

## UK COVID-19 Inquiry: Have your say : Royal Pharmaceutical Society response

Submitted by Jonathan Lloyd Jones, policy lead for the Royal Pharmacutical Society in Wales on the 5th of April 2022

1. **Are you submitting feedback as an individual or on behalf of an organisation?**

* Individual
* Organisation

1. **What organisation are you submitting feedback on behalf of?**

The Royal Pharmaceutical Society (RPS). We are the professional body for pharmacists in Great Britain. We welcome the opportunity to respond to this consultation and would like to thank the department of health and social care for the vaccination as a condition of deployment roundtable in October 2021.

1. **Do the Inquiry’s draft Terms of Reference cover all the areas that you think should be covered by the Inquiry?**
   1. Yes
   2. No
2. **Please explain why you think the draft Terms of Reference do not cover all the areas that the Inquiry should address.**

The proposal within the Terms of Reference to look at the economic response to the pandemic and in particular additional funding for relevant public services is important but believe that resource for healthcare, including pharmacy, should be an individual term of reference. This should focus on enabling the teams who took on additional responsibilities and service during the pandemic to maintain and build on this service e.g., pharmacists taking on additional primary care work , covid vaccination and advanced roles in secondary care.

In addition to the management of the pandemic in hospitals and care homes, the management of the pandemic in the community should be included. This would allow evaluation of the services provided by various healthcare practitioners such as GPs, community pharmacists, dentists, opticians etc who required to make significant changes to provision of the care they provided. Included in this would be NHS triage services (NHS24 in Scotland) who also had to escalate and develop services at pace to fulfil requirements as the key point of contact for the public.

There is no mention of health and care staff wellbeing and impact on mental health or burnout which have been inevitable but important to understand this to support resilience in future pandemics.

Communication between the UK government and the public over the course of the pandemic, and even now, should be a term of reference. The lack of communication and the impact of that should be looked at, particularly in relation to major healthcare stakeholders and providers. The enquiry should also include a review of how Covid plans interfaced with other countries inside and outside of Great Britain, for example the disjointed and slow response and implementation travel bans and communication of guidance to the devolved nations.

Preparedness is listed in the terms of reference. However, this should be more specific. For example, the ability to access and make available LFTs, PCR and and Nightingale hospitals which had difficulty with staffing. The enquiry could focus on lessons learnt from the army and retired staff where mobilised, we heard anecdotally that opportunities were missed in mobilising willing retired workforce.

We would welcome a focus on future readiness for a pandemic. By learning from our response to this pandemic a plan can be shared and put into action by each sector of health and social care in a coordinated way in the event of a future pandemic.

The Terms of reference should be more specific around the disparities of care for those with protected characteristics. For example, reports show that ethnic minority groups and people with a disability were disproportionally affected – for example people with a disability were more likely to ‘have do not resuscitate’ orders without their consent. [Analysis](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/24januaryto20november2020) by the Office for National Statistics showed that six in 10 Covid deaths were of people with a disability. There should also be a focus on 'children' and 'school ‘who were severely impacted by society decision making.

‘The development and delivery of therapeutics and vaccines;’ is not quite correct as the development was not done by health and care staff, rather by pharmaceutical and biotechnology companies. What should be included is development and delivery of implementation programmes for therapeutics and vaccines including provision of staff to support vaccine roll out.

1. **Which issues or topics do you think the Inquiry should look at first?**

There should be a focus on the good work that pharmacy did both in the primary care and in hospitals relating to vaccine programme, supporting access to care and taking on additional roles. Positive recognition is important for our workforce and consideration should be given to how we can continue to deliver these excellent services going forward.

Communication between the UK government and the public should be a priority as this, or lack of it, is still having an impact on those who are providing essential services. One example is the lack of communication which has been given to the public around the ending of LFT pickup from community pharmacies. This lack of communication leads to, and is still leading to, frustration and aggression towards staff in settings which have remained open throughout the pandemic.

Access to scheduled care/surgery across Great Britain still differs greatly. Some services in some areas are ‘switched back on’ and others haven’t causing in-equity depending on where you live or what clinical condition you have. Hospital visiting rules also vary significantly causing confusion and great upset to patients and their family and friends.

1. **Do you think the Inquiry should set a planned end-date for its public hearings, so as to help ensure timely findings and recommendations?**
   1. Yes
   2. No

Agree a planned end date is essential to ensure key failings/lessons learned are addressed before another pandemic or similar challenge arrives. Perhaps topics could be prioritised and reported on an iterative basis as they are completed rather than waiting years for a full report.

1. **How should the Inquiry be designed and run to ensure that bereaved people or those who have suffered serious harm or hardship as a result of the pandemic have their voices heard?**

Engagement of bereaved people or those who have suffered serious harm or hardship as a result of the pandemic could be supported via existing public engagement organisations/approaches, Since a large proportion of the population has been adversely affected citizens’ panels, third sector advocacy groups as well as open recruitment of volunteers via various media (newspapers, social media, local councils) could be utilised.