount of triage/diagnosis/signposting occurring on the telephone. **Drivers now have the most interaction with our shielding/vulnerable/elderly customers - in many cases the driver is the only person the patient has seen that day.** Patients are annoyed that the services (particularly minor ailments and smoking cessation) have been suspended, want to know why this was not publicised so that they could avoid an unnecessary journey and are confused about what to do next as they do not wish to visit the GP (can't provide via ESS as not a regular repeat item) nor pay for the item"*

*“Difficult to maintain a 2-metre distance with all patients as some have difficulty adhering to our guidance. At the same time, **we have patients presenting more with more serious queries with which they would have normally attended the GP.** The perception is very much that the health centres are closed. Patients are fearful and many do not wish to enter the pharmacy; this limits our opportunity to engage and counsel them and there is a loss of opportunity to recommend OTC products. There is also a commercial loss with this.”*

*“**Pharmacy teams have adapted brilliantly** to continue providing accessible and exemplary care to patients. However, patients are more anxious and every patient interaction takes longer. Collection of every script from GP surgeries has been challenging, takes longer and has increased considerable cost to the business.”*

*“**Efficiency of service delivery has been affected.** Only one patient in the pharmacy at a time and in a designated area without full shop access reduces the number of patients able to be served at a time... The extra barrier between patient and pharmacist sometimes makes it difficult to diagnose a condition. Removal of minor ailments service has resulted in delayed treatment for patients who do not wish to purchase treatments. Phones have been very busy which take staff away from other tasks.”*

Do you plan to review these modifications as the COVID pandemic progresses?

Yes	96 %
No	4 %

b) if yes, in what way?

*“I will have to review the Perspex barrier near front of the pharmacy in time, **the main thing is that I and my staff feel safe in their working environment.** I will not remove until we all feel it is safe to do so”*

*“I have already remodelled our proposition twice. We have now added Tannoy systems in 4 pharmacies to aid patient care & distancing. **We have also installed non-contact intercoms to aid patients with hearing difficulties**”*

“Some of our temporary queue management needs to be replaced with more permanent solutions”

*“**These modifications may need to be loosened if the risk drops or tightened if the risk increases again.**”*

*“We need to continually review the changes we’ve made as the pandemic progresses. **Accessibility to pharmacies for patients is important as we try to safely reintroduce other pharmacy services** – both those suspended and new services. For example, we need to consider what further semi-permanent adjustments to fixtures and fittings will need to be introduced given Social Distancing may well be required for the next 18 months.”*

*“I have two mechanisms in place **1) contactless service with hatch in door and canopy outside (High R number)**
2) controlled entry via buzzer system (low R number)”*

*“May have to relax restriction on numbers entering pharmacy. However this will be carefully considered as **maintaining staff and patient safety is still paramount.** However there needs to maintain a satisfactory level of business must also be considered. **Retail and over the counter sales are down and this is starting to cause me concern from a financial viability perspective.**”*

How has your working day changed since the start of the COVID-19 pandemic?

*“Some of my staff now come in at 8am in order to get the previous days prescriptions gathered and checked in order for the delivery driver to start earlier. **We have worked a lot of late nights and some Sundays in order to catch up,** especially with weekly blister packs which are a huge burden right now. All staff are wearing masks and advised to wash / sanitise regularly. We are doing a lot of prescription collection and delivery, which takes a lot of administration which means more staff time required”*

*“Hours of work have extended. Reduced opening hours but longer shift patterns with some larger teams split into two independent teams or cells. This has been done to reduce the risk of transmission of COVID & also to deal with the massive increase in workload due to increasing volume & administration procedures, not to mention telecoms. **All staff are in earlier for temperature checks, PPE fitting & cleaning.** All of our teams our communicating via Microsoft Teams. We have increased our provision of prescriptions collection & delivery services. We have employed additional drivers, dispensers & pharmacists”*

*“Introduced shift working, electronic queue introduced, new phone system, Prescription transmission device for surgery collections... Bought a van for deliveries, **set alarm for hand washing every 30mins, Masks and visors worn at all times”***

“During pandemic my sister pharmacist also and I worked from 8-11pm for 7 days to deal with severe increase in workload after that we worked from 8-8pm for couple of weeks mon-fri as there is a severe shortage of pharmacists to begin with we had no other option. “

*“One shift is Mon, Wed, Fri ...second shift is Tues, Thurs and Sat ...but staying for an extra 2hours after closing to make up weekly boxes. **In first 3weeks of pandemic after lockdown we all worked seven days a week as it was so busy.** Scripts are being collected three times a day from local surgery and every day from four surrounding surgeries. We are delivering to between 20 and 30 elderly patients a day, using two volunteers we know very well. On the days I am not working my shift, I collect scripts from surgeries and help deliver, Sunday is only day off that is when I do my vat and accounts. We now text all our patients when their scripts are ready to avoid them queuing. We close for an hour at lunchtime which is a great help. We clean the shop at lunchtime as well as first thing in the morning. The girls serving customers behind the Perspex shield wear gloves mask and visor and use hand sanitiser after every customer. “*

*“Since Friday 13th March, the day the GPs closed their doors, I’ve worked every day. Initially that included Sundays in the pharmacy to get caught up with the volume of work and prepare for the week ahead. In the first two weeks 12 hours days were the norm. Personally, I felt that I needed to be present as we were dealing with unprecedented numbers of patients, many who very highly anxious. Couldn’t be sure what might happen. Also wanted to be there to reassure staff who were also concerned about their own safety and that of their families. From late February/ early March we had introduced hand gels, vinyl gloves and had provided access to disposable masks. This awareness was driven by one of our full-time pharmacists being in a vulnerable group. They subsequently received a shielding letter at the end of March and have been off since. We have always collected prescriptions from Health Centres but we have never provided a home delivery service. COVID is causing us to rethink this position to manage flow in the pharmacy and maintain social distancing. **Have found the use of social media and technology to be widely adopted by pharmacy colleagues which has provided a valuable and worthwhile support network.** 70- and 80-hour weeks have been the norm.”*

How are you coping professionally with this new way of working?

*“**Without doubt this has been the most challenging period I have experienced in 20 years of practicing.** For most of February and March the volume of prescriptions along with adapting our ways of operating created a tsunami of chaos. At one stage I felt if it were to go on much longer, I was ‘throwing the towel in’. **I was unable to focus, developed anxiety, woke up many nights in a state of stress.** I had to make difficult decisions at a fast pace all the while trying to provide professional service.”*

*“Very stressful ensuring my staff are all safe and they are having to deal with customers that are not always patient with the situation and patients that turn up ignoring the ‘don’t enter if displaying the COVID 19 symptoms’. **We’ve had two staff handing in notice so we’re recruiting in a very difficult time.** Recent PPE masks supplied have been of much less quality than previously supplied which puts staff at risk. The surgeries being closed is such a huge stress on us, the continuous phone queries mean we are under so much pressure. **I feel I have been mentally***

and physically at breaking point with the intensiveness of the situation. Pharmacist shortages even before this event and continual recruitment by the Board as Practice Pharmacists even during this event means every effort we put into recruitment is wasted I therefore have not had a day off since July 2019."

"I believe since we have been submerged in this pandemic we have managed to cope, in my opinion exceptionally well as my pharmacy team have had to adapt to a new way of working which we have never and probably will never experience again in our lifetime. Pharmacy can be a testing environment especially during these unprecedented times. I think I can speak on behalf of all pharmacy staff and colleagues in Ni and UK wide in saying we have all adapted and done an exceptional job for all our communities"

"not coping to be honest...would leave profession tomorrow if I could get out my family are suffering as well with worry of situation"

"Trying our best and stay positive, have good staff but they are tired. ... miss contact with regular patients"

*"Had things continued as per the first 1-2 weeks, branches would have closed as the relentless pressure took its toll on staff. **Staff are very concerned about personal health and safety** - will there be sufficient PPE ongoing given the inability to social distance in the dispensary. Future surges and the spike in the autumn are also a huge concern - how do we plan, what else can we do to protect staff/patients, where will I be able to get staff/pharmacists? Teams are nervous about the future and how pharmacy will change/develop over the coming months/years, everything is an unknown. They are also **concerned about the social impact this is having on shielding/vulnerable patients and the impact on their community's health overall the longer this continues e.g. smoking, alcohol, domestic abuse, mental health.** They believe they could do more with sufficient funding, training and resources in terms of a repeat prescription service, enhanced minor ailments etc which would provide continuity of care and improved outcomes for patients but also reduce pressure on GPs but again workforce/workload is an issue. The ESS has been warmly received by both pharmacists and patients. There is also a concern around security/safety in terms of burglaries/robberies the longer this continues"*

*"**Most patients are so grateful and thankful.** However, a small number are unnecessarily demanding and at times aggressive physically and verbally. In over 30 years, I have had more rude customers in the last 2 months than I had previously in my career; almost all have been without justification or due to the lack of availability of other healthcare professionals"*

*"**Pharmacy is a profession that has demonstrated extreme resilience in the past and has once again done so in light of the pandemic.** Despite many extra pressures, staff have stepped up, made necessary changes to working practices and managed to maintain a safe and efficient delivery of pharmacy services. **I believe we have coped extremely well considering the situation, a true testament to our pharmacy team"***

Do you feel you have been able to adequately support your patients through the first phase of the COVID pandemic?

*"We have worked extra hours in order to meet the demand which was quite a strain on the whole team in order to dispense all prescriptions. The lack of minor ailments and smoking cessation and Pharmacy First services meant we had to turn many people away as we live in a deprived area and they cannot afford to purchase many items - we had to send them to GP - poor service as they have to wait for a script instead of getting it immediately with us in the pharmacy. It is ridiculous the Pharmacy First Scheme was withdrawn as that is what people needed - symptom management for COVID-19 symptoms - this need reinstated immediately along with all P and GSL medicines on minor ailments scheme to reduce pressure on GPs. Many patients are disappointed at this lack of service now not provided at pharmacy. **For future planning - the Pharmacy First scheme needs reinstated for the winter flu season"***

"I think we have done remarkably well under the circumstances. I pay tribute to the dedication of my staff"

“Teams have gone above and beyond within their own professional capabilities to ensure patients have been supported at this time”.

“I feel my team and myself have done very well during this difficult time. A lot of my staff stepped up, went without holidays etc. I feel our patients are getting an excellent service, maybe even some parts better, e.g. delivery, as they were before, but different”.

“I believe we have managed supporting patients under these extreme conditions very well and will continue to do so. We have a small but vital role to play in managing patients’ health so if we can keep this side of things running as routinely as possible, it helps them in other areas of their lives”.

“We have supported our patients to the very best of our ability. We may not have been able to see them as quickly as we normally would but due to working longer hours and by changing our working practices we have been able to see or speak to our patients in a timely and safe manner”.

What has been your main source information throughout the first phase of the COVID pandemic?

Please tick all that apply

CPNI COVID email updates	96%
BSO website e.g. COVID FAQs	66%
Pharmacy colleagues	66%
Social media	52%
Local WhatsApp groups	51%
HSCB postal letters	41%
HSCB secure email	31%
Television	28%
Podcasts	27%
PHA website	11%
Other (Please specify)	6%

Other e.g.

International peer reviewed articles in scientific journals, online newsfeeds, CPNI video updates, HSCB Echo sessions, medics in family, contact with other European Pharmacists, Pharmacy Forum, PSNI,

What form of communication do you find most useful?

Please tick all that apply

Email	95%
Website	46%
Postal	24%
Mobile messaging	21%
Phone call	20%
Other (Please specify)	0

What has been the impact of the first phase of the COVID pandemic on your pharmacy staff?

“They are exhausted but keep going to help their community.”

"Very stressed with the exceptional workload initially, but this has reduced thankfully. Fearful of coming into contact with patients with COVID-19, so had to adopt PPE and scrubs for infection control and new entrance systems to ensure they feel staff. Not sure if they will get their holidays this year due to staff shielding with lung issues etc so the others cover. Resilient team and good self-care, we all look out for each other if anyone has a wobble. So frustrated with ordering systems - T - no system to advise of shorts - so order items, check online, says items are available, gives a delivery date but no stock turns up. Then they have Zero quota items which are ridiculous on top of this.

"Tired, exhausted, almost burnt out, though good self-care of team is easing this."

*"It has taken its toll on pharmacy staff to varying degrees. Some have just ploughed on through whereas others have struggled. The important thing has been to support them as and when necessary on an individual basis. Some have needed more support than others. They have coped admirably with the workload and whilst the majority of patients have reacted with kindness in many forms, be it baking, cards or gifts the small minority of abusive patients are the ones who have left their mark at the end of the day. **The recognition from the wider public and political spectrum for the work that pharmacy teams do every day has however helped with the sense of pride that the teams still retain even in the face of adversity.**"*

*"During the first 3 weeks or so it was extremely tiring for all. **Most staff have coped fine since but a few are extremely worried for themselves and their families at home in case they contract COVID.** These are staff with either very young children or elderly families."*

"Fear for themselves and their families - every time one of our staff has had to isolate and get tested has had a frightening impact on our other staff as they worry what they may have brought home to their own families and the potential repercussions on their loved ones. They have also worked many extra hours under immense pressure to cope with demand."

"When the GPs closed their doors which caused a sudden surge or tsunami of worried people into our pharmacies, they were extremely worried. This eased slightly as we immediately implemented social distancing on Monday 16th March by implementing a queue management system. Our staff started to organise our customers and take control, refusing to allow people to wait for prescriptions. They kept flow moving by being firm yet polite. We provided unlimited access to Vinyl gloves, alcoholic hand gels and masks prior to provision by HSCB. We encouraged regular hand washing and cleaning of surfaces with alcoholic disinfectant wipes. All these measures helped to reassure staff. Our pharmacy team pulled together to get through the initial surge of COVID19 even though they were extremely anxious for themselves and their families. After the initial surge of 50% increase in prescriptions, then #StayAtHome was introduced, the constant pressure of people queuing started to ease off. This allowed our pharmacy team to start to normalise their activities once again. Would say that now very supportive of each other but are still very aware of the risks of working in a community pharmacy. **Would say that during the whole first COVID phase, they were primarily concerned about meeting the needs of their local community. That's why they didn't give up when they were met with a tidal wave of people day after day.**"

In what areas do you feel you and your pharmacy staff have been sufficiently supported in the pharmacy to deal with COVID pandemic? e.g. Health Service organisations, professional pharmacy bodies, other healthcare professionals, COVID related sources of information, PPE supply, staff testing, personal health concerns.

*"CPNI provide us with regular updates and gave us high quality PPE. Local CPNI reps are always available if we need them. **Increase in Dept funding has helped, however, they are going to claw it back, which means it's difficult to know how much I can invest in staff or premise changes"***

"The best support was from professional colleagues who grouped together and shared best practice for immediate implementation"

"CPNI regular emails and via local contractor WhatsApp group. Dedicated phone lines into surgeries (once they were eventually set up.)"

*"The regular emails from CPNI & HSCB have been helpful. The very positive messages of gratitude & support from everyone including Robin Swann, Gerard Green, Joe Brogan, Cathy Harrison, Boris Johnston & the public have made a big difference. **It has been heartening the way CPNI & HSCB have been collaborating.** Regular PPE supply has been good"*

"CPNI have been very supportive throughout, lobbying for funding to help protect our teams and providing expert guidance throughout the pandemic".

*"I feel CPNI have definitely provided us with invaluable support and resources. Health service organisations were very slow to give us any guidance or advice or PPE but have definitely caught up now. We spent a lot securing our own in the first few weeks. **The cash flow situation has obviously been alleviated with the special advance, although I have never seen bills as high as March's, and I am concerned as to how quickly they will look for the advance back**".*

*"Every Pharmacy organisation was doing its utmost to support the delivery of pharmaceutical services to patients. Whilst there were difficulties, the key partners of DOH, HSCB and CPNI worked collaboratively together to support community pharmacy services. Very often we were all playing catch up with events. Grateful for the support that we received during this initial phase. **Hopeful that this partnership working forged in the most difficult of circumstances will translate to a modern, funded community pharmacy contract.**"*

"COVID testing for staff was of benefit as it helped to speed up getting staff back to work but also reassure the rest of the team that the working environment was unaffected by COVID. CPNI podcasts and emails have been very beneficial in outlining the challenges faced and what plans are in place to face them"

Similarly, in what areas do you feel that you have NOT been sufficiently supported?

*"Inadequate PPE now being supplied. **Late response and ease of access to testing**".*

"In the early days with PPE, testing, support from our colleagues in primary care. I think more could have been done to release federation pharmacy colleagues to assist in CP"

*"I think the demand to collect all prescriptions is unacceptable. **We had to buy a second delivery van to satisfy demand for collection and delivery.**"*

"We made all the decisions ourselves long before anyone involved in decision making kicked into action weeks later - not good enough!"

*"Support from GP practices in the initial panic. Patients found it very difficult to contact surgeries and I don't believe enough was done by surgeries to manage increased demand. For the most part they just passed patients on to the pharmacy to deal with. **Patient expectations were putting huge pressure on pharmacy workload**"*

*"Delivery is the main change and cost pressure. Increased delivery staffing and changed workflow. Not sure how to reverse back out of it, **also using volunteers but not sure how long good will and help will last**"*

"Patients expectations that they are entitled to a delivery service due to shielding etc has been hard to manage and we are currently facing huge numbers of requests and demands. I don't think this level of service will be sustainable without adequate funding for extra delivery staff, vehicle costs, petrol etc".

"Funding. Whilst there have been some new monies injected into the system the level of underfunding over a number of years has left some businesses struggling to cope. With margin having dropped substantially there is an ongoing worry over longer term income. Although workload increased in the early weeks and prescription numbers were significantly higher this simply brought forward workload rather than creating an overall increase and this could have significant knock on effects over the coming months".

"The staff testing scenario for the first number of weeks was very unsatisfactory. It was nearly impossible to get a test. More joined up thinking needed there. The fact other healthcare sector workers closed their doors put a major onus on us".

"Testing to see if we've been exposed must be done asap. Some of us are sure we have been exposed. The latest parcel of PPE is woefully short and will last our team about a week, not the month as is anticipated"

"Initially PPE and standing up to GP closure and oversupply of prescription amounts"

*"Should really have secure email to **electronically transfer prescriptions** e.g. like 'Health-mail' in ROI"*

"The DOH cash advance is helping with our over-stretched cash flow at the moment, but I know when this is taken back, it will leave us in an even worse financial position than we were in before this all started, due to the compounded effect of years of underfunding. I think the DOH need to leave the cash advance amounts in the system".

*"No support from HSCB or DoH in the first few weeks when chaos reigned. Primary care was collapsing and community pharmacy was out there holding it together. Incurring costs spending money that it didn't have to maintain medicine supply to patients above all else. There is lack of funding and clarity on funding. The advance cannot really of benefit even as a loan if we do not know when, how and how much has to be repaid. **As you are forced to spend the advance to cover costs the stress of knowing you will struggle to repay becomes greater as time goes on".***

What impact has the new Emergency Supply during a Pandemic Service had on your ability to support patients?

"It has had a positive impact on supporting our patients through this difficult time as frequently they have struggled to be able to communicate ordering their prescriptions from go surgeries due to the high volume they are trying to manage."

*"**It has been a godsend, truly the single greatest innovation that we have gained.** The most important aspect is that it removes health inequalities in the supply of chronic medications. Excellent and needs to be built upon moving forward into post pandemic regulatory framework"*

*"**It has allowed us to help patients that would have otherwise gone without.** Prescriptions regularly are missing one of a patient's repeat medicines and the patient would have to make multiple visits and go without medication without the service."*

"We have used a number of times only in each pharmacy and on the occasions noted it has helped patients. We have been aware of some of the criticism from PBP on use of the services which has been disconcerting for our pharmacists"

"We have only utilised the service a few times but it has been essential for continuity of care on each occasion. Positive effect although we have had a number of conversations with pharmacists who are unwilling to offer this because of robust intervention from practice-based pharmacists"

"A lot of confusion between GP knowledge of the scheme & patients presenting for requests sent from GPs for things we cannot provide."

"Excellent new service which would have been invaluable in the first two-week surge. Finding it particularly invaluable at the weekends but also during the week when situations unexpectedly arise."

Do you have any specific examples on how this service has improved patient care?

"In one case we went to a GP surgery 5 times to collect a prescription for insulin and still didn't get it (we are not allowed to ask for specific prescriptions). We were able to write a prescription for the patient's insulin and supply on a Friday as they would run out that evening."

"One patient arrived on Monday this week to say they had tried 34 times!!! to order their repeat medication since the Thurs before. I was able to supply 3 of the 4 but not the fourth as it was a sch4 part1 med but the patient was very grateful to get the 3 medications. she was very anxious and angry when coming in but left very relieved and calm due to our input"

"Patients who would have had no meds for a bank holiday weekend when we didn't receive their script only for the service. Our only other option would have been to access OOH."

"A patient had run out of their anti-depressants and was in a very tearful way as their script had not come back and it was a Friday night I was able to sort this and the patient went away with their medication and did not need to attend out of hours"

"Continuity of supply and helping people to stay at home. Elderly gentleman who ran out of his Humalog Kwipen on VE Day bank holiday. His wife had died the previous week in a nursing home with COVID. Obviously preoccupied. He didn't need the hassle of ringing Daldoc for a prescription, or the anxiety of being out of his medication over a long weekend. Definitely person centred, and in this case, a humane service."

"88YR old lady extremely anxious over bank holiday had ordered bisoprolol and Eliquis the Monday before. It was deemed too early by GP. She forgot to reorder then GP was closed so emergency supply done and delivered by pharmacist on way home. Lady was crying and very distressed."

What are your greatest work-related concerns right now or for the future as a result of the COVID pandemic?

Please tick all that apply

Stock shortages/increased costs	93%
Impact of a continuing pandemic on staff health and wellbeing	92%
Funding	89%
Workload	88%
Staff shortages	83%
Impact of a continuing pandemic on personal health and wellbeing	83%
Impact on pharmacy services	82%
Ability to cope with a further potential COVID spike in the autumn	78%
Non-HSC sale decline	77%
Lack of patient interaction	76%
Pre-reg placement	56%
Potential long-term closure of the pharmacy	30%
Other (Please specify)	7%

Other e.g.

Delivery service if we lose volunteers, retail stock going out of date, cancelling holidays, lack of pharmacists registering in July, GPs remaining closed for foreseeable, PNA - Longer term worry and inevitable squeeze on pharmacy finance over the next several years, recognition of the profession by public/HSC/DH

As we move to the next phase of the COVID pandemic, which additional community pharmacy services do you believe would be most beneficial to your patients?

Please tick all that apply

Enhanced Minor Ailments/Pharmacy First	93%
PGDs e.g. Acute conditions service (may include antibiotics)	90%
Repeat dispensing service (redesigned)	88%
Smoking cessation (potentially remote)	72%
Enhanced respiratory service	71%
Flu immunisation service	71%
Commissioned collection and delivery service	69%
Sexual health service (e.g. EHC supply)	64%
Patient triage (remote/virtual consultations)	56%
Blood pressure monitoring	56%
COVID surveillance (symptoms/testing)	51%
Alcohol MOT service	44%
Other (Please specify)	22%

Other e.g.

Discharge service, Nursing Home Service, Cholesterol testing, Minor Injuries/First aid, Adherence/MDS service, ETP service, Warfarin/INR clinic, Mental Health service (wellbeing/ mindfulness), Text message service – Supporting Vulnerable

With appropriate training and funding, which of these services would you be able to deliver now, assuming current social distancing rules remain in place?

Please tick all that apply

Enhanced Minor Ailments/Pharmacy First	94%
Repeat dispensing service (redesigned)	94%
Commissioned collection and delivery service	93%
PGDs e.g. Acute conditions service (may include antibiotics)	90%
Smoking cessation (potentially remote)	83%
Enhanced respiratory service	79%
Sexual health service (e.g. EHC supply)	77%
Flu immunisation service	72%
Blood pressure monitoring	68%
Patient triage (remote/virtual consultations)	67%
Alcohol MOT service	52%
COVID surveillance (symptoms/testing)	49%
Other (Please specify)	(22%)
As above	

c) If you would be unable to provide any of these services, what are the barriers?

Please tick all that apply

Lack of resources	66%
Maintaining social distancing in the pharmacy	64%
Workforce availability	64%
COVID-related premises adaptations	51%
Access to PPE	50%
Access to consultation area	49%
Access to remote/video/phone consultation	30%
Other (Please specify)	22%

Other e.g.

Risk Assessment - Staff Risk, time pressures

Please share your views on how you believe the pharmacy profession can be of added value to the health service, as we move to the next stage of COVID pandemic?

“We have the skills, ability and knowledge to support our community locally.”

“We can support our local surgeries and A&E by being first point of contact for everyone with health concerns”

“Instant access to NHS services. Instant access to primary care - i.e. easier to access than GP. Delivery of Public Health message. Pharmacies can be 'Community Healthcare Hubs' that readily engage (remotely or directly) with isolating patients and the wider patient base”.

“Moving forward the health service will become leaner as it embraces technological advancement thrust upon it by COVID. CP needs to position itself as the accessible bricks & mortar outpost of primary care while also embracing IT advancements as we develop proactive rather than reactive health strategy. I think we need to position ourselves strongly on diagnostic, immunisation & testing. Let's get trained up now so that we can offer these skills as part of a commissioned service now & moving forward.”

“Interactions with isolated patients (elderly/disabled patients living alone) through deliveries and phone consultations. Management of repeat medication and gradual introduction of enhanced minor ailment services.”

“A commissioned delivery service allows those most vulnerable and shielding to avoid unnecessary journeys therefore protecting them from infection. Provision of MDS allows many otherwise vulnerable/elderly individuals to stay in their own home maintaining their independence and preventing the need to stay in Nursing/Residential care and/or increased hospitalisation which all has significant costs attached. Reduced pressure on GPs if a repeat prescription service, intervention service etc was available, providing improved continuity of care for the patient, enhanced minor ailments scheme, PGDs available. These would all be cost and time saving additions to the health service. Pharmacists should be allowed to become supplementary prescribers as a matter of urgency (independent further down the line) which again would free up GP time and reduce costs to the health service.”

“I fully believe that pharmacies should be offering PGD services for EHC and Flu vaccines. Not only would this alleviate pressure on GPs, but also increase options for patients and so contribute towards social distancing”

“Pharmacy to take control of repeat meds - ensuring management of medicines in short supply - freeing up GPs, their receptionists and phone lines for more urgent needs. It would also be more efficient for pharmacy rather than losing staff multiple times a day to collect scripts”.

“Pharmacy is the open door of the health service. We didn’t close we adapted very quickly as a profession, much faster than others. We didn’t wait to be given solutions we sorted solutions ourselves. Pharmacy should be given control to manage patient repeat medications - this would have greatly improved patient care and reduced the chaos that ensued with some GP practice closing doors, especially without a plan in place of how to manage and liaise with ourselves”.

“Integration and access to patient care records. Continuation of emergency supply prescribing. Extension of minor ailments service”

“We are an integral part of our communities and our pharmacy teams are a valuable community asset with local knowledge and expertise. We’ve demonstrated our adaptability and resilience in the most challenging conditions. As we move beyond the COVID surge and towards a new norm of service delivery, we bring a valuable skillset as a network. There is the potential to work collaboratively with the MDTs within primary care networks focusing on the population health needs of an ICP/Federation area and the SDOH which will have been exacerbated by the economic fallout from the COVID 19 pandemic. Service delivery and development should complement and support MDTs. We should be part of the provider partnerships being developed in the Integrated Prototype.

How worried are you about the impact of the continuing COVID pandemic on you personally/ your family / your pharmacy team(s)?

Extremely worried	22%
Very worried	60%
Quite worried	18%
Not worried	0%

Additional comments

“my boy is suffering from severe stress due to me being at work he’s lost 1 stone weight not eating, my husband doesn’t want me to go to work but we need income so I have to”

“Regarding COVID itself, I worry more for my family and my Pharmacy team. *Personally speaking, I would place funding worries for my pharmacy far and above the worry of COVID itself! It should be remembered that earlier in the year, contractors had voted overwhelmingly to take some form of industrial action. Since that, pharmacy has reacted bravely and selflessly to the COVID pandemic.* Pharmacy must be funded adequately. Should there be an ongoing COVID situation or a multiple outbreak waves, pharmacy needs funding to ensure the network is willing and able to support the NHS ongoing - like it has done in recent months. My personal view is if funding is not addressed, I would worry that there would not be the same ability - or desire, to rise to another COVID challenge”.

“We have survived the first phase and are a resilient profession who do what needs done when we are needed”.

“We need to remember pharmacy teams are not immune from this virus, improved terms and conditions in line with the rest of the health service would help attract and retain pharmacists, technicians etc into the profession. *Mental health and resilience are major concerns ongoing and we would hope the professional bodies would address this”.*

“If two of my staff were to get sick, I would find it difficult to keep the pharmacy functioning properly. Personally, I am at high risk and would likely spread the virus to my family”

“We are all at risk on a daily basis. The pressure, physical and emotional, of the last several weeks has been huge. There is no end in sight.”

“The idea of something happening to one of my staff, their families or the idea that I may bring the virus home to my own young family & possibly lose one of them is terrifying. I don't know how you would ever get over it”.

“I have concerns about bringing the virus home to my family. I have to plan my day in such a way that I have to continue working in the pharmacy until my working day is finished; once home and changed and showered, there is no return; this in effect, leads to a much longer working day”.

“Takes over your life. Wake up during night planning what needs to be ordered and staff problems”

Please outline any positive patient feedback/stories you would like to share.

“Currently fundraising for local charities as they have provided us with support throughout this time”

“Amount of ‘thank you’s we are receiving, too many to count -Facebook/cards/cakes”

*“We have received lots of thank you cards from patients acknowledging the work we have continued to do in such hard-working conditions. **Many patients have commented that we have been their only source of contact that day”.***

*“We’ve had numerous examples of positive patient feedback/stories. Lots of kind messages and gifts for our pharmacy teams. **Pharmacists who didn’t have easy access to childcare and made the decision to let their children live with grandparents for a number of weeks to ensure they afforded protection to both their children and parents whilst ensuring they were available for their patients”.***

*“Copious cards, gifts and treats for staff. all patients have congratulated us on the mechanisms we have employed to provide patient safety yet maintain efficiency and effectiveness of service levels. **MPs thanked us on social media”.***

“We have been inundated with gifts, treats, crocheted pharmacy bears and meals from local restaurants as well as much positive feedback on social media. Patients who have been unable to see their GP have been referred to hospital directly or we have diagnosed and successfully treated many minor ailments or made phone calls to GPs to recommend treatment only available on prescription”.

“One patient who is shielding herself and lives with her elderly mother wrote to me saying how she doesn’t know how she would have coped without us”.

“Cakes, buns, biscuits, sweets...just to say thank you. They keep coming... We’ve had a teddy bear knitted by a customer with a green rainbow on its jumper which has pride of place on our counter. We’ve had a video ‘Liked and Shared’ to 8.5 k of our local community asking them to support our queue management system. We’ve had people just saying thank you and ‘stay safe’.....genuinely grateful for the service that we provide”.

Any additional comments/concerns in relation to the COVID-19 pandemic?

“I’m concerned about the impact of isolation on the emotional wellbeing of the public. We need to strike the right balance between protecting the vulnerable and allowing people to live happy, healthy lives”.

“I have concerns with regard to how long this journey could be and the lack of a surefooted strategy to overcome this pandemic. I’m particularly concerned about a second spike occurring in the already pressurised winter season”.

“Luckily, none of my staff became ill. It would have been very difficult to cope especially with the increased workload if I had staff shortages”.

“We need a clear plan for the future urgently so we can all plan - we can no longer be reactive - we need to be proactive”.

“Pharmacy needs to be recognised with fair and sustainable funding for keeping their doors open and standing strong as the first point of contact for healthcare in their communities”.

“Some certainty around funding going forward would allow us the freedom to better prepare. We had invested heavily through bank loans in our premises, installing robots etc. I don’t believe if we had not have done this, we would have been able to cope with the increased demand in volume. **Investment in the infrastructure of community pharmacy is sorely needed, we are years behind, and unless you are willing and able to encumber both your business and yourself personally with large amounts of debt, you can’t move your practice forward to improve patient care”.**

CPNI would like to take this opportunity to repeat our sincere thanks to the community pharmacy teams in their continued efforts in the response to the COVID pandemic. This survey marks an unprecedented and historic time in all our lives, together and individually.

Thank you and stay safe.