



## DEBATE PACK

Number CDP-0028, 10 March 2021

# Pharmacy and the impact of Covid-19

## Summary

A Westminster Hall debate on the 'Pharmacy and the impact of Covid-19' has been scheduled for Thursday 11 March 2021 at 1:30pm. The debate has been initiated by Jackie Doyle-Price MP.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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# 1. Background

Since April 2013 NHS England has held responsibility for commissioning NHS primary care services, including community pharmacy services. Clinical commissioning groups (CCGs) and local authorities are also free to commission further services from community pharmacies over and above those commissioned by NHS England.

Community pharmacies in England provide services under the NHS Community Pharmacy Contractual Framework (CPCF), and can include a range of services categorised as 'Essential', 'Advanced', 'Enhanced' and 'Locally Commissioned':

- Essential services include dispensing medicines and appliances, providing advice on self-care and promoting healthy lifestyles.
- Advanced services could include the provision of Medicine Use Reviews, or offering NHS flu vaccinations.
- Enhanced services could include services such as anticoagulation monitoring.
- Locally commissioned services might include public health services commissioned by local authorities, such as smoking cessation services.

While pharmacy contractors must provide Essential services, they can choose whether they wish to provide Advanced and Enhanced services.

The '[CPCF for 2019/20 to 2023/24](#)' came into force from 1 October 2019.

Paragraph 4.21 of the [NHS Long Term Plan](#) (January 2019) noted that pharmacists will have a key role in delivering the objectives of the NHS in England over the next 10 years, and provided the following on community pharmacy:

In community pharmacy, we will work with government to make greater use of community pharmacists' skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.<sup>1</sup>

The National Pharmacy Association report '[Impacts of current funding, policy and economic environment on independent pharmacy in England](#)' published in September 2020 provides the following summary:

There are 11,539 community pharmacy premises in England, with around half of those being independently owned. [...]

NHS England accounts for c. 87% of revenues received by pharmacy services in the UK, with other income coming from additional services commissioned by local authorities and OTC [over the counter] sales.<sup>2</sup>

The '[Community Pharmacy News – February 2021](#)' published by the Pharmaceutical Services Negotiating Committee (PSNC) includes the following comments on the impact of Covid-19 on community pharmacies:

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<sup>1</sup> NHS, [NHS Long Term Plan](#), page 82, last updated 21 August 2019

<sup>2</sup> National Pharmacy Association, [Impacts of current funding, policy and economic environment on independent pharmacy in England](#), September 2020, page 7

Alongside health advice, over the past 12 months community pharmacies up and down the country have each dispensed thousands of NHS prescriptions (over 1 billion in total in England) and carried out other patient-facing NHS services for tens of millions of patients - all in a COVID secure environment and racking-up a costs bill of over £400m. [...]

The year (perhaps years?) ahead will likely need pharmacies in every community in England to be able to support COVID-19 testing and vaccinate their local populations as GP colleagues get pulled back to deal with the tsunami of patients with undiagnosed illnesses waiting at their doors. [...]

But in the last five years we have seen c.600 pharmacy closures, with more than half of those in the most deprived areas of the country.<sup>3</sup>

The '[Community Pharmacy News](#)' also sets out how community pharmacies are offering new services to support wider health services, including the Discharge Medicines Service <sup>4</sup> The [Discharge Medicines Service](#) became a new Essential service within the CPCF on 15 February 2021. From this date NHS Trusts have been able to refer patients who would benefit from extra guidance around new prescribed medicines to community pharmacies, with the aim of reducing avoidable harm from medicines and hospital readmissions.<sup>5</sup>

Community pharmacies have also been involved in initiatives during the pandemic, such as supporting victims of domestic abuse. The [Ask for ANI](#) (Action Needed Immediately) scheme was launched on 14 January 2021. The GOV.UK website sets out that "by asking for ANI, a trained pharmacy worker will offer a private space where they can understand if the victim needs to speak to the police or would like help to access support services such as national or local domestic abuse helplines."<sup>6</sup>

The [press release](#) states that the scheme will initially be available through the 2,300 Boots stores across the UK as well as 255 independent pharmacies, with an on-going sign-up process open to all pharmacies.

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<sup>3</sup> PSNC, [Community Pharmacy News – February 2021](#), page 2

<sup>4</sup> PSNC, [Community Pharmacy News – February 2021](#), page 2

<sup>5</sup> PSNC, [Discharge Medicines Service](#)

<sup>6</sup> GOV.UK, [Pharmacies launch codeword scheme to offer 'lifeline' to domestic abuse victims](#), 14 January 2021

## 2. Stakeholder reports

### 2.1 APPG inquiry on impact of Covid-19 on pharmacy

The All-Party Pharmacy Group carried out a flash inquiry from 17 to 30 November 2020 on '[The impact of the COVID-19 pandemic on pharmacy and pharmacy teams](#)'. The report, published on 14 December 2020, states:

A survey of 1,604 pharmacy professionals found:

- 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 every 10 pharmacy owners felt that the financial support offered 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 <sup>7</sup>

The inquiry reportedly "aimed to establish a set of recommendations to be presented to the Government for the support the pharmacies need". The inquiry made the following recommendations:

- 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

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<sup>7</sup> All-Party Pharmacy Group, [MPs call for more Government support for pharmacies, in APPG flash inquiry report](#), 14 December 2020

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.<sup>8</sup>

## 2.2 National Pharmacy Association commissioned report

[‘Impacts of current funding, policy and economic environment on independent pharmacy in England’](#) was published in September 2020 and prepared by Ernst and Young LLP for the National Pharmacy Association.

The [Executive summary](#) states:

- 81% of patients hold a favourable view of pharmacists, higher than GP, optician and dentist groups according to a recent survey.
- During the COVID-19 lockdown, when other health providers were reducing face-to-face access, pharmacy stayed open; over this time 98% of pharmacies reported dealing with increased enquires about serious health conditions.
- Pharmacist consultations and other services can relieve pressure on GPs and planned care services, but 87% of pharmacies report they cannot afford to take on the staff to provide more services.
- The NHS has encouraged longer opening hours for community pharmacy, but those with above average opening hours are almost 2x as likely to be in financial deficit.
- Community pharmacy funding in England is £2.6bn (2.3% of total NHS England spend), which has already been reduced by c. £200m since 2016.
- Community pharmacy’s role is a contributory factor to UK medicines spend being 16% lower per capita than the OECD average.
- Community pharmacy manages the procurement and dispensing of £9.1bn of medicines in primary care
- We estimate that today, 28%-38% of the network is in financial deficit, with 52% of owners planning to sell their businesses.

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<sup>8</sup> All Party Pharmacy Group, [All-Party Pharmacy Group Flash Inquiry: The impact of the Covid-19 pandemic on pharmacy and pharmacy teams](#), page 23, 14 December 2020

- By 2024, we project this will rise to 64-85% under current funding arrangements.
- In our base case scenario, we project a network wide £497m deficit (19% of revenues)
- Persistent deficits of this scale will likely result in businesses having insufficient cash to continue trading and a contraction of the network
- No industry is likely to be sustainable with so many operators in deficit.

The [report](#) makes the following recommendations:

- NHS England should understand any contraction in the community pharmacy network limits the health system's overall ability to deal with crises and other spikes in demand such as winter pressures.
- NHS England should consider the current funding quantum insufficient to sustain the network. Without intervention from NHS England, only the financially strongest pharmacies will survive – limiting access to essential health services in unprofitable areas. Policy makers should put in place public interest focused safeguards against the English community pharmacy network collapsing as an unintended consequence of short-term cost saving.
- NHS England should set prices and funding at a level that supports stated strategic priorities and puts the right incentives in the system. For example, prices based on a fully loaded cost with reasonable certainty over future funding. This would help to incentivise investment in capacity and support pharmacies to sustainably offer services.
- Department of Health and Social Care and NHS England should consider either adopting the principles the government has set out regarding good economic regulation with regards to the community pharmacy network, or establish an independent financial regulator for the system. Good (independent) financial regulation that mitigates the risks of a monopsonistic purchaser could be an important enabler of financial and clinical sustainability for the NHS.<sup>9</sup>

When asked about the implications of the report's findings, Jo Churchill provided the [following response](#) on 1 March 2021:

The data referenced in the Ernst and Young report is not publicly available and we are unable to verify its forecast. On 31 March 2020, latest published data available from the NHS Business Services Authority, there were 11,421 community pharmacies in England. This is 280 fewer pharmacies than on 31 March 2016 but 470 more than on 31 March 2011. Maintaining access to pharmaceutical services is a key priority for the Government and the Department continues to closely monitor the market.<sup>10</sup>

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<sup>9</sup> National Pharmacy Association, [Impacts of current funding, policy and economic environment on independent pharmacy in England](#), September 2020, page 12

<sup>10</sup> Written questions, answers and statements, [Pharmacy: Closures](#), Answered on 1 March 2021

### 3. Impact of the Covid-19 pandemic

Pharmacies remained open during the Covid-19 pandemic, and the All-Party Pharmacy Group notes that “throughout the pandemic, pharmacies have been the accessible healthcare service and many people’s first point of contact with the NHS.”<sup>11</sup>

Despite remaining open, pharmacies had to adapt their services in response to the pandemic. The Pharmaceutical Journal article ‘[How to keep your community pharmacy running during the COVID-19 pandemic](#)’ published on 22 April 2020 details some of the measures that were put in place in response to the pandemic, such as adjusting opening hours and installing physical barriers such as Perspex screens.

The Pharmaceutical Journal [article](#) details how some services were postponed following the onset of the pandemic:

The PSNC has made an agreement to postpone some contracted services within community pharmacy. This announcement detailed the postponement of services such as hepatitis C testing, blood pressure testing, smoking cessation support and point-of-care testing. The national roll-out of GP referrals to community pharmacy through the community pharmacist consultation service has also been delayed, although the existing pilot will remain in place .

The implementation of structured medication reviews and the medicines optimisation service specification through primary care networks has also been postponed.

The PSNC is also introducing an ‘NHS urgent medicines supply service’, which will allow patients, whose GP surgery has closed, to continue receiving their medicines without a prescription. The service will be “switched on” locally as needed – this has already happened in some locations.<sup>12</sup>

Detailed information regarding the changes can be found on the PSNC webpage ‘[Contractual and regulatory changes during the pandemic](#)’.

The Pharmacists’ Defence Association (PDA) also [summarise the impact of the Covid-19 pandemic](#) on pharmacists:

Pharmacists went way beyond their normal duties, so as to ensure continued public access to primary care services and often, whilst working in some extra-ordinarily challenging conditions. Many additional costs were incurred, such as purchasing PPE, making the pharmacies Covid secure, taking on extra staff at a time when many of their regular staff members were ill due to the Covid pandemic and by providing vital additional Covid related services such as delivering medicines to the homes of patients who were shielding.<sup>13</sup>

<sup>11</sup> All Party Pharmacy Group, [All-Party Pharmacy Group Flash Inquiry: The impact of the Covid-19 pandemic on pharmacy and pharmacy teams](#), page 4, 14 December 2020

<sup>12</sup> The Pharmaceutical Journal, [How to keep your community pharmacy running during the Covid-19 pandemic](#), 22 April 2020

<sup>13</sup> PDA, [PDA supports citizen group petition to save community pharmacies from closure](#), 15 December 2020

### 3.1 Prescription delivery

NHS England [announced](#) on 17 March 2020 that Clinical Commissioning Groups would be reimbursed for “a Medicines Delivery Service to support Covid-19 positive and vulnerable patients self-isolating at home” and for providing an “NHS Urgent Medicines Supply Service for patients whose General Practice is closed”.<sup>14</sup>

The Pharmaceutical Services Negotiating Committee (PSNC) webpage ‘[Pandemic Delivery Service](#)’ provides further detail. The webpage states:

The Terms of Service for all pharmacy contractors, bar distance selling pharmacies (DSP), have been amended to require contractors to help shielded patients to receive their prescriptions, while they are self-isolating at home.

Additionally, an Advanced service, which contractors can provide if they wish to, is being commissioned by NHSE&I.

The combined Terms of Service requirements and the Advanced service only apply to the shielded group of patients during the pandemic. The service is not to be used for any other patients.<sup>15</sup>

In a [letter published by NHS England and NHS Improvement](#) on 19 February 2021, it was confirmed that the Pandemic Delivery Service would be commissioned from 19 February 2021 to 31 March 2021 (inclusive) for all clinically extremely vulnerable (CEV) patients living in England.

This followed an [announcement](#) from the Department of Health and Social Care that up to 1.7 million more individuals had been identified as CEV and would be added to the Shielded Patient List, and that the Government’s shielding advice and support was being extended nationally until 31 March 2021.

The PSNC information on the pandemic delivery service includes a [FAQ section](#). The following information is provided regarding patients who are not clinically extremely vulnerable:

Many other patients are requesting home deliveries, but they are not covered by the NHS-funded service.

In the first instance, pharmacy contractors may want to explain that they have seen a massive increase in workload due to the pandemic, their staff are extremely stretched and they urge patients to identify a family member, friend or carer who can collect the prescription from the pharmacy and deliver it to them.

[...]

Pharmacy contractors will want to prioritise any deliveries beyond those to the clinically extremely vulnerable patient group, to other priority patients, such as those over 70 years with long term conditions.

Other than for deliveries to patients in the clinically extremely vulnerable patient group (and deliveries of Specified Appliances),

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<sup>14</sup> NHS England and NHS Improvement, [Letter: Next steps on NHS response to Covid-19](#), 17 March 2020

<sup>15</sup> PSNC, [Pandemic Delivery Service](#)

contractors continue to be able to charge patients for the delivery of prescriptions if they wish.<sup>16</sup>

Further information about the pandemic delivery service can be found on the PSNC webpage '[Service Launch: the Community Pharmacy Pandemic Delivery Service](#)' and the Chemist and Druggist article '[COVID-19: Funding agreed as pandemic delivery service launches](#)'.

### **NHS volunteers**

The Pharmaceutical Journal article '[How to keep your community pharmacy running during the Covid-19 pandemic](#)' provides a summary of how NHS volunteer responders were tasked with assisting in the delivery of medicines during the pandemic:

On 24 March 2020, Matt Hancock, health and social care secretary, announced a call for members of the public to volunteer as 'NHS volunteer responders', who are able to carry out simple, non-medical tasks to support people in England who have been asked to shield themselves from COVID-19, owing to underlying health conditions.

Those who sign up to help the NHS through the GoodSam app can be called upon to deliver medicines to patients' homes on behalf of community pharmacy. The postcode-based app will put out a request to the nearest volunteer who said they are able to provide the service required. When volunteers sign up, they are expected to read advice about delivering medicines.

Pharmacists can request help for at-risk patients via a call centre run by the Royal Voluntary Service, who will match people who need help with volunteers who live near to them. Some charities will also be able to refer people to this service.

An example of how volunteers from a mother's fitness group helped Bedminster Pharmacy in Bristol with the delivery of medicines to patients was reported in The Times.<sup>17</sup>

Further information on can be found on the GoodSAM webpage '[NHS Volunteer Responders](#)'.

## **3.2 Workforce**

It has been reported that when the pandemic began, it was initially unclear whether pharmacy staff would be treated as key workers.<sup>18</sup> However, pharmacy staff were included in the key worker list and were also included in other measures introduced in response to the pandemic:

Community pharmacy staff were added to the key worker list and included in the government scheme to pay £60,000 to the relatives of NHS and social care workers who died from COVID-19 contracted in the course of their work. They were also included in NHS worker shopping hours at supermarkets. And overseas pharmacists were listed as eligible to apply for a new fast-track scheme for health and care visas, announced on 14 July 2020.<sup>19</sup>

<sup>16</sup> PSNC, [Pandemic Delivery Service](#)

<sup>17</sup> The Pharmaceutical Journal, [How to keep your community pharmacy running during the Covid-19 pandemic](#), 22 April 2020

<sup>18</sup> Chemist and Druggist, [Pharmacists backlash against 'key workers' list](#), 20 March 2020

<sup>19</sup> The Pharmaceutical Journal, [No going back: how the pandemic is changing community pharmacy](#), 3 September 2020

## Students

The Pharmaceutical Journal article '[How to keep your community pharmacy running during the COVID-19 pandemic](#)' includes the following information on how pharmacy students could be utilised during the pandemic to support the workforce:

It may be appropriate to enlist the help of pharmacy students who have undertaken work experience at the pharmacy in the past. Currently, universities and other higher education institutions have been temporarily closed, so pharmacy students may be able to work part-time while continuing their studies from home. Pharmacy students are also less likely to be in the high-risk group, meaning that they could be suitable temporary staff.

Final year pharmacy students can join their arranged preregistration workplace ahead of the scheduled start date to help deal with the COVID-19 pandemic, according to guidance from six professional bodies. The guidance — published jointly on 9 April 2020 by Health Education England, NHS Education for Scotland, Health Education and Improvement Wales, Pharmacy Schools Council, Royal Pharmaceutical Society (RPS) and the British Pharmaceutical Students' Association — says that this can be arranged by "mutual consent". It also emphasises that any deployment of pharmacy students to help with the pandemic must be voluntary and that students should not feel coerced.<sup>20</sup>

The article '[The Covid-19 campus: MPharm studying during the pandemic](#)' provides information on how education and training has been impacted, and includes the following:

Another concern is the ability of pharmacies and pharmacy departments to provide the hands-on training that pharmacy students need, with the range of COVID-19 pressures that they are already working with.<sup>21</sup>

## Abuse faced by pharmacy staff

There have been a number of press reports detailing a rise in threatening behaviour towards pharmacy staff following the onset of the pandemic. For example, The Pharmaceutical Journal's article '[Pharmacist shaken after reported assault as cases of abuse towards pharmacy staff rise](#)' from 16 April 2020 included the following:

Results from a survey of more than 1,200 pharmacists, conducted by the Pharmacists' Defence Association (PDA) and [published on 14 April 2020](#), found that more than 90% of respondents had witnessed abusive or aggressive incidents in the past month. It also revealed that 80% of respondents thought that abusive or aggressive incidents had increased in the past month, compared to normal levels. [...] On 26 March 2020, the Royal Pharmaceutical Society [wrote to the National Police Chiefs' Council asking for greater protection](#) for pharmacy staff. The Society has also produced [a collection of posters for display in pharmacies](#), asking for patience and kindness.

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<sup>20</sup> The Pharmaceutical Journal, [How to keep your community pharmacy running during the Covid-19 pandemic](#), 22 April 2020

<sup>21</sup> The Pharmaceutical Journal, [The Covid-19 campus: MPharm studying during the pandemic](#), 14 December 2020

It was [reported in February 2021](#) that “employees at Boots pharmacies are to be fitted with body cameras in an effort to stem the growing abuse levelled at staff by customers”.<sup>22</sup>

The Pharmacists’ Defence Association (PDA) have a long running campaign to [end violence in pharmacies](#), and as part of this they have published a ‘[Stopping violence in the pharmacy policy document](#)’. This includes detailed information on the legal position, civil position, NHS position and professional position in relation to violence in pharmacies. The policy document sets out that patients can be barred from a pharmacy due to threatening behaviour.

However, it was noted in the Pharmacy Network News article ‘[Multiples urged to adopt zero tolerance abuse policy](#)’ from 14 April 2020 that PDA national director Paul Day had said “some employers have been reluctant to sign up to the PDA’s long-running campaign on abuse as zero tolerance policies could lead to a loss in prescription income where a patient is ordered to take their scripts to another pharmacy.”

### 3.3 Financial support during the pandemic

The PSNC webpage ‘[Funding during the pandemic](#)’ lists some of the financial measures put in place to support community pharmacy contractors during the pandemic. The measures include:

- Advance payments
- Costs for protection of staff (e.g. PPE and physical barriers)
- £15m increase in reimbursement prices
- Pandemic delivery service payments (with a pharmacy depending the average number of prescriptions each month receiving £500 per month)
- Payment for opening on Bank Holidays
- Death in service benefits for frontline healthcare workers
- [Pharmacy Quality Scheme 2020/21](#)

The Pharmaceutical Journal article ‘[How to keep your community pharmacy running during the Covid-19 pandemic](#)’ also provides detail on some of the financial measures. For instance, the article notes that pharmacies were provided with a one-off payment to support the installation of physical barriers to help enforce social distancing:

Keith Ridge, chief pharmaceutical officer for England, and Ed Waller, director of primary care strategy and NHS Contracts, and lead at NHS England and NHS Improvement, have written to pharmacists, indicating that they will give all pharmacies (who are not distance-selling pharmacies) a £300 payment to support the installation of physical barriers, such as screens and retractable tape barriers or other adjustments to help enforce social distancing.<sup>23</sup>

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<sup>22</sup> The Scotsman, [Boots staff will wear body cameras to protect them from customer abuse](#), 11 February 2021

<sup>23</sup> The Pharmaceutical Journal, [How to keep your community pharmacy running during the Covid-19 pandemic](#), 22 April 2020

### Advance payments

The Department of Health and Social Care [announced](#) on 2 April 2020 that community pharmacies would receive “a £300 million cash boost to ensure they can continue to carry out essential services during the coronavirus outbreak”.<sup>24</sup>

The [press release](#) states:

The advanced funding injection will support pharmacies to provide critical services to protect community health, including supplying medicines and providing medical advice to patients, during a period of unprecedented demand.

£200 million was paid on 1 April to pharmacy contractors, alongside their normal monthly payments from the NHS Business Services Authority, and a further £100 million will be allocated on 1 May 2020.

In addition to this funding, the Department of Health and Social Care has already reduced the number of services that community pharmacy are required to deliver to allow them to prioritise the most important tasks, but they will continue to receive their full NHS funding. During this period, pharmacies will not be required to pilot new services or carry out non-critical administrative tasks, such as updating practice leaflets.<sup>25</sup>

The press release goes on to make clear that “this uplift is not an additional funding over and above what was agreed for 2020/21 under the Community Pharmacy Contractual Framework 5-year deal.” Instead the uplift “will be reconciled in 2020/21”.<sup>26</sup>

The PSNC webpage ‘[Funding during the pandemic](#)’ sets out that an additional £50 million of advance funding was provided to community pharmacies at the end of May 2020, followed by an additional £20 million at the end of June 2020. This brought the total advance funding to around £370 million.<sup>27</sup>

As noted above, the All-Party Pharmacy Group inquiry ‘[The impact of the COVID-19 pandemic on pharmacy and pharmacy teams](#)’ makes the following recommendation:

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.<sup>28</sup>

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<sup>24</sup> GOV.UK, [£300 million announced for community pharmacies to support them during coronavirus outbreak](#), 2 April 2020

<sup>25</sup> GOV.UK, [£300 million announced for community pharmacies to support them during coronavirus outbreak](#), 2 April 2020

<sup>26</sup> GOV.UK, [£300 million announced for community pharmacies to support them during coronavirus outbreak](#), 2 April 2020

<sup>27</sup> PSNC, [Funding during the pandemic](#)

<sup>28</sup> All Party Pharmacy Group, [All-Party Pharmacy Group Flash Inquiry: The impact of the Covid-19 pandemic on pharmacy and pharmacy teams](#), page 23, 14 December 2020

Following the Budget, the Pharmaceutical Services Negotiating Committee (PSNC) Chief Executive, Simon Dukes, made the following [statement](#) on 3 March 2021:

HM Government states that it has provided £63 billion for frontline health services during the pandemic, yet it has still not taken this opportunity to commit to paying pharmacies the £400m that they have spent in responding to COVID-19. Nor have we had any signs that the NHS wishes to give pharmacy its fair share of the health service's pandemic funds. This is exasperating and disappointing. Community pharmacies are part of the NHS and are the primary entry point into the NHS for many millions of people – they offer unpaid healthcare advice to more than 48 million people every year, alongside dispensing the medicines that keep so many people healthy and out of hospitals. Pharmacies have spent their emergency COVID-19 loans on staying open so that their local communities could continue to rely on them throughout the pandemic, receiving critical NHS services in a COVID-safe environment. Pharmacies must have these costs for running NHS services fully covered: PSNC cannot accept any less, and we will continue to press this point.<sup>29</sup>

### **PSNC funding negotiations**

The PSNC published an '[Update on PSNC funding negotiations](#)' on 9 February 2021:

Contractors will be aware that PSNC has two as yet unresolved funding bids with HM Government: one on COVID-19 costs and the second for an uplift to wider Community Pharmacy Contractual Framework (CPCF) funding. We are currently discussing both these issues with Ministers.

On COVID-19 costs we have put extensive data and evidence to the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSE&I) showing the costs that contractors have incurred as a result of the pandemic. This evidence was drawn from our ongoing contractor surveys and it shows the increased costs of staffing and operational matters such as implementing social distancing measures, as well as the impact on pharmacy businesses from reductions in services and retail income.

PSNC wants the £370m in advance payments received by pharmacies in 2020 to be written off against these costs, many of which are still ongoing. This proposal has been supported by the sector and by cross-party MPs on the All-Party Pharmacy Group.

[PSNC received an initial offer on COVID-19 costs from HM Treasury \(HMT\) in the summer and rejected this as being too limited.](#) We then put additional data to HMT in the autumn, and although we have not yet received a formal response to that, we understand that there has been little movement from that original position.<sup>30</sup>

<sup>29</sup> PSNC, [PSNC calls on Chancellor to write off pharmacies' Covid loans](#), 3 March 2021

<sup>30</sup> PSNC, [Update on PSNC funding negotiations](#), 9 February 2021

### 3.4 Supporting the Covid-19 vaccine rollout

The PSNC webpage '[Covid-19 vaccinations](#)' sets out that community pharmacies can currently play a role in the vaccination programme in two ways:

Option 1: They work with the general practices in their PCN (or a neighbouring one) to support the PCN vaccination site and any outreach into care homes etc. necessary from that site. This could involve pharmacy contractors providing staff, under a private sub-contracting arrangement, to support the GP/PCN-led service; or

Option 2: They provide a COVID-19 vaccination service under the terms of an Enhanced service where NHSE&I want to commission that service, either because they have no existing provision in an area or they need additional provision. Such a service could be provided at a pharmacy, but a suitable off-site location may also be used. Any agreed location for provision of the service would be described as a designated vaccination site.

At the end of 2020, NHS England and NHS Improvement ran a designation process for pharmacy contractors to apply to become a pharmacy Local Vaccination Service (LVS) site, and 192 such sites are now operating across England according to PSNC.<sup>31</sup>

NHS England and NHS Improvement identified a need for more LVA sites and reopened the designation process until 28 February 2021 where there was still a need for the local population.<sup>32</sup>

Contractors need to be able to provide at least 1,000 vaccines per week and open 8am to 8pm, 7 days a week, if required. NHS England and NHS Improvement also sought expressions of interest from contractors who could provide up to 400 vaccines per week.<sup>33</sup>

Lord Bethell provided the following response to a [Parliamentary Question](#) on 24 February 2021 which sets out community pharmacy involvement in the Covid-19 vaccine rollout:

Since 14 January 2021, over 100 community pharmacies, including some independent pharmacies, have started to offer the COVID-19 vaccination service, with more pharmacies joining over the coming months.

Community pharmacies in England, who are or will be providing the COVID-19 vaccination service are required to deliver 1,000 vaccines per week and to achieve this they are supported in the form of training, funding for the service and non-monetary support, including delivery of vaccines, consumables, personal protective equipment and other equipment to operate the site.

NHS England and NHS Improvement are working with all the national pharmacy organisations on plans to ensure that community pharmacies, including independent pharmacies, are used to optimal

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<sup>31</sup> PSNC, [Community Pharmacy News – February 2021](#)

<sup>32</sup> PSNC, [Community Pharmacy News – February 2021](#)

<sup>33</sup> PSNC, [Community Pharmacy News – February 2021](#)

effect in the COVID-19 vaccination programme, starting with the sites that can do this at scale.<sup>34</sup>

The PSNC article '[Covid-19 vacs: Collaborative working between PCN and community pharmacy sites](#)' outlines an example of a collaborative model:

A collaborative model has been developed between the pharmacy site, which is part of the Knights Pharmacy group, and the general practices in Bishop Auckland that are running the PCN vaccination site. [...]

The agreed model involves the pharmacy splitting planned clinic days between the National Booking System (NBS) and the PCN, so the general practices can directly book some of their patients into the pharmacy site slots. The initial focus was on helping the practices maximise the number of clinically extremely vulnerable (CEV) patients that could be vaccinated.

The Pharmacists' Defence Association (PDA) launched the "[A Thousand Little Ships](#)" policy proposal on 3 February 2021:

While some larger pharmacies can provide a very high volume of vaccines to the public and are included in the current programme, the PDA say that the contribution of smaller high street and neighbourhood pharmacies should not be underestimated. Using the analogy of the thousand little ships, which played such an instrumental role in the Dunkirk evacuation during WW2, the combined contribution of many smaller pharmacies could be highly effective as well as providing choice and convenience of where they receive their vaccination.<sup>35</sup>

The PDA go on to state that "SAGE has recently warned that the low uptake of the Covid-19 vaccine among some minority groups poses a 'significant risk' to the vaccine drive" and that community pharmacists could help:

Community pharmacists are both scientists and respected health professionals in local communities, and many are from the BAME population too. They are trusted to provide flu vaccinations and have a unique opportunity to talk to people in their communities about the importance of the Covid-19 vaccine and dispel misinformation.<sup>36</sup>

The PSNC also state they are "keen to see the sector play a greater role in the vaccination programme":

PSNC and the other pharmacy bodies have worked with NHSE&I on proposals for how community pharmacy could play a greater role in the vaccination programme and discussions between PSNC, NHSE&I and DHSC about an Advanced Service have commenced in preparation for a time when this may become possible and desirable. Further information will be provided on this work once there are any developments.

It may also be necessary for the population to be vaccinated on an annual basis, similar to the flu vaccination programme, but researchers require more time to determine whether that is the case.

<sup>34</sup> Written questions, answers and statements, [Coronavirus: Vaccination](#), Answered on 24 February 2021

<sup>35</sup> PDA, "[A Thousand Little Ships](#)" approach to Covid-19 vaccinations could boost capacity and uptake by millions, 3 February 2021

<sup>36</sup> PDA, "[A Thousand Little Ships](#)" approach to Covid-19 vaccinations could boost capacity and uptake by millions, 3 February 2021

If it is needed, a primary care-led model could be part of the solution, but that is all for future consideration.<sup>37</sup>

All healthcare workers, including community pharmacy staff, have the option to book their vaccination appointments through the [NHS COVID-19 Vaccination Booking Service](#). NHS England & NHS Improvement shared a letter dated [9 February 2021](#) for all primary care contractors, including community pharmacy contractors, to encourage participation in its assurance work around staff coronavirus vaccinations.

### Flu vaccinations

Aside from supporting the Covid-19 vaccine rollout, community pharmacies have also been involved in the “biggest flu vaccination programme in history”.<sup>38</sup>

It was [reported](#) in September 2020 that in the first four weeks of the flu vaccination service, community pharmacists vaccinated “over 650,000 patients – three times the number vaccinated in the same period last year”.<sup>39</sup>

## 3.5 Potential long-term changes

The Pharmaceutical Journal published a three-part series of articles which looked at which service changes pharmacists would want to retain following the pandemic. The articles covered [how the pandemic is changing community pharmacy](#), [general practice pharmacy](#) and [hospital pharmacy](#).

In relation to community pharmacies, some of the positive changes identified included “improved collaboration with other healthcare professionals”, “more involvement in vaccination services” and “better recognition for the profession”.<sup>40</sup>

Better utilisation of technology was also highlighted in the [community pharmacy article](#) as a potential long-term benefit, with evidence of increased use of electronic prescriptions following the onset of the pandemic:

One area where IT has enabled more connected working during the pandemic is in the use of electronic prescriptions and electronic repeat dispensing. These processes have been around for years, but lockdown has given an impetus for GPs and patients to use them, with data from NHS Digital showing that the proportion of prescriptions issued electronically increased from 75.0% in February 2020 to 86.5% in April 2020.<sup>41</sup>

It is also noted that pharmacies have had access to more patient information during the pandemic, and that “getting access to more

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<sup>37</sup> PSNC, [Covid-19 vaccinations](#), last updated 1 March 2021

<sup>38</sup> Chemist and Druggist, [Hancock: This year’s flu vaccine programme to be ‘biggest in history’](#), 13 July 2020

<sup>39</sup> PSNC, [Flu vaccination service gets off to a flying start](#), 25 September 2020

<sup>40</sup> The Pharmaceutical Journal, [No going back: how the pandemic is changing community pharmacy](#), 3 September 2020

<sup>41</sup> The Pharmaceutical Journal, [No going back: how the pandemic is changing community pharmacy](#), 3 September 2020

information may be particularly important if patients continue to turn to pharmacies more than they have in the past". The article states:

During the coronavirus pandemic, pharmacists have had access to "additional information", such as significant past medical history and reasons for prescribed medicines, which have been included in summary care records by default. Although this change is temporary, no date has been set for it to end and NHS England says it will remain as long as the pandemic continues. A permanent change would require NHS Digital and NHSX to review the issue and consider information governance implications, according to a spokesperson for NHS England.

The potential for more remote consultations following the pandemic was also raised:

Using remote consultations has given patients a choice about how they interact with pharmacists and allowed pharmacy teams to manage their workloads more effectively.

In England, some patients referred to the community pharmacist consultation service through NHS 111 have been dealt with over the phone, and pharmacies have still been able to claim the normal fee. Pharmacists have also been conducting the new medicine service via phone and [can now do so](#) via video too. Medicines use reviews can also now be provided by telephone or video consultation.

[...]

The Pharmaceutical Services Negotiating Committee (PSNC) is asking for additional investment for remote consultations as part of its funding negotiations with the government.

A spokesperson for NHS England describes video and phone consultations as a "step change", and says NHSX is providing it with advice about the technical capabilities that would be needed in community pharmacy. A change in regulations would be required to enable video to be used for advanced services commissioned through the community pharmacy contractual framework.<sup>42</sup>

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<sup>42</sup> The Pharmaceutical Journal, [No going back: how the pandemic is changing community pharmacy](#), 3 September 2020

## 4. Parliamentary Material

### 4.1 Parliamentary Questions

#### [Pharmacy: Coronavirus](#)

**09 Mar 2021 | 160816**

**Asked by: Sarah Owen**

To ask the Secretary of State for Health and Social Care, what plans he has to allocate additional funding to community pharmacies to help them cover costs incurred as a result of the covid-19 outbreak.

**Answering member: Jo Churchill | Department: Department of Health and Social Care (DHSC)**

Discussions are ongoing with the Pharmaceutical Services Negotiating Committee about additional funding for costs incurred during the COVID-19 pandemic. As well as the increased advance payments, general COVID-19 business support has been accessible to most community pharmacies, including the Retail, Hospitality and Leisure Grant and business rate relief. Additional payments have been made to support opening hours on Bank Holidays, social distancing and the medicine delivery service to shielded patients. Personal protective equipment (PPE) is provided free of charge and pharmacies are reimbursed for PPE already purchased. Non-monetary support provided during the pandemic included the removal of some administrative tasks, flexibility in opening hours and the delayed introduction of new services.

#### [Pharmacy: Coronavirus](#)

**08 Mar 2021 | 159323**

**Asked by: Kate Hollern**

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the potential merits of waiving the repayment of the £370 million allocated to community pharmacies during the covid-19 outbreak.

**Answering member: Jo Churchill | Department: DHSC**

Discussions are ongoing with the Pharmaceutical Services Negotiating Committee (PSNC) on additional funding for costs incurred during the COVID-19 pandemic. The PSNC has proposed that the £370 million increased advance payments are not paid back to cover the COVID-19 costs incurred by community pharmacies. That proposal is being looked at as part of the Government's ongoing assessment of COVID-19 costs incurred by the sector.

#### [Pharmacy: Protective Clothing](#)

**03 Mar 2021 | 157057**

**Asked by: Ms Lyn Brown**

To ask the Secretary of State for Health and Social Care, whether pharmacy staff are required to wear a face covering while serving customers.

**Answering member: Jo Churchill | Department: DHSC**

The Face Covering Regulations require that workers in retail, hospitality and leisure venues wear a face covering where they come or are likely to come into contact with members of the public. Pharmacies are included in these requirements so both staff and members of the public must wear a face covering.

**Pharmacy: Closures**

**01 Mar 2021 | 155378**

**Asked by: Bob Seely**

To ask the Secretary of State for Health and Social Care, what assessment he has made of the implications for his policies of the finding by Ernst and Young in its September 2020 report, Impacts of current funding, policy and economic environment on independent pharmacy in England, that three-quarters of independent pharmacies are at risk of closure by 2024.

**Answering member: Jo Churchill | Department: DHSC**

The data referenced in the Ernst and Young report is not publicly available and we are unable to verify its forecast. On 31 March 2020, latest published data available from the NHS Business Services Authority, there were 11,421 community pharmacies in England. This is 280 fewer pharmacies than on 31 March 2016 but 470 more than on 31 March 2011. Maintaining access to pharmaceutical services is a key priority for the Government and the Department continues to closely monitor the market.

**Coronavirus: Vaccination**

**24 Feb 2021 | HL12193**

**Asked by: Baroness Brady**

To ask Her Majesty's Government what plans they have to increase the number of independent pharmacies that are able to offer COVID-19 vaccination on-site; and what steps they are taking to ensure that such pharmacies (1) receive delivery of, and (2) can administer, COVID-19 vaccinations, promptly.

**Answering member: Lord Bethell | Department: DHSC**

Since 14 January 2021, over 100 community pharmacies, including some independent pharmacies, have started to offer the COVID-19 vaccination service, with more pharmacies joining over the coming months.

Community pharmacies in England, who are or will be providing the COVID-19 vaccination service are required to deliver 1,000 vaccines per week and to achieve this they are supported in the form of training, funding for the service and non-monetary support, including delivery of vaccines, consumables, personal protective equipment and other equipment to operate the site.

NHS England and NHS Improvement are working with all the national pharmacy organisations on plans to ensure that community pharmacies, including independent pharmacies, are used to optimal effect in the COVID-19 vaccination programme, starting with the sites that can do this at scale.

**Pharmacy: Coronavirus**

**03 Feb 2021 | 143708**

**Asked by: Sir George Howarth**

To ask the Secretary of State for Health and Social Care, what assessment he has made of the (a) risk of the latest wave of covid-19 cases to the health of frontline pharmacy staff and (b) additional support that those staff require to ensure that they remain safe.

**Answering member: Jo Churchill | Department: DHSC**

Guidance on working safely is available on GOV.UK for people who work in community pharmacies and a COVID-19 standard operating procedure for community pharmacy has been published by NHS England and NHS Improvement.

The first part of this year's Pharmacy Quality Scheme focuses on activities to support the response to COVID-19, including the requirement to complete individual COVID-19 risk assessments for all community pharmacy staff, particularly those already known to be in an 'at risk' group or from a black, Asian and minority ethnic background.

We have supported community pharmacies and their staff in other ways to adopt COVID-19 secure working practices, such as free personal protective equipment (PPE) and reimbursement for PPE previously purchased and £300 towards premises adjustments.

**Pharmacy: Finance**

**16 Dec 2020 | 126185**

**Asked by: Alexander Stafford**

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that community pharmacies are financially viable businesses.

**Answering member: Jo Churchill | Department: DHSC**

Community pharmacies in Rother Valley and across the country, provide a vital service to the patients in the areas they serve. The Community Pharmacy Contractual Framework five-year deal, agreed in 2019 with the Pharmaceutical Services Negotiating Committee, commits £2.592 billion annually to the sector, with nearly £13 billion committed over five years.

Further, during the COVID-19 pandemic, £370 million has been made in advance payments to support pharmacies in maintaining medicine supplies and providing health advice. For June to September we have increased reimbursement prices of the most commonly prescribed generic medicines by £15 million. Additional payments have been made to support opening hours on Bank Holidays and for a medicine delivery service to shielded patients.

**Pharmacy: Coronavirus**

**09 Nov 2020 | 97608**

**Asked by: Justin Madders**

To ask the Secretary of State for Health and Social Care, what assessment he has made of the covid-19 outbreak on the long-term funding requirements of community pharmacies.

**Answering member: Jo Churchill | Department: DHSC**

The Government has put in place an unprecedented financial package during the COVID-19 pandemic, providing support to all businesses, including community pharmacies. We have also made £370 million in advance payments to alleviate cash flow pressures and have provided extra funding to cover the costs of Bank Holiday opening, a new medicine delivery service for shielded patients, and measures taken by community pharmacy to support social distancing. For June to September 2020, there has also been an increase of £15 million per month to reimbursement prices of the most commonly prescribed generic medicines.

Additional funding, for costs incurred during the peak of the pandemic, is being actively discussed with the sector. We will also carefully consider other representations on how we can further support community pharmacy so they can continue to deliver.

#### [Pharmacy: Protective Clothing](#)

**23 Sep 2020 | 82362**

**Asked by: Janet Daby**

To ask the Secretary of State for Health and Social Care, what recent steps he has taken to ensure that pharmacies have a sufficient supply of personal protective equipment.

**Answering member: Jo Churchill | Department: DHSC**

The Department is working to provide community pharmacies with personal protective equipment (PPE). In March we delivered PPE to around 11,500 pharmacies in England, with a further supply in July delivered to pharmacies in Leicester, which were affected by the local lockdown. Further supplies of PPE can be ordered through the wholesalers and distributor networks that supply to community pharmacies. Those pharmacies who are critically short of PPE, should phone the National Supply Distribution Response on 0800 915 9964 for an urgent delivery.

From 3 August, all community pharmacies were invited to register with the PPE portal, where they can order up to a set amount of PPE per week. Pharmacies are encouraged to register promptly for the PPE portal, to ensure they can order emergency PPE from a central inventory. Pharmacies can contact the Department's customer services team on 0800 876 6802 if they have any queries or are struggling to register with the portal. Information on what items are available for this sector and size are available on the Department's Guidance at the following link:

<https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment>

## 5. Press Articles and Press Releases

### 5.1 News and Journal articles

[Treasury's Covid loan demand 'putting pharmacies in England at risk'](#)

The Guardian

8 March 2021

[Budget 2021: Pharmacy bodies pledge to keep pushing for pharmacies' Covid costs](#)

Pharmacy Business

5 March 2021

[Pharmacies at risk of closure following demands to pay back Covid support](#)

The Times [Subscription required]

2 March 2021

[Lloyds Pharmacy owner McKesson in talks to sell high street giant](#)

Sky News

16 February 2021

[Pharmacists in England considering strike action over Covid debts](#)

The Guardian

10 February 2021

[COVID-19: Nearly 40,000 sign petition for pharmacy to keep £370m](#)

Chemist and druggist

16 December 2020

[No going back: how the pandemic is changing community pharmacy](#)

The Pharmaceutical Journal

03 September 2020

[No going back: how the pandemic is changing general practice pharmacy](#)

The Pharmaceutical Journal

06 August 2020

[No going back: how the pandemic is changing hospital pharmacy](#)

The Pharmaceutical Journal

02 July 2020

[How to keep your community pharmacy running during the COVID-19 pandemic](#)

The Pharmaceutical Journal

22 April 2020

[Pharmacist 'shaken' after reported assault as cases of abuse towards pharmacy staff rise](#)

The Pharmaceutical Journal

16 April 2020

[Multiples urged to adopt zero tolerance abuse policy](#)

Pharmacy Network News

14 April 2020

## 5.2 Press Releases

[£300 million announced for community pharmacies to support them during coronavirus outbreak](#)

Department of Health and Social Care

02 April 2020

## 6. Further Reading

### 6.1 Reports

["A Thousand Little Ships" approach to Covid-19 vaccinations could boost capacity and uptake by millions](#)

The Pharmacists' Defence Association

January 2021

[The impact of the COVID-19 pandemic on pharmacy and pharmacy teams](#)

All-Party Pharmacy Group

30 November 2020

[Impacts of current funding, policy and economic environment on independent pharmacy in England](#)

Ernst and Young LLP

September 2020

[The Impact of the Coronavirus Pandemic \(COVID-19\) on Community Pharmacies](#)

UCL

30 June 2020

[Stopping violence in the pharmacy](#)

The Pharmacists' Defence Association

May 2017

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