

## **Letter from RPS President Sandra Gidley to Parliamentary Under-Secretary of State for Health Jo Churchill MP**

23 April 2020

### **Protecting pharmacy teams**

"I welcomed the news that community pharmacy teams in England will now be able to apply for COVID-19 testing to support retention and help keep them looking after patients. The important issue of access will also need to be addressed, either by boosting the number of centres to reduce journey times, or enabling mobile testing to collect samples from staff directly.

"I know you well understand the continued concerns shared across health professions about PPE. We are still hearing of a mixed picture when it comes to pharmacists being able to access the PPE they need, so I would welcome your continued support on this issue. We would want to ensure that pharmacy teams can readily order PPE through the electronic portal, so they can focus on patient care."

### **Health and wellbeing support**

"After speaking to NHS officials, we welcomed their agreement to allow pharmacy staff not directly employed by the NHS to access the new mental health 'hotline'. We look forward to building on that discussion. The COVID-19 pandemic has thrown into sharp relief how different care settings must respond together to changes in demand, and the needs for parity of support for all health workers wherever they may be. This should extend to greater occupational health support for all pharmacists post COVID-19, in line with that provided for GPs and dentists."

### **Medicines supply**

"The Government has said it is examining how COVID-19 could affect the medicines supply chain. As part of prudent planning to help manage future shortages, pharmacists should be empowered to make simple substitutions without the patient going back to the prescriber. Community pharmacists in Scotland already have greater professional autonomy to make such decisions to support patient care. For pharmacists in secondary care these substitutions are standard practice. This would save patients time and reduce GP workload."

### **Prescription charges**

"The collection of prescription charges, during a time of added pressure, is an unnecessary bureaucratic burden on depleted pharmacy teams. This is a view shared across the sector. Given the increase in third party collection due to shielding and self-isolation, it would be pragmatic to suspend collection of prescription charges altogether. Volunteers cannot be expected to handle cash as they should not be having personal contact with potentially COVID-19 positive patients and most pharmacies do not have the facility to take remote card payments. Please suspend the collection of charges because this is one transmission risk factor that can be avoided, and may even save lives. This would also support people struggling to cope with reduced incomes."

### **Fair funding for community pharmacy**

"We recognise the thinking behind the advance payment to support cash flow for community pharmacies, but our members are telling us that this payment will not be enough to pay the additional wholesaler bills generated as a result of them struggling to meet the extra demand for prescription medicines. Some will struggle to pay staff. This short-term patch is insufficient to meet current needs, so it is vital that this is now backed up with longer-term funding.

"Many across the profession have been working flat out over the past month and often at personal financial cost. The pharmacy profession has always delivered for patients, but funding cuts over the last few years mean that pharmacy teams have been trimmed to the bone. In addition to the financial pressures mentioned above, pharmacy teams now have the added administrative and logistic burden of arranging deliveries. Community pharmacy in England, by comparison to Scotland and Wales, has been poorly treated and I would urge you to examine the reasons for this disparity, reflect on them, and work to ensure that pharmacists receive the sustainable support that they need and deserve."