



# All-Party Pharmacy Group Flash Inquiry

The impact of the COVID-19 pandemic on pharmacy  
and pharmacy teams

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## Foreword by All-Party Pharmacy Group Chair, Jackie Doyle-Price MP

Pharmacies continue to perform heroically during the pandemic, remaining open in the face of huge additional pressures. It is hard to overstate the importance of their role. Pharmacy teams have been among the unsung heroes of the NHS. Their vital role in the health service has never been clearer and more obvious.

However, pharmacies are now facing challenges and threats at a level never before experienced.

The flash survey of 1,600 members of the pharmacy workforce, on which significant parts of this report are based, highlights an overstretched but heroic response to the pandemic in the face of massive pressure.

The very high level of additional costs associated with the pandemic has been 'taken on the chin' without question. Readers will be shocked to learn that the only support package offered by Government to deal with these costs was a £370m loan which has left pharmacies in limbo, with many deeply concerned as to how they will pay this back in the future.

Evidence submitted to us was filled with examples of pharmacies providing a lifeline to communities, often directly saving lives. But it also conveyed a bleak outlook for the future highlighting the irreversible damage that is being caused to the pharmacy network. The survey results indicate a high degree of burn-out in the workforce. There is a morale



sapping feeling that this vital part of healthcare is often treated as 'retail' by Government. Pharmacy contractors felt that they are regarded almost as a charity service having to survive with uncertain and insufficient cashflow. A flat funding structure and rising costs are forcing pharmacies to operate with financial problems no business can endure. There is an increasing number of pharmacy owners being forced to dive into savings and take on unsustainable debt. Regrettably, by the very act of heroically staying open in the face of unprecedented demand during the pandemic, pharmacies may have been pushed too far. While they stepped in to provide vital spill over capacity for the NHS during the pandemic, this report will warn that this may be the first and only time we are able to properly utilise pharmacies on

a national scale. Put simply, many pharmacies we surveyed reported that they are now faced with closing their doors for good.

Despite the best efforts of ministerial teams over the years, there has been a lack of the cross-departmental energy needed to deliver the tangible changes pharmacy teams so desperately need. As a consequence, pharmacy has felt the double squeeze of being expected to do more, with less, for what will be close to 10 years. A failure to capitalise on the potential of pharmacy and provide the sustainable resources meant pharmacies were 'on the brink' pre-pandemic. Our report is littered with examples of the potential value of properly investing in pharmacy and reform and how this could save the NHS money and provide better outcomes for patients.

Concerningly, there is a clear parallel here with the crisis that is now being faced in social care. A broken market may result in some of the biggest employers removing their investment, damaging the pharmacy network beyond repair and costing many jobs. The pandemic has amplified and accelerated the worrying trends in pharmacy.

These unprecedented pressures have shone a light on the potential of pharmacy. That potential, however, can only ever be realised if pharmacies are properly funded and an honest conversation is had about the future.

## Executive Summary

Pharmacists have lifted heaven and earth to quickly adapt to the challenges of the pandemic to ensure a safe supply of medicines for the communities they serve. The All-Party Pharmacy Group launched this 'flash' inquiry to examine the response of pharmacies in England and found many pre-existing challenges had been amplified by COVID-19. There is a clear and urgent need for reform and a review of funding mechanisms if the sector is to remain sustainable in the future.

The hard work and effort put in to keep pharmacies open as other services closed has shone a light on the valuable role that pharmacies play in their communities across the country. Throughout the pandemic, pharmacies have been the accessible healthcare service and many people's first point of contact with the NHS. Indeed, it is the view of this report that pharmacy has huge untapped potential for both reducing pressure on the rest of the NHS and improving overall population health. We also wanted to measure the impact of changes to the NHS services and found that many digital innovations had been hugely beneficial. However, for so many reasons pharmacy teams have been held back from truly capitalising on this potential.

The survey revealed:

- A. More than 9 in 10 (95%) feel that their place of work is under financial pressure

- B. Nearly half of pharmacy contractors (47%) think their pharmacy is at risk of closing within the year.
- C. Over 9 out of 10 respondents (91%) feel that the Government do not appreciate the role of pharmacy in frontline healthcare.

A number of disturbing themes were apparent in the written and oral evidence submitted as part of the inquiry. Of particular concern were:

- Without action, financial pressure will cause irreparable damage to England's pharmacies, large and small.
- The current funding arrangements, which have meant 10 years of cuts and flat funding, are in urgent need of review because pharmacies are being asked to do more to earn their income on less.
- The advanced funding provided to pharmacies to deal with the demand brought on by COVID-19 will not cover pharmacies' ongoing costs from the pandemic – it is also an advance, meaning it may be expected to be paid back in the future, and pharmacy owners are concerned as to how they will do this when they are already under financial pressure.
- There are mounting operational pressures and a perception that policymakers consistently ask pharmacies to do more but fail to recognise the costs of that work.

The APPG found pharmacies continue to innovate and adapt, but so much of their

energy needs to be directed to just surviving. We found the flat funding structure of the Community Pharmacy Contractual Framework (CPCF) is pushing pharmacies to the limit and is in desperate need of review. The latest data shows that around 200 pharmacies have closed in the 12 months to October 2020, bringing the total to around 400 since cuts were imposed on the sector in 2016. It is now beyond doubt that we are losing huge numbers of pharmacies, risking access to vital healthcare services in local communities at a time when they are needed most.

NHS England get a fantastic deal from pharmacies but that very deal could result in irretrievable damage to the pharmacy network. And there is clearly an appetite among both pharmacists and the Government to allow them to do even more and harness their full clinical potential. We heard how regulatory change would enable the workforce to deliver even more value. However, the flat funding structure, which already has cashflow implications for pharmacies, means that for many pharmacies their focus remains on survival.

Despite a very positive feeling of value from the patients they help, this appears not to be the case for some policy makers. A lack of tangible support has left pharmacists feeling as though their role as frontline health care is undervalued and not properly understood by politicians, NHS leaders and policy makers.

Now is the time for the country to recognise the value of pharmacy and

deliver the reforms and resources to ensure the sector is sustainable in the future.

With a rising number of more complex cases flooding into pharmacies, and a flu vaccine delivered to greater numbers than in previous years, the value of pharmacies is self-evident. Pharmacies have a veritable 'goldmine' of clinical expertise and a huge body of knowledge that could benefit the health of the nation. This has the potential to significantly reduce pressure on hard pressed GPs and other overstretched areas of healthcare.

However, without quick and decisive action, this potential benefit will be lost. It is not just independent pharmacy owners who are struggling, the larger pharmacy chains are also having to take steps to mitigate financial pressures, including reducing opening hours and closing branches. This is surely the time for an honest conversation about the way pharmacy is funded and what is expected of it, otherwise we will see irreparable damage which has been put into fast forward by the pandemic.

**The inquiry recommends that:**

- **The Government look back at the response from pharmacies during the COVID-19 pandemic and use this as a basis to reevaluate a clear vision of what the country needs from pharmacy as vital frontline health care workers.**
- **The Government and NHS leaders should consult on and undertake action to empower pharmacists to do more by providing more resources for training and supercharge the workforce which has shown it is a vital component of the**

**NHS. In particular, a focus on training more independent prescribers and, critically, commissioning services that enable them to put their skills to best use, would be helpful.**

- **There needs to be a revaluation at both the heart of Government and within finance teams in the Department of Health and Social Care and NHS England about the value of pharmacy.**
- **The Government write off the advanced payments as an immediate way of providing relief to the sector. The Government should consider the financial implications of asking pharmacies to pay back the £370m advance payments at a time where immediate pressures are pushing many community pharmacies to the brink and payments had not been enough to cover the financial pressures brought on by COVID-19.**
- **In order to preserve the future sustainability of pharmacies we urge the Government to consider boosting overall funding in recognition of both the great financial pressures faced and the huge contribution made to frontline healthcare during the pandemic. It is clear that current funding levels may already be causing irreparable damage to pharmacies and without some kind of reform the number of pharmacies in England could substantially decrease. As demand for advice from pharmacy teams increases, pharmacies also need to receive payments for this, including where patients self-refer.**



## About the All-Party Pharmacy Group flash inquiry

### The All-Party Pharmacy Group

The All-Party Pharmacy Group (APPG) was formed in December 1999 to drive forward cross-party conversations on topical issues and their significance for pharmacy, patients, and the NHS.

The APPG holds regular public meetings with health professionals, patient groups, government officials, industry representatives and the media. With the aim of promoting and advancing the pharmacy sector, the APPG also conducts a number of inquiries into the issues most effecting the industry and its dedicated workforce.

The APPG regularly engages with Health Ministers and has previously sent them reports containing inquiry findings and views and recommendations for policy action.

Alongside chair Jackie Doyle-Price MP, the APPG consists of the following officers:

- Sir David Amess MP
- Paul Bristow MP
- Feryal Clark MP
- Jason McCartney MP
- Taiwo Owatemi MP
- Julian Sturdy MP
- Lord Clement Jones
- Baroness Cumberlege

The APPG receives financial support from the Association of Independent Multiple Pharmacies; Company Chemists Association; National Pharmacy Association; Pharmaceutical Services Negotiating Committee; and the Royal Pharmaceutical Society.

## Flash Inquiry

The All-Party Pharmacy Group launched the flash inquiry into the impact of COVID-19 on pharmacy to examine the immediate and urgent pressures that had been applied as a result of the pandemic. The inquiry looked at both the operational and financial pressures on pharmacies, what support had been effective in mitigating these pressures and what further support, if any, would be needed to enable pharmacy teams to continue playing their vital role for both the duration of the pandemic and beyond. The APPG also wanted to assess how well pharmacy has adapted to continue being able to provide a frontline healthcare service - what the costs, to both finances and the morale of workforce - of such adaptations, had been, and whether pharmacy felt these efforts were well understood or appreciated by the Government, the NHS and the public. The experience of the workforce also formed a key part of the inquiry, and the APPG was keen to gather thoughts on the safety and wellbeing of frontline pharmacy staff.

Overall, the inquiry aimed to establish a set of recommendations to be presented to the Government for the support the pharmacies need.

### **The terms of reference were:**

- How the pharmacy sector has coped and responded during the COVID-19 pandemic, and what additional pressures it is experiencing.
- What level of funding and financial support is needed to address these

pressures and to what extent the £370M Government advance payments have helped.

- The impact of pre-pandemic financial pressures and of the Community Pharmacy Contractual Framework.
- To what degree has the role of pharmacy during the pandemic been recognised by Government, NHS and the public.
- How the pharmacy workforce is coping during the COVID-19 pandemic and what further support is needed.
- What reforms and support does the sector need to remain sustainable in the future.

The inquiry ran from 17th November to the 30th November. We accepted written evidence from stakeholders across pharmacy and conducted a series of interviews with industry leaders. The inquiry also took evidence from the pharmacy workforce via an online survey which received 1,604 responses. As health policy is a devolved matter, the APPG's inquiry focused mainly on the pharmacy sector in England, although pharmacists from Scotland, Wales and Northern Ireland were invited to send any evidence or thoughts they had for the APPG to consider.

The list of stakeholders submitting written evidence included:

- Pharmaceutical Services Negotiating Committee
- National Pharmacy Association



- Association of Independent Multiple Pharmacies
- Company Chemists Association
- Royal Pharmaceutical Society
- EY
- The Proprietary Association of Great Britain (PAGB)
- Pharmacists Defence Association
- General Pharmaceutical Council
- Newcastle University
- Pharm-Assist (Healthcare) Ltd)
- Written Medicine
- Association of Pharmacy Technicians UK
- Rowlands Pharmacy
- Pharmacy2U
- Community Pharmacy West Yorkshire
- Community Pharmacy Lancashire
- Greater Manchester Local Pharmaceutical Committee
- Bolton Local Pharmaceutical Committee

## Summary and analysis of survey

The survey consisted of 23 questions. It was circulated to pharmacists around the country via newsletters and updates, mailing lists, trade media and social media channels. It was also distributed by pharmacy trade bodies to their members and we are grateful for their assistance in that regard.

### Profile of respondents

There were a total of 1,604 respondents to the survey. These included pharmacy contractors (26%), pharmacy managers (23%), pharmacists (21%), pharmacy assistants (12%), pharmacy technicians

(10%) and 9% covering other pharmacy roles.

Of those who provided detail of the pharmacy setting in which they worked, 92% of respondents worked within Community Pharmacy. Other respondents worked in Hospital Pharmacy, Primary Care Networks and other pharmacy settings. Of those who worked within community pharmacy, 56% worked in Independent pharmacy and 44% worked in Large or Multiple Chain Pharmacy.

A full breakdown of the survey results can be found in Appendix One.

## The views of 1,604 pharmacy professionals



More than 9 in 10 (95%) felt that their place of work was under financial pressure



Almost half the owners felt it was either very likely, likely, or somewhat likely that their pharmacy would be forced to close within a year



1 in 5 pharmacy owners feeling that it was likely or very likely that their pharmacy would close in the coming year



Nearly 8 out of 10 pharmacy owners felt financial support so far - a loan of £370m to help ease cashflow, but may need to be paid back - has not been enough to mitigate financial pressures



Urgent calls for asymptomatic testing with 8 in 10 respondents saying they did not have access to any



91% felt the Government did not appreciate the role of pharmacy in frontline healthcare

## Safety during the COVID-19 pandemic

1,400 respondents answered Question 10 asking whether they felt appropriate access to Personal Protective Equipment (PPE) had been provided to them during the pandemic. A separate Royal Pharmaceutical Society survey in April 2020 found that a third of respondents said they were unable to source continuous supplies of PPE to protect themselves and the public.

One in 10 respondents felt they did not have appropriate access to PPE during the pandemic. Of the remaining nine in 10 who felt that they had had appropriate access to PPE, 64% said the PPE had been supplied by their employer whilst 24% had access to NHS supplied PPE.

A common theme in the written responses to this question was that at the start of the pandemic PPE had been hard to access and was expensive, with community donations, self or employer purchased PPE being the main route to accessing it. Respondents noted with concern that pharmacy, despite being a core part of healthcare, appeared to have been considered an afterthought and many who answered 'yes' to receiving NHS provided PPE said this had not been the case in the early months of the pandemic.

Pharmacy professionals located in a hospital noted that being in a hospital environment had helped them access PPE. Overall, the responses to this question raise concerns that already financially stretched pharmacies had to find resources for PPE by their own means with employers

taking the majority of the cost of supply in the absence of NHS PPE.

Questions on testing saw mixed results. Six in 10 respondents stated that COVID-19 testing was provided when they were symptomatic. But many respondents indicated a feeling of confusion and of being left 'in limbo' at the slow delivery of results and a lack of guidance about what pharmacies should do while they await results for members of staff. There were urgent calls for asymptomatic testing with eight in 10 respondents saying they did not have access to any. Many respondents reported that they were unsure how or where this could be accessed or if it was even an option for pharmacies.

## Financial pressures

Financial pressures were one of the ongoing concerns for pharmacy heading into the inquiry, as highlighted in the EY report published in September which warned that 28%-38% of local pharmacies in England are in financial deficit, predicted to rise to 64-85% by 2024.

The APPG was moved to launch the inquiry in large part as a result of the argument that the pandemic has exposed and amplified serious challenges being faced by the pharmacy before the pandemic took hold.

It was particularly striking that questions about funding to the 400 pharmacy contractors (owners) who answered the survey, delivered such a clear verdict. More than nine in 10 (95%) felt that their place of work was under financial pressure. Even

more concerning was that when asked how likely it was that their pharmacy would close in the coming year, almost half the contractors felt it was either very likely, likely, or somewhat likely that their pharmacy could do so. One in five pharmacy contractors felt that it was likely or very likely that their pharmacy would close in the coming year. To have half of the pharmacy owners who responded warning that closures could be imminent demonstrates the huge threat posed by ongoing financial pressures within the sector.

It has been clear for some time that, like many other parts of healthcare, pharmacy was seeing increasing pressures. Between April and June 2020 advanced payments totalling £370m were made to pharmacies in England, by the Department of Health and Social Care, with an expectation that this money would need to be paid back in the future<sup>1</sup>. This £370m was designated as being additional funding to manage cashflow problems related to the impact of COVID-19.

Nearly 8 out of every 10 pharmacy contractors that responded to the questions survey told the APPG that they felt that these payments had not been enough to mitigate financial pressures.

While this section of the report primarily focuses on the survey results, it should be noted that a set of interviews and multiple pieces of written evidence provided to the inquiry supported the view that these advance payments were insufficient and had already been spent.



## Adapting to the COVID-19 pandemic

Pharmacies have stayed open throughout the pandemic to provide vital frontline healthcare advice and ensure patients are able to access important medicines. In order to do so, a number of adaptations were required.

When respondents were asked how well they felt frontline pharmacy had adapted, eight in 10 (83%) pharmacy professionals felt the sector had adapted well. There was a general feeling that changes to how NHS services are delivered for pharmacies have been beneficial. Over seven in 10 of the 1,397 who responded to this question felt that changes such as digital innovations and paper signatures not being required for the flu jabs had been either very beneficial or beneficial. Two in 10 felt that the changes had been not very beneficial (16%) or of no benefit at all (4%).

Question 14 of the survey asked how helpful the Track and Trace system had been to pharmacies in ensuring they were able to

<sup>1</sup> <https://www.gov.uk/government/news/300-million-announced-for-community-pharmacies-to-support-them-during-coronavirus-outbreak>

continue their work. Over half felt that the system had not been helpful with 21% saying it had been not very helpful and 32% saying it was of no help at all. A further 27% of respondents said they did not know if it had been a help to them. Themes of frustration that the system has not provided the support needed by pharmacies were further highlighted in the written evidence and comments provided alongside the survey.

Of the survey questions concerning the adaptation of pharmacies, the workforce felt that pharmacies had gone above and beyond in order to maintain services during the pandemic. Working from home was never an option for pharmacy staff and closing their doors during the pandemic would have meant leaving their patients unsupported. In many respects, pharmacies needed to adapt to survive and ensure they could continue providing vital services.

It is clear that these adaptations did not come without sacrifice. Many pharmacy professionals reported an increase in stress and anxiety, as they had to juggle a sharp increase in demand with putting in place new COVID-19 safety measures.

This survey also sought to assess concern about future challenges. In question 15 we asked the respondents how concerned they were about forthcoming winter pressures and subsequent waves of COVID-19. Presented with a scale of between 1 and 10 (1 being not at all- 10 being concerned enough to think about leaving the sector) the average answer of the 1,373 who responded to this question

was a score of 8. Clearly, there is huge worry amongst the pharmacy workforce about the future and their ability to continue to find ways to adapt without further support. The ramifications of the costs incurred to remain open appear to have left the pharmacy workforce with the impression that the future is extremely bleak. The results suggest that what, if any, room there was left for the sector to squeeze itself and make further efficiencies, has long been exhausted and we are seeing the very real possibility of irreparable damage being caused to pharmacies in England.



## Is pharmacy understood and appreciated?

The evidence revealed a feeling that pharmacies are treated more as though they are retail outlets rather than a valuable part of the health service by policy makers.

This survey asked pharmacy workers how well they felt the public, politicians and policy makers understood and appreciated the sector.

In response to question 17, nine out of 10 respondents (91%) felt the Government did not appreciate pharmacy (55% said they felt very unappreciated and 36% said unappreciated). Seven out of 10

respondents (69%) did not feel their local politicians, MPs or political representatives appreciated the role of pharmacy and eight out of every 10 respondents (81%) felt unappreciated or very unappreciated by senior leaders in the NHS. There is clearly a very poor impression among the 1,604 pharmacy professionals who responded to the APPG's survey of how well politicians, policy makers and senior figures in the NHS appreciate pharmacy.

The feeling of a positive understanding and appreciation among the public was better than that among decision makers, with 58% of pharmacy professionals reporting that they felt appreciated or very appreciated by the public. Many pharmacists have commented on the thanks that they have received from grateful patients in the form of cards, cakes, biscuits, chocolates, flowers, handmade gifts and artwork, and even a poem. Having worked incredibly hard during such challenging times, these tokens of gratitude have been welcomed by pharmacy teams.

However, 37% of respondents felt unappreciated or very unappreciated by the public. Pharmacy professionals have shared with us their experiences of receiving an increasing amount of physical and verbal abuse from angry and frustrated patients. There have been examples of staff being spat at and of patients deliberately damaging COVID-19 measures such as Perspex screens. These sorts of incidents have added to the stress and strain of existing financial and operational pressures. But overall, we have found that there had been a positive change in the general perception of pharmacy as a result of the pandemic. Showing that there was a

general feeling that their efforts had been recognised, 43% of respondents felt there had been an overall positive change in the perception of pharmacy and 13% said there have been a very positive change in perceptions.



## Pharmacy teams as the unsung heroes of the pandemic

Throughout the pandemic the APPG has been provided with hundreds of examples detailing how pharmacy teams have gone 'above and beyond' to support patients and the public in such challenging times. Below are a few examples provided by respondents to the survey:

**"We are the only patient facing community healthcare service which has been accessible to the public throughout the duration of the pandemic and have been basically filling gaps in healthcare provision. Providing advice on medicines use, dispensing and delivering prescriptions, modified whole way of working with greater use of IT and adaptations to work in a COVID-19 safe environment, have provided emergency supplies of life saving**

medication, carried out vaccinations, supported cancer patients, those with mental health issues and provided safe spaces for those suffering domestic abuse. We have supported supervised consumption clients. We have provided counselling and advice on medicines use and conveyed public health messages.”

“Referred patient to A&E as they were having symptoms of heart attack. Patient’s daughter came back to thank as the patient was confirmed that they had a heart attack.”

“I personally took a 93 year old patient to out of hours GP on a Saturday whose pacemaker had not been checked due to COVID-19 and had an irregular pulse of 45. He had no family in the county and I wasn’t going to allow him to go on a bus feeling poorly by himself. We have been helping our patients as much as we can and this was an example as I didn’t want to bother an overstretched Ambulance service. The patient was consequently admitted. This patient was ever so grateful. He thanked me by making me a lavender cross stitch bag. I was just doing what I thought was best for the patient and I wouldn’t have forgiven myself if anything happened to him under my care.”

“Some of our pharmacies are in very deprived communities. Early in the pandemic we prepared small food parcels of essential items and delivered these with prescriptions to our shielded and most vulnerable patients. We wanted to show our patients that we were all a part of the community.”

“Delivering after work up to 10pm sometimes to people who have been given emergency prescription. Staff working for free as we cannot afford wages.”

“My team have lived in caravans and away from family to ensure they could come to work and support team and patients.”

“I sent a man urgently to A&E, he presented with an inflamed calf having been advised by his surgery to get some flight socks as they couldn’t see him until after the weekend. I told him immediately to go to A&E as I was concerned ?. This was subsequently confirmed at the hospital. He returned a week later to thank me for possibly saving his life. That was a very humbling experience.”

“I saw a gentleman who said ‘he just needed to see someone face to face’ to talk about his symptoms. I personally referred him to his GP as I was worried about his unexplained weight loss & other symptoms. He returned a month later to thank me for helping him & said he had been diagnosed with bowel cancer. If he had waited much longer his prognosis would have been worse. Thankfully he is getting treatment & is doing well.”

“I’ve personally done a food shop for a vulnerable patient with mental health issues who was too scared to go out and was starving, but not eligible for food parcels as he was not shielded.”

“Supported a family where one member had been diagnosed with cancer but they were struggling with understanding the information they had been given but could not get hold of the doctor.”

“One particular incident involved a male patient of ours who is usually normally very cheerful, but on this particular day felt very down. On further questioning he seemed confused but had no COVID-19 symptoms. He lives alone and has no living family or friends. On further questioning we were very concerned. One of the staff members observing all the normal COVID-19 protocols took him to a walk-in centre and stayed with him until he was seen. He was referred to A&E by the walk-in centre, but the ambulance would have taken a long time, so the staff member drove him to the Royal Liverpool Hospital A&E and made sure that he was seen and asked the nursing staff to keep us updated as he had no living relative. The hospital staff later informed us that we had done the right thing as he had a moderate stroke about 14 days ago without realising it, and that they were treating him.”

“We have as a company bought and given out PPE & vitamin D to elderly and vulnerable patients free of charge.”

“We were the only public service available apart from hospital. On few occasions we had to use our telephone to call the benefits office to help people with their weekly benefits, as the local councils closed the door to the public. Some people didn't have any money to top up their mobile.”

“My team instigated evening shifts when our workload soared so that we could maintain our quick turnaround times.”

“Multiple patients seeking advice and clarity on symptoms from us as their local surgeries were closed/unable to access.

We adapted by offering a video/IM system by which patients could communicate with us. This resulted in a number of patients being referred to urgent care and indeed A&E where they may not have thought their symptoms were severe enough to including a patient who was having an MI (heart attack) with atypical presentation and a patient who was suffering from antibiotic induced colitis.”

“Myself personally, I made sure to phone and check up on a patient weekly as she had to self isolate all by herself and her dog had just passed away so she was emotionally vulnerable, and I wanted to make sure she could at least talk to someone. I also made sure to get in contact with a local group with her consent to see if they could just have a chat with her at least once a week so she wouldn't be lonely. Also, we've stopped a patient that was on his way home as he'd been sent away by the doctor. He looked extremely unwell, it turned out he had an insanely high blood pressure and had just been given amlodipone, but his eyesight was starting to go. We made him sit and wait while it took us 2 hours to get through to paramedics. They finally came to get him, but I feel like he has been failed by his GPs as he now has permanent damage. Two days ago, a lady came in with a very painful abdomen, she was very pale, sweating but quite cold, and felt very unwell. Immediately, I'm afraid she has appendicitis or sepsis and we sent her next door to the GPs so that they can rule it out. They sent her home. We consoled her and told her to get through to 111 and to make an appointment for someone to see today. She managed to get an appointment for that day.”





## Conclusions

The survey of the pharmacy workforce – the results of which are presented in Chapter 3 – gives an important insight into how pharmacists, pharmacy teams and pharmacies feel about their role and their future. A resounding theme laid bare within the results is that the sector was already carrying some serious wounds prior to the pandemic, which have since been exacerbated by increased demand brought on by COVID-19. The evidence submitted shows that pharmacies were already crying out for help before the pandemic.

We are now in a position that nearly half of contractors surveyed are concerned that the pharmacy they work in would not see out the year. All told, the findings of the survey and the stakeholder evidence lend weight to the argument that serious reform and an honest conversation about how we fund pharmacies is needed if they are to remain sustainable into the future. The

following section outlines some of the conclusions the APPG have drawn from evidence received and our recommendations to the Government and NHS leaders for the future.

### **Pharmacies adapted quickly and innovated in the face of huge pressure**

The evidence reveals a clear picture of the sector going 'above and beyond' during the pandemic. It was for this reason we chose to include the 'unsung heroes' section of the survey analysis. Going 'above and beyond' was not without sacrifice and substantial operational pressures were felt in both the delivery of services and on the workforce itself.

With increased operational measures needing to be undertaken including social

distancing (often in small spaces typical of many pharmacies), hourly full clean downs, and problems with supply chain bottlenecks, pharmacies deserve great praise for the huge efforts which have been put in to quickly adapt and innovate in order to maintain services firmly focused on the needs of patients in a way that supports other healthcare providers. The Royal Pharmaceutical Society told us how pharmacies faced a huge increase in major illness presenting to pharmacies and had been working harder with fewer staff throughout the pandemic. The role of hospital pharmacies was hugely praised, particularly related to the setting up of the Nightingale Hospitals.

### **What pharmacy could do if its potential was unleashed**

Regulatory changes had allowed for the expansion of flu vaccine delivery and pharmacies have clearly seized this opportunity and massively outperformed the number of vaccines given in previous years. Evidence from frontline pharmacists and stakeholders confirmed that many more advanced and complex clinical issues presented to pharmacies, particularly early on in the pandemic when other forms of primary care were not available to patients. Pharmacies played a vital role in absorbing patient demand when GPs were not available.

If this 'step up' to take on more patients with more complex issues on already stretched resources shows anything, it is that pharmacies are extremely capable of doing more and of taking on a more clinical role. A trend from evidence received showed that pharmacists can do more than they are

currently permitted to do. In many examples received, pharmacists felt able to assist patients using their clinical knowledge but often had to involve the GP in situations where perhaps there was an opportunity to use pharmacies to take pressure off other parts of the NHS. We were given numerous examples of how expertise within pharmacy teams could be hugely beneficial.

### **Without action financial pressure will cause irreparable damage to England's pharmacies**

Many community pharmacies reported that under the current situation many will be forced to close their doors for good. Evidence received through stakeholder interviews and written evidence painted a dismal picture with closures, cuts to staff and squeezing of operations being seen as a result of cash flow problems that had been going on for years. The Association of Independent Multiple Pharmacies (AIMP) told us that financial pressures had prevented community pharmacies from reaching their full potential and while many wanted to innovate much of their energy needed to be focused on surviving.

An abundance of evidence reinforced the findings of the survey. The £370m advanced payments to the sector had not been enough and the expectation that this number will need to be paid back could prove to be the thing that pushes many pharmacies over the edge. Many in the pharmacy sector have been left concerned by the fact they have dipped into future promised funding with this loan to pay for un-forecast COVID-19 costs,

which could ultimately this lead to having less funding further down the line.

Evidence from the National Pharmacy Association (NPA) revealed how pharmacies were so often expected to operate whilst incurring significant financial losses. No business can operate in that situation without risk of closure.

We heard that the advanced payments had already been spent to deal with increased costs and there was now real uncertainty about how pharmacies would cope in the future. One family-owned pharmacy chain based in Leeds told us of the additional credit measures that had been necessary, in addition to the Government payments, that had pushed them into huge debt and asked which other “healthcare workers need to do things at a loss”. Increased overdrafts, mortgage holidays and loans from friends were another common theme.

Much of the evidence pointed to tough decisions being made by pharmacy owners before the pandemic, with many having already considered exiting the market, selling, or closing due to financial pressures. Within community pharmacy, the evidence highlighted that the Community Pharmacy Contractual Framework (CPCF) is not providing the funding necessary for pharmacy to remain sustainable in the future in light of new ways of working.

The substantial increase in demand generated by the pandemic has only served to intensify concerns. We heard that 200 pharmacies have closed in the last 12 months and this figure could be set to further increase. Our interview with EY, following

their report, found that Government policy had been to have pharmacies increase the amount of services they offer to alleviate pressure on other parts of primary care, such as GPs. However, pharmacies have been expected to deliver this on a flat funding rate under the CPCF. We heard that there was an urgent need for a review of the CPCF to provide pharmacies with sustainable funding. The Pharmaceutical Services Negotiating Committee (PSNC) that represents all 11,400 community pharmacies in England and negotiates the CPCF contract said that the reality was pharmacies were having to struggle with increasing costs while remaining on a fixed income.

The Company Chemists’ Association recommended that an open conversation about the actual cost of supply was needed if the sector was to remain sustainable. The contract which pharmacies operate under ultimately caters to the needs of its biggest customer, the NHS, and a better value model for the taxpayer is very difficult to find. The NHS is the biggest purchaser of pharmacy services and therefore it is hard for the sector to negotiate a good deal with the little power they have. EY told us that the Government and NHS should be aware that a bad deal for the pharmacy sector is a bad deal for the NHS and the Government.

The current financial situation deters investors and there is a risk that some of the larger chains may exit the sector. This would result in a huge number of redundancies and a loss of spill over capacity which has been so important during the pandemic. We heard from EY that many of the hallmarks of the broken market present in social care are also found within community pharmacy. Many in

the sector felt that the role of the NHS as the sole buyer meant that there was huge buyer power. And while the intention of this system is to get the best deal for patients there is a real and present danger that this process could push pharmacies out of business. There were calls throughout the evidence for a regulatory approach to funding that would ensure sustainability in the market.

### **There are mounting operational pressures because policymakers consistently fail to recognise the untapped potential of pharmacy**

An expectation for pharmacy services to take on a more prominent role in primary care was outlined in the NHS Long Term Plan. While the focus on technology as a means to allow this to happen is welcome, we heard that the belief that automation alone will lead to efficiencies that would free pharmacy to take on this enhanced role does not appear to be based on evidence. The Company Chemists' Association told us that the sector needed support to invest if we want to release clinical capacity in the network, but this requires sustainable funding. A trend we found within our survey and evidence received was the long-standing view that despite all that is done in pharmacies, they are often branded, and thought of, as merely medicine distributors. Additionally, there is a perception within community pharmacy that policy makers view them as retail and not healthcare. The conflict between ambitions expressed in the NHS Long Term Plan and the current flat funding structure and assumptions about what pharmacy is has led to a history of pharmacy being overlooked.

Pharmacies adapted quickly in order to absorb the excess service demand generated by the pandemic. The Greater Manchester Local Pharmaceutical Committee told us how pharmacies had experienced a doubling of demand for home deliveries. We also heard many examples of how pharmacy teams play a significant role in primary care. We were told by Bolton Local Pharmaceutical Committee that the very fact pharmacy has seen patients, often without the need for an appointment, has led to the "gross misunderstanding by the Department of Health and Social Care" that pharmacy was coping well. We also heard of how pharmacies were able to quickly adapt to the situation. The PSNC told us how their audit to quantify the number of informal patient consultations happening in community pharmacies found that taking away pharmacy advice would result in almost 500,000 additional GP appointments each week. The Proprietary Association of Great Britain (PAGB) evidence provided valuable insight through their June 2020 self-care survey. It found that during the pandemic 71% of people who would normally consider A&E and 51% who would normally seek a GP appointment would be more likely to choose self-care resulting in a potential increase in workload for the pharmacy sector. The change in behaviour had an estimated £780M a year saving to the NHS attached to it.

The NHS Test and Trace system came under considerable criticism from pharmacists and pharmacy stakeholders. Inconsistent messaging around self-isolating and what pharmacy owners needed to do when contacted made it difficult for pharmacists to feel they were following advice correctly.

Concerns highlighted in our survey about abuse from patients, people coming into pharmacies without masks and people coming in with clear COVID-19 symptoms put the workforce under considerable pressure. There were concerns that pharmacy teams were classified as shops and branches rather than health care professionals. And this did not reflect the job they were doing absorbing extra work and quickly adapting to conditions to support patients. Despite maintaining proper social distancing and wearing PPE throughout, teams were sent home to self-isolate for two weeks in situations where other health professionals would have been able to continue working.

There was a consistent theme throughout the evidence that pharmacists performed admirably under considerable pressure to keep services from collapsing during the pandemic. There was an increase in demand often combined with an increase in clinical expertise required to treat patients redirected from other areas of the health system.

Pharmacists should be commended for what they have done for the NHS, but the lessons learned from this should not be lost in this congratulation. The potential of pharmacy teams to do more and deliver more was made clear. The resilience and innovation shown to adapt during the pandemic demonstrates the need to recognise pharmacies as part of primary care – not as retail outlets. We can expect so much more from them if they are given the tools to do it. With the right investment, support, recognition, and engagement the Government could expect massive returns on investment. Pharmacy teams have demonstrated a huge ability to innovate and adapt in the face of significant

operational and financial pressures. Operationally, pharmacies have shown the amazing things they are able to do to continue to serve their communities when called upon. As the Government looks at the future of healthcare it is vital that they see the untapped resource that is pharmacies.

### **A skilled workforce stretched to breaking point by years of underinvestment**

During the pandemic sickness, self-isolating and shielding had an impact on the pharmacy workforce like any other. The findings of the survey highlighted the absence of NHS provided PPE, with pharmacy staff having to purchase their own or have it supplied at cost to employers. Research provided by Newcastle University found that pharmacists experienced considerable workplace pressures, stress, and burnout at an increased rate during the pandemic. They also found that the number of pharmacists who worked greater than 45 hours a week almost doubled. One independent chain reported over 20% absences pushing them to the bare bones of operations at a time when pharmacy services were in high demand. Reports of pharmacists coming out of retirement, teams working extra hours under considerable pressure and delivering services in the face of huge emotional strain highlight the massive effort undertaken by pharmacy. Mental health and wellbeing of the workforce were understandably reported as a concern across the sector. And while there was a general feeling that employers did everything they could to support staff, in so many examples pharmacists felt exposed to these impacts due to the huge pressures they were under.

The Pharmacists Defence Association were clear in their evidence that frontline pharmacists and pharmacy teams were “unsung heroes” of the pandemic and pointed to how community pharmacists were treated as being outside the NHS, being excluded from the coronavirus compensation scheme and only being provided by the advanced payment loan, while increased funding was made available to other frontline NHS workers. The Royal Pharmaceutical Society said educational reform was needed so all pharmacists could prescribe medicines and that community pharmacies needed to be better aligned with the rest of primary care if we are to unleash the potential of the workforce. The evidence indicated a lack of tangible policy initiatives that bring pharmacy into the NHS primary care offering in a way that can take advantage of the skills and capacity it can offer.

An environment which diverts the existing workforce into delivering more clinical care is needed. If there is an intention to introduce more technology to free up more capacity, such a move will require training and investment.

## Recognition and the future of pharmacies

There are two main themes concerning the recognition and perception of pharmacy. The first is that there appears to be a mixed view on what pharmacies are for and what their role should be. The results of our survey are clear. Most of the workforce has a poor view of the Government and NHS leaders primarily due to a perception that they are constantly pushing pharmacy teams to do more with

less. The second is that pharmacies are capable of doing so much more and want to be treated as the vital primary care service that their clinical skills and potential merit rather than as a retail entity or solely a medicine dispenser.

The evidence shows a disconnect between a will for pharmacies to do more and a reluctance to provide appropriate levels of funding to undertake additional work. The pandemic has laid bare the financial problems in the sector and accelerated the rate at which many pharmacies are hurtling towards collapse. And yet it also demonstrated how much potential there is for pharmacies to support the wider health services and carry out more activities. The Royal Pharmaceutical Society told us how the pharmacy sector had been neglected in Government decision making and had to fight to ensure it was not forgotten. The quick adaptation and innovation seen in such a short space of time to stay open during the pandemic demonstrates the value of the pharmacy even without this support. The way in which so many pharmacists stepped in and went “above and beyond” to help their patients lends further weight to this argument. A developing theme throughout our inquiry has been that pharmacies are doing amazing work and providing a huge contribution despite underfunding and a feeling of a lack of prioritisation from policy makers. The benefits which pharmacy could provide to our overstretched health sector by providing additional capacity and an enhanced primary care offering is often noted by ministers and in Government documents. However, the resources and push to make this happen is simply not there. Indeed, the reality is that the very survival of pharmacies is now at risk.

# Recommendations for policy makers

The pandemic has changed so many things about the way we work, live and what we expect from healthcare. The APPG's flash inquiry was intended to be used as a platform for beginning the discussion about what we want from pharmacies of the future following the pandemic. And these recommendations aim to do just that. But just as importantly, these recommendations concern the actions which are needed if many pharmacies are to have any future at all.

We recommend that:

- The Government look back at the response from pharmacies during the COVID-19 pandemic and use this as a basis to reevaluate a clear vision of what the country needs from pharmacy as vital frontline health care workers.
- The Government and NHS leaders should consult on and undertake action to empower pharmacists to do more by providing more resources for training and supercharge the workforce which has shown it is a vital component of the NHS. In particular, a focus on training more independent prescribers and, critically, commissioning services that enable them to put their skills to best use, would be helpful.
- There needs to be a reevaluation at both the heart of Government and within finance teams in the Department of Health and Social Care and NHS England about the value of pharmacy.
- The Government write off the advanced payments as an immediate way of providing relief to the sector. The Government should consider the financial implications of asking pharmacies to pay back the £370m advance payments at a time where immediate pressures are pushing many community pharmacies to the brink and payments had not been enough to cover the financial pressures brought on by COVID-19.
- In order to preserve the future sustainability of pharmacies we urge the Government to consider boosting overall funding in recognition of both the great financial pressures faced and the huge contribution made to frontline healthcare during the pandemic. It is clear that current funding levels may already be causing irreparable damage to pharmacies and without some kind of reform the number of pharmacies in England could substantially decrease. As demand for advice from pharmacy teams increases, pharmacies also need to receive payments for this, including where patients self-refer.

# All-Party Pharmacy Group's Flash Inquiry Survey Answers - 10.12.2020

Q1 - Are you currently working in pharmacy?

- Yes - 99%
- No - 1%

Q2 - Where do you work?

- Scotland - 3%
- Wales - 3%
- Northern Ireland - 0.37%
- North East - 6%
- North West - 18%
- Yorkshire and The Humber - 11%
- West Midlands - 8%
- East Midlands - 8%
- South West - 9%
- South East - 16%
- East of England - 6%
- Greater London - 11%

Q4 - What is your job title?

- Pharmacy Contractor (owner) - 26%

- Pharmacy Manager - 23%
- Pharmacist - 21%
- Pharmacy Assistant - 12%
- Pharmacy Technician 10%
- Other 9%

Q5 - What area of pharmacy do you work in?

- Community Pharmacy 92%
- Hospital Pharmacy 4%
- General Pharmacy 1%
- Primary Care Network 0.47%
- Other 2%

Q6 - What kind of pharmacy do you work in?  
(for Community Pharmacy only)

- Independent- 56%
- Large/Multiple Chain - 44%

Q7 - Do you feel as though your place of  
work is currently under financial pressure?  
(for pharmacy contractors only)

- Yes - 95%



- No - 4%
- Don't Know - 1%

Q8 - If you are a pharmacy contractor, how likely do you feel it is your pharmacy will need to close in the coming year as a result? (for pharmacy contractors only)

- Very Likely - 11%
- Likely - 11%
- Somewhat Likely - 25%
- Neither Likely nor Unlikely - 18%
- Somewhat Unlikely 10%
- Unlikely 13%
- Very Unlikely - 6%
- Unsure - 5%

Q9 - If you are a pharmacy contractor, do you feel the advanced payments made by Government been enough to mitigate financial pressures? (for pharmacy contractors only)

- Yes - 14%
- No- 79%
- Don't Know - 7%
- Not Applicable - 0.25%

Q10 - During the Covid-19 pandemic, have you had access to appropriate Personal Protective Equipment PPE?

- Yes access to NHS supplied PPE - 24%
- Yes PPE was provided by my employer - 65%
- No 11%

Q11 - During the Covid-19 pandemic, have you had access to appropriate Covid-19 testing if you were symptomatic?

- Yes- 64%
- No - 36%

Q12 - During the Covid-19 pandemic, have you had access to appropriate Covid-19 testing to screen for being asymptomatic?

- Yes - 20%
- No - 80%

Q13 - How beneficial have recent changes to how NHS services are delivered for pharmacies been? (for example digital innovations and no need for paper signatures for the flu jab)

- Very beneficial - 26%
- Beneficial - 45%
- Not very beneficial - 17%
- No benefit at all - 4%
- Don't know - 7%

Q14 - How helpful has the Track and Trace system been to you or your employer in ensuring you are able to continue working?

- Extremely helpful 2%
- Very helpful - 3%
- Somewhat helpful - 14%
- Not so helpful - 21%
- Not at all helpful- 33%
- Don't know 27%

Q15 - How concerned are you about forthcoming winter pressures and a second wave of Covid impacting the services offered by pharmacies on a Scale of 1 - 10 (1 being not

at all- 10 being concerned enough to think about leaving the sector)?

- Average Response – 8

Q16 - How well have frontline pharmacy services adapted to the challenges posed by Covid-19?

- Adapted well - 83%
- Don't know - 7%
- Not adapted well 10%

Q17 - Do you feel the role of pharmacy is understood and appreciated by the Government?

- Very appreciated - 1%
- Appreciated - 5%
- Don't know - 3%
- Unappreciated - 36%
- Very unappreciated – 55%

Q18 - Do you feel the role of pharmacy is appreciated by your local MP or political representatives?

- Very appreciated – 2%
- Appreciated – 8%
- Don't know 21%
- Unappreciated - 31%
- Very unappreciated - 38%

Q19 - Do you feel the role of pharmacy is appreciated by NHS leaders?

- Very appreciated - 0.76%
- Appreciated - 8%
- Don't know - 10%
- Unappreciated - 35.82%

- Very unappreciated - 45%

Q20 - Do you feel the role of pharmacy is appreciated by the public?

- Very appreciated - 21%
- Appreciated - 37%
- Don't know - 4%
- Unappreciated 20%
- Very unappreciated - 17%

Q21 - To what degree do you think there has been a positive change in public perception of pharmacy as a result of the pandemic?

- Very positive change - 13%
- Positive change - 43%
- No change - 33%
- Negative change - 8%
- Very negative change - 3%