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Ymchwiliad i effaith Covid-19, a'r modd y mae'n cael ei reoli, ar iechyd a gofal cymdeithasol yng Nghymru
Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales
Ymateb gan Fferylliaeth Gymunedol Cymru
Response from Community Pharmacy Wales



Community Pharmacy Wales response to the Health, Social Care and Sport Committee Inquiry into

The impact of the Covid-19 outbreak, and its management, on health and social care in Wales

Date January 2021

Contact Details
Russell Goodway
Chief Executive
Community Pharmacy Wales
3rd Floor, Caspian Point 2
Caspian Way
CARDIFF, CF10 4DQ

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Part 1: Introduction

Community Pharmacy Wales (CPW) represents community pharmacy on NHS matters and seeks to ensure that the best possible services, provided by pharmacy contractors in Wales, are available through NHS Wales. It is the body recognised by the Welsh Assembly Government in accordance with *Sections 83 and 85 National Health Service (Wales) Act 2006* as 'representative of persons providing pharmaceutical services'.

Community Pharmacy Wales is the only organisation that represents every community pharmacy in Wales. It works with Government and its agencies, such as local Health Boards, to protect and develop high quality community pharmacy based NHS services and to shape the community pharmacy contract and its associated regulations, in order to achieve the highest standards of public health and the best possible patient outcomes. CPW represents all 713 community pharmacies in Wales. Pharmacies are located in high streets, town centres and villages across Wales as well as in the major metropolitan centres and edge of town retail parks.

In addition to the dispensing of prescriptions, Welsh community pharmacies provide a broad range of patient services on behalf of NHS Wales. These face-to-face NHS Wales services, available from qualified pharmacists 6 and sometimes 7 days a week, include Emergency Contraception, Discharge Medicines Reviews, Smoking Cessation, Influenza Vaccination, Palliative Care Medicines Supply, Emergency Supply, Substance Misuse and the Common Ailments services.

The normal functioning of the community pharmacy network in Wales has been significantly disrupted by the Covid-19 outbreak and as more and more GP practices moved to working behind closed doors the network found itself very much on the frontline of the primary care response to the outbreak. Now that we are eleven months into the outbreak, it is an opportune time to take stock and to reflect on our response to date ahead of a more formal review when the outbreak has passed.

CPW is therefore pleased to have the opportunity to respond further to this important inquiry.

Part 2: The impact of the Covid-19 outbreak in Wales – recap on the early months of the outbreak

When we last gave evidence to the Committee on the impact of Covid-19 in May 2020, we grouped our evidence around the three themes below:

1. The adaptation of the network: As the public became alert to the potential of a lock down panic set in, with patients, whose health is dependent on a regular supply of prescribed medicines, understandably seeking to secure their future supply of medicines. There was a sudden and dramatic increase in requests to GP practices for repeat medication and in patients visiting their local pharmacy to obtain common medicines such as paracetamol and ibuprofen together with antibacterial products. There was a significant increase in prescription numbers, putting pharmacy teams and the medicines supply team under significant pressure.

The inadequacies in the current repeat prescribing arrangements were cruelly exposed and resulted in unnecessary pressure on both prescribers and dispensers. The lockdown period resulted in many more people self-isolating and despite messages to encourage patients to ask family members and friends to collect their medicines for them, the demand for medicines to be delivered was exponential with a trebling of workload.

Contractual requirements were overhauled so that the pharmacy network was able to focus on the priority activities of medicines supply, health and advice and the management of common ailments. This allowed the pharmacy network to focus on medicines supply and during this period community pharmacies were the only primary care contractors to keep their doors open.

2. Protection of patients and the members of the pharmacy team: As the aggressive nature of the virus became clear, community pharmacy teams quickly established infection control processes. Despite pulling out all the stops, members of the pharmacy teams often felt extremely unsafe and often had to own source their PPE. There were also issues around accessing tests.

3. The financial impact on the network: The outbreak took a financial toll on the network with the almost complete loss of non-healthcare sales income while at the same time we had to invest in safe distancing reducing efficiency; additional security; additional staff hours to meet increased workload; vastly increased medicines delivery; and advice and support on self-care. Since all of these elements bore additional cost we made good on a Welsh Government pledge to provide additional funding for the extra costs incurred by the network.

On 23rd December 2020, the Board of CPW accepted the offer of £5m from the Welsh Government towards covering our additional costs. In doing so we noted

that this will meet less than half of the costs actually and necessarily incurred by contractors to meet the challenges arising from Covid-19 in the first wave. The letter from CPW to Welsh Government accepting the offer is contained in an **Annex** to this submission.

Part 3: The impact of the Covid-19 outbreak in Wales – Summer to end 2020

During the remainder of 2020 the demands on the community pharmacy network continued with little respite. We have grouped the main activities together under a series of headings below.

1. Flu vaccination: A central focus was on delivering flu vaccinations before and during the second wave of Covid 19, fully aware that the challenges during the autumn and winter might be even more acute than the first wave. 595 of 713 community pharmacies took part in the flu vaccination programme, which of course was more extensive than ever before since the cohort was expanded and from December flu vaccination was offered to individuals aged 50 to 65 years.

Here are the most up to date figures for the way in which community pharmacy performed:

	19/20	20/21
Sept	1652	16464
Oct	38914	45687
Nov	16225	11475
Dec	4965	14615
Jan	1405	
Feb	442	
Mar	491	
TOTAL	64094	88241

We believe this 37.7% increase on the flu vaccination delivery in 2019/20 through community pharmacy is a remarkable increase. We would also argue it could have been even more – maybe two or three times as high as November 2020 - if there hadn't been such a delay getting the Welsh Government vaccine into pharmacies as most pharmacies had run out of vaccine by the second week of November and some by the end of October. This delay may well have dissuaded many people in the 50-65 age brackets from having their vaccine if they were unable to access it.

2. Advice Services: Community Pharmacy Wales agreed in August 2020 to commission an audit designed to capture information regarding the range of unremunerated advice that pharmacies are giving to patients and local communities. The purpose of the audit was to help CPW assess the extent of these informal consultations as well as their impact on the patient and wider health care system. In total, over five hundred community pharmacies responded to the audit.

The key findings of the audit of pharmacy advice were:

- On average, each pharmacy recorded an average of 15.5 consultations per day. When extrapolated upward across all Welsh community pharmacies, this leads to over 11,000 advice consultations occur per day.
- These consultations included responding to symptoms (59%), advice relating to a known medical condition (19%) along with other types of intervention.
- Each consultation took on average 6.4 minutes with 16% combining both the pharmacist and a non-pharmacist. The average length of time a pharmacist spent with the patient was 6.1 minutes and for a non-pharmacist, 3.9 minutes. This means the average pharmacy spends 99 minutes per day in consultations with patient.
- Of these consultations, 14% were onward referred to the GP practice, however had the pharmacy not been there, 53.2% (5,308) of patients reported that they would have visited their GP practice in the first instance. This would have resulted in an additional 35,300 surgery consultations per week or, and additional 86 appointments in each of the 410 Welsh GP practices per week. A further 3.1% would have visited A&E or Minor Injuries resulting in an increase of 2,000 appointments per week.

Over eleven thousand advice sessions per day is a huge amount of engagement and equates to saving over thirty-five thousand GP appointments and two thousand A&E appointments. This demonstrates without question the huge value that community pharmacies possess in relieving stress on other parts of NHS Wales.

3. December pressures: With the announcement of a new lockdown for Wales at the end of December, in the middle of the busiest two weeks of the year for community pharmacies, the network once again experienced a significant rise in demand for our services. We took urgent steps to communicate with the public in a Christmas appeal for them to be patient and responsible and to remember that medicines will continue to be available and they can wait till their due date to collect them.

Part 4: The impact of the Covid-19 outbreak in Wales – Vaccination

The focus of the community pharmacy network is currently on being actively involved in the roll out of the Covid-19 vaccine in Wales. On 14 January 2021 we issued an Action List as a public statement, the contents of which mirrored a letter sent to the Minister and were based on a 'four approach' call.

1. A NATIONAL APPROACH: We welcome the fact that a Patient Group Direction (PGD) applying in exactly the same way to every Local Health Board has been developed for the first time alongside a National Protocol. Taken together, these documents standardise service across every LHB. A service specification, the Primary Care Covid-19 Immunisation Service (PCCIS), has been developed for use by primary care contractors in Wales including community pharmacists. This allows significant freedom at Local Health Board level in the design and commissioning of services. Community Pharmacy Wales would prefer a single national plan for Wales for Covid-19 vaccination in primary care accompanied by a single national booking service. This would avoid the potential of different commissioning arrangements and lessen variability in vaccine rates.

2. A MAXIMUM COMMISSIONING APPROACH: Community pharmacies need to be involved at scale in providing the vaccine. To date (as of 14 January), only Hywel Dda LHB has even asked for expressions of interest from community pharmacists in participating in the PCCIS and even there those contractors who have expressed an interest have still not been commissioned. Everything needs to be sped up. At a minimum, all community pharmacies who currently deliver flu vaccine should be immediately invited to participate and absolutely no community pharmacy that expresses an interest should be turned down. There also needs to be confirmed extended opening hours and a clearer indication on supply volumes for all community pharmacies to meet as much demand as possible. There are around 600 pharmacies currently accredited to deliver flu vaccinations and if all these were doing, for example, just 10 Covid-19 vaccinations a day then it would equate to more than 6000 additional vaccines per day being delivered in a convenient and accessible setting.

3. A WHOLE TEAM APPROACH: There needs to be trust in the whole community pharmacy team to deliver to their fullest possible capability. To utilise the full team approach, CPW would like to see the National Protocol offered to all community pharmacies alongside the PGD service so as to include qualified pharmacy technicians and pre-registration pharmacists, provided they have completed the necessary online accreditation. They are skilled and professional members of the community pharmacy team and could double or treble the amount of vaccinations possible in a community pharmacy setting. Similarly, pharmacy support staff can also play their part to support the administrative process. Access to the Welsh Immunisation System (WIS) should not be confined just to community pharmacists but should be opened up



to other members of the pharmacy team, so that support staff can do the necessary administration in a single portal entry rather than tying up valuable community pharmacist time or duplicating efforts, as well as other vaccinators recording their own vaccinations.

4. A FULL PRIORITISATION APPROACH: While recognising this vaccination programme will be complex and challenging, Community pharmacists are ready to be utilised in maximising their role in vaccine delivery with urgency and determination to as many of the categories of people to be vaccinated as possible. We want to prioritise Covid-19 vaccine delivery in our daily work and play as full a role as possible in rolling out of the vaccination programme as quickly, broadly and safely as possible be it through on-site provision in community pharmacies, a trickle approach or a larger clinic approach. All options should be included to allow community pharmacy contractors to choose the right option to meet both the needs of their business and support the health of their local population.

Further to this Action List, every LHB in Wales has now finally issued a letter for expressions of interest in becoming part of the Covid-19 programme, with Swansea Bay issuing an EoI as late as 20th January. They also used their own form, as did BCU, instead of the standard EoI form used in the other five other LHBs. SBUHB are also asking contractors to have oxygen for resuscitation available (nobody else has asked for this) and this issue has been raised with the LHB.

Another important development was the pilot was carried out in Llanbedrog, Gwynedd from 14 to 16 January 2021. The outcomes of this pilot were:

- 115 vaccinations were carried out over the three days, the majority of these were provided in the pharmacy but some were delivered in care homes.
- During the pilot all access to WIS was pharmacist only which slowed the process down, support staff would require specific log-on codes to access.
- WIS was straightforward to use.
- Appointments – during the pilot the pharmacy had to book patients in themselves (using lists provided by GP practices), ideally appointment booking should be available centrally supported by LHB.
- Trialled both a 2 pharmacist model and single pharmacist model – both were achievable (and other services also provided).
- Potential to vaccinate 1 patient/ 5 minutes – if support staff able to do the admin functionality on WIS. In pilot was approximately 10-15 minutes per patient for the pharmacist to do it all (N.B. elderly cohort so extra time needed).

- Off site provision – access to WIS off-site using mobile phone as a hot-spot for laptop worked well, no issues.
- Need for a reserve list for additional doses in vials/ DNAs.
- Following the pilot a further supply of 10 vials have been provided and the three other pharmacies owned by the contractor have been commissioned (but only 10 vials between them).

Further to the pilot, 4 community pharmacies run by the contractor in the pilot have been commissioned to deliver a service in North West Wales, and the experience there has shown very positive feedback from elderly patients who were appreciative of a more localised service which enabled them to reduce travel distances.

The ongoing use of WIS also reinforced the need for community pharmacy teams to have fullest possible access to the system. Practical use of the system also repeatedly highlights the inadequacies of the system of booking in vaccine appointments. We fear that the continued use of a WIS system which is only partly accessible to community pharmacists and which does not utilise a national booking system will result in confusion, duplication, repeat appointments and wasted vaccine as the vaccine programme is expanded to include more providers. The way in which WIS is being utilised is a ticking time bomb for the whole vaccine programme.

At the time of this submission, we would contend that all four points in our Action List remain live, and their content is supported by the results of the subsequent pilot. It is important to remember that apart from the example above, no other community pharmacy anywhere in Wales has been begun delivering the service. Across all LHBs there have been updates which have been light on detail with little clear confirmation numbers or timescales said to be dependent on supply. We have noted that in some LHBs there seems to be unfair professional resistance to the use of community pharmacies in Covid-19 vaccine provision.

Group 6 Onwards: As the phased roll out of Covid-19 vaccination continues, we believe that community pharmacies can play a key role from Group 6 onwards. That is not to say we cannot help earlier, but we think this once we reach the working population (Group 6 and below) we are well placed to play a key role in vaccinating as many people as possible. Since there is still some weeks before we reach Group 6, there is plenty of time for LHBs to plan to utilise us to the maximum degree at that point. However, we would urge LHBs to start that process now, including commissioning and the planning of the distribution of vaccine. Again, unless this is done with urgency and pace, then this transition phase to a wider cohort at Group 6 is another ticking time bomb in the vaccine programme.

Mass Vaccination Centres: We would also like to place on record an additional concern. Many responses by Welsh Government ministers, including the First Minister, to questions on community pharmacy involvement have included reference to Mass Vaccination Centres. While MVCs are undoubtedly a key part of the roll-out they are not necessarily the best place for community pharmacists since if a community pharmacy is without a qualified pharmacist it cannot dispense. The last thing anyone would want is that a community pharmacy network that has continued to open and operate for the last ten months is brought to a standstill by diverting the pharmacists to MVCs. Their skills are generally better deployed in the community pharmacy setting, with perhaps some locum pharmacists despatched to the MVCs.

Part 5: The impact of the Covid-19 outbreak in Wales – The Future

CPW is determined to learn from that experience and to ensure that it should influence the priorities of the sector, which we trust, will translate into the policy framework of the Welsh Government formed following the 2021 Welsh Parliament elections.

THE COMMUNITY PHARMACY CONTRACTUAL FRAMEWORK: The existing Community Pharmacy Contractual Framework was agreed almost two decades ago. CPW is currently working with Welsh Government to agree a substantially revised NHS contractual framework that will see the first major contractual change since that time placing much more emphasis on the clinical role that pharmacies provide.

The Covid-19 outbreak has really driven home the importance of the efficient supply of medicines in the community and has demonstrated the real advantage of the Welsh Government's strategy of ensuring that there is a local pharmacy in every community across Wales. To enable the new CPCF to function, we wish to see an expanded suite of universal national community pharmacy-based services, available from every community pharmacy in Wales with consistent service specifications. Embracing a standardisation of services result in consistent Wales-wide commissioning of community pharmacy services, improving quality and eliminating local differences.

INDEPENDENT PRESCRIBING: These reforms must also be matched by an expansion in the number of Independent Prescribers with the aim of having one in each community pharmacy by 2030, ensuring that all Community Pharmacist Independent Prescribers are properly utilised with fully commissioned services. In addition, with issues around the supply of medicines during the COVID-19 pandemic, the limitations on what a pharmacist can and cannot do have been highlighted, especially in relation to therapeutic substitution and generic substitution. We need to really empower pharmacists and enable them to be

able to make these small changes to prescriptions. That would require legislative change from UK Government.

INFORMATION TECHNOLOGY: There should be a single patient digital record for patients in Wales that community pharmacies have access to and is used by all providers of clinical services (whether that is GP/ secondary care, community pharmacy or whoever). The archaic system of still having green pieces of paper moving between GP practices and pharmacies, often via patients, must end. The crisis has highlighted the inefficiencies of paper based prescribing systems. A key priority for the next Welsh Government must be the development of a system that will enable the electronic transmission of prescriptions.

This will also facilitate improvements in the existing Repeat Dispensing service by transferring the management of repeat prescriptions from General Practice to community pharmacy. These developments in digital technology must ensure the ability of GP and community pharmacy systems to talk to one another. In the meanwhile, immediate steps must be taken to move a significant number of patients over to the Repeat Dispensing /Batch Prescription Service.

CPW would suggest that one of the key priorities following this outbreak is to introduce an efficient electronic prescription service and move the supply of repeat medication from GP practices to community pharmacies in its entirety, while at the same time ensuring that community pharmacies and GP practices are totally digitally integrated.

Part 3: Conclusion

This second overview of the impact of the Covid-19 outbreak on the community pharmacy network is provided with a degree of hindsight and it must be recognised that the speed of change has been significant. But it also offers a frank assessment of where we are now in terms of the biggest issue facing health providers – Covid-19 vaccination – and looks ahead to some fundamental changes which need to occur.

We would particularly draw the attention of the Committee to the capacity of the community pharmacy network in respect of flu vaccination (paras 9-11) and our quantified ability and capacity to provide advice (paras 12-14), yet we have current serious concerns that we are not being utilised even in a superficial way, let alone fully, in the Covid-19 vaccination rollout (paras 17-25).

CPW agree that the content of this response can be made public.

CPW welcomes communication in either English or Welsh.

For acknowledgement and further Contact:

Russell Goodway
Chief Executive
Community Pharmacy Wales
3rd Floor, Caspian Point 2
Caspian Way
CARDIFF, CF10 4DQ



23 December 2020

Andrew Evans
Chief Pharmaceutical Officer
Welsh Government



Lynne Schofield
Head of Pharmacy & Prescribing
Welsh Government

Dear Andrew and Lynne

REQUEST FOR ADDITIONAL FUNDING TO FINANCE THE NETWORK'S RESPONSE TO COVID-19

I refer to your letter dated 18 December 2020 in the above connection.

The CPW Board is grateful for having the opportunity to meet with the Minister on 17 December 2020 to explain why its claim for additional funding is both reasonable and valid. The Board noted the Minister's response and understands that he has to make choices. The Board appreciates that he has had to make difficult choices over the recent past, such that the offer currently on the table is the best that he feels able to make.

However, the Board remains convinced that that the data collected from independent contractors as part of our Covid costs survey are accurate, real and valid. As such, the Board is concerned that your offer will meet less than half of the costs necessarily incurred by contractors to meet the challenges arising from Covid-19

In the circumstances, the Board accepts the final offer as set out in your letter dated 18 December 2020.

The Board appreciates the concession to delay the recovery of the advanced payment made to contractors in April. This will greatly assist contractors manage cash flow over the coming months. We look forward to discussing the arrangements for the collection of the outstanding amount in 2021/22.

The Board also appreciates the additional £0.6m of new money to help fund the seasonal flu vaccination service.

The Board welcomes the commitment to revisit the settlement before the end of the financial year in the event that further funding sources are identified and the agreement that acceptance of this settlement will not prejudice any further claim in the event of further disruption occurring as a result of the pandemic.

Chief Executive: Russell Goodway OBE OSTJ

2 Caspian Point, Caspian Way, Cardiff, CF10 4DQ
2 Caspian Pentir, Ffordd Caspian Caerdydd, CF10 4DQ

www.cpwales.org.uk

I can confirm that the Board confirmed its previous position regarding the mechanism by which the £5m will be distributed to contractors. The Board understands and shares the Minister's view that the money must go to those that did the most work in response to the challenges posed by Covid-19. The Board feels that, as the Government's required focus during the first wave was on the supply of medicines, with the opportunity to deliver services severely limited, then any additional funding should be distributed by reference to the number of items dispensed by each contractor. The Board appreciates your willingness to distribute the additional funding on this basis.

We understand that you have agreed only to cover the additional costs incurred in March and April 2020. For that reason, we understand that this additional funding will be distributed by reference to the number of items dispensed by each contractor during that period.

On a personal note, I appreciate the difficulties we have all had to encounter over the past ten months and how challenging these negotiations have been for all of us. I just want to thank you for the spirit in which the negotiations have been conducted and to extend my personal good wishes to you both for Christmas and the New Year.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Russell Goodway". The signature is fluid and cursive, with a large initial 'R'.

RUSSELL GOODWAY
CHIEF EXECUTIVE