



Royal  
Pharmaceutical  
Society  
of Great Britain



22 February 2008

The Pandemic Influenza Preparedness Team  
Department of Health  
452C Skipton House  
80 London Road  
London SE1 6LH

Dear Sir

### **Pandemic Influenza – Surge capacity and prioritisation in health services**

This response is written on behalf of the bodies<sup>1</sup> that represent the owners of community pharmacies in response to the initial consultation on guidance on managing surge capacity needed to respond to an increased volume of patients during an influenza pandemic.

We welcome the opportunity of responding to the consultation and please find our comments below.

#### **Background**

In the event of a pandemic there will be large numbers of additional people who will require care and treatment within primary care, some of whom would, under normal circumstances, be cared for in a hospital setting. It is likely that the community pharmacy element of primary care, frequently the first line of contact for patients seeking care, will bear a considerable burden of expectation and demand from the community.

Front line primary care services will need to deliver care to individuals in greatest need of their services, and who cannot be managed by alternative means. The delivery of other key services such as provision of medicines to patients with long term conditions, urgent care, supporting patients to self care, and effective management of the flow of patients between primary and secondary care (including care homes and residential settings) will also be key to managing demand.

Prioritising patients for care is an important element of surge management. Patients will be discharged from hospital earlier than usual to be cared for by primary care and hospital admittance criteria will change. Both of these situations will lead to more critically and terminally ill patients being nursed at home or in the community in enhanced rest centres. Pharmacies will provide key elements of this care and must be included in the planning process.

The pharmacy bodies have been working with a number of DH working groups on different aspects of planning for an influenza pandemic to ensure that the important contribution which community pharmacy can make to the continuity of primary healthcare during a pandemic is well understood by all stakeholders. We have also ensured that key roles and core functions have been highlighted in both the National Framework and the community setting guidance, and suggestions for consideration are listed in **Appendix 1**.

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<sup>1</sup> See end of main document for the list of pharmacy bodies and their remit.

### **Integrated configuration of services**

The guiding principles (6.2) state that 'plans should take a whole system approach and encompass primary, community and secondary care'. It is therefore, important to ensure that community pharmacy is included in this planning to ensure that community pharmacy plays its full part and to ensure that patients, both acute and those with long term conditions, continue to receive their pharmaceutical care.

Repeat dispensing is included in the pharmacy contractual framework and provides a method by which patients with long term conditions can access their medicines for up to one year without the need to make an appointment with their doctor. This is not yet fully utilised in all areas of the country but would provide a solution to reduce GP workload. Consideration should be given to promoting and supporting the uptake of this service now so that it is fully operational before the pandemic by developing incentives to encourage GP engagement, possibly by making it a Directed Enhanced Service for GPs.

Integrated plans and a whole systems approach to managing surge capacity are critical. For example, GP practices may suspend some routine work to enable them to focus on caring for and treating those with more acute or urgent needs. The prioritisation of services for those who are seriously ill will result in patients with minor ailments being diverted to the pharmacy; recent research conducted by IMS Health for the PAGB and PSNC found that minor ailments account for 18% of all GP consultations.

The increased use of self care has been identified (6.6) and community pharmacy will be the first port of call for most sufferers. Services such as minor ailment schemes will be important to ensure patients still have access to appropriate advice and medicines. Support to set up these services nationally should be introduced as soon as possible to ensure that there is universal access in preparation for the pandemic.

According to the statistics quoted in the consultation document less than 30% of clinical cases will result in a GP consultation (4.2); the remaining 70% are likely to require products to allow patients to treat themselves. It is also likely that most patients attending a GP consultation will emerge with a prescription or a recommendation to purchase an over-the-counter remedy; these patients will also present to a community pharmacy.

Pharmacy contractors will try to maintain normal services for as long as possible, and then activate a proportionate response to the pandemic in line with PCT plans. We agree with point 14 of the recommendations that, in order to promote integrated response plans, PCTs will need to fully involve Local Pharmaceutical Committees (LPCs) in the development and testing of response plans and decisions on how surge capacity will be managed across primary care services.

Capacity will need to be increased in line with demand, as mentioned in the elements of surge capacity (6.3) and the pharmacy bodies are jointly responding to the consultation on legislative changes in a pandemic which include several measures which will assist in this, such as the extension of emergency supply without prescription. Further considerations for increasing capacity are listed in **Appendix 2**.

The pharmacy bodies have also produced guidance on business continuity planning and specifically continuity planning during an influenza pandemic.

### **Pre-Surge activity**

Pre-surge activities (Table 7) identify messages on self care and how the public should prepare and look after themselves; promoting these messages and educating the public could be a key role for community pharmacy. PCTs should work with LPCs and community pharmacies to decide how best to utilise the public health campaigns element of the community pharmacy contract to promote good health and support national communications on pandemic influenza preparedness.

Although the provision of some health promotion services may need to be reduced in the event of a pandemic, some public health interventions prior to and during a pandemic will remain critical in supporting the general health and wellbeing of the local population. Public health information and interventions delivered through community pharmacies such as healthy eating and stop smoking services for example, will be important in helping to ensure

people are in a better state of health to combat illness, whilst public health messages on hand-hygiene and coughs and sneezes etiquette will be important in discouraging spread of the influenza virus.

An important factor in being able to maintain normal services for as long as possible, will be in managing the 'worried well'. Although robust national and local communication plans will be critical in informing the public about the pandemic and how they will need to respond, community pharmacies in particular, are likely to receive a large number of calls and presentations from concerned patients and members of the public during (and after) WHO Phase 5.

There may be rumours and misinformation about the disease, attack rate, and likely severity of the pandemic. To manage this demand, pharmacies will provide advice and reassurance to members of the public, but also sign-post people to the mechanisms available to help them to focus upon delivering care to those in greatest need of their services.

Community pharmacies need to be kept informed of surge management plans including the criteria for admitting and discharging patients from hospital and the arrangements for treating an increased number of patients within the community.

### **Surge Activity**

In addition to the surge in demand due to the pandemic itself, and the increased number of seriously ill patients being nursed in the community, it is likely that community pharmacy will be called upon to expand services to the 1 million patients who have their prescriptions for long term conditions dispensed at a community pharmacy each day. Failure to continue treatment could result in acute exacerbation of their conditions or precipitation of an event which would warrant emergency admission to a secondary care facility.

Community pharmacy will therefore see a surge in activity much greater than that experienced by GP surgeries but at the same time the community pharmacy workforce will be hit hard by the direct and indirect impact of the pandemic. The community pharmacy workforce will be in the front line during a pandemic, directly exposed to those seeking treatment for influenza, and as such it is vitally important that they are afforded priority consideration for antiviral treatment and vaccination.

Indirectly, the workforce is likely to be impacted by strategic decisions to close schools, as a large proportion of the community pharmacy workforce comprises women with school age children. Similarly, any strategic decision to restrict the supply of transport or fuel will impact the ability of the pharmacy workforce to get to their place of work. Pharmacy staff must be afforded priority access to fuel to maintain the delivery of pharmaceutical care.

### **Recovery Activity**

Activities to resume normal working and the triggers to return to non-pandemic legislation will need to be agreed for community pharmacy and contractors will need to be informed of these arrangements.

### **Communication**

Community pharmacy will be one of the front lines of communication in the pandemic pre surge and surge phases. Consistency of messages and the need to complement routes of communication with other organisations and healthcare professionals will be vital for communications planning.

Community pharmacy could provide a practical source of advice to potentially vulnerable patients to ensure they are aware of the need to have an adequate supply of paracetamol, food and disposables such as tissues in their homes. Thought will need to be given to the way in which messages are communicated to the public to avoid potential additional local surges and security problems for community pharmacies caused by panic buying of products such as paracetamol tablets.

We agree that all staff must be kept aware of current information (12.1). Community pharmacy was not included in the Winter Willows exercise last year, so it is crucial that they are included in PCT communication plans.

To ensure that all community pharmacy contractors are aware of the operational response and any changes, it is important that robust communication plans are set up and tested and that triggers for configuration of services to manage increased demand and legislative changes for the pandemic situation are clearly identified.

## **Security**

Given the general appreciation that community pharmacies stock vital medicines, and in anticipation of a certain amount of civil unrest, community pharmacies must be afforded an appropriate degree of priority for police protection. Community pharmacies should be included in the pre-surge planning process with local police to assess security and vulnerability (Section 13).

### **Remit of the pharmacy bodies making this response:**

#### Pharmaceutical Services Negotiating Committee

The Pharmaceutical Services Negotiating Committee (PSNC) is the body that represents community pharmacy on NHS matters and seeks to secure the best possible NHS services provided by pharmacy contractors in England. It is the body recognised by the Secretary of State, in accordance with s165(1)(a) National Health Service Act 2006 as representative of persons to whose remuneration any determination made by the Secretary of State would relate.

#### National Pharmacy Association

The NPA has, in voluntary membership, the vast majority of the UK's community pharmacy owners. The Association supplies members with a range of services to help them maintain and improve the health of the communities they serve.

#### Company Chemists Association

Through the CCA, its member companies work together to create an environment where community pharmacy can flourish, and where pharmacy contractors compete in a fair and equitable way. Our nine companies – Alliance Boots, Co-operative Group Pharmacy, Lloydspharmacy, Tesco, J Sainsbury, Wm Morrison Supermarkets, Asda Wal-Mart, Rowlands Pharmacy and Superdrug – together operate over 6,000 pharmacies in the United Kingdom.

#### Royal Pharmaceutical Society of Great Britain

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis, a role that is expected to become statutory under forthcoming legislation. The primary objectives of the RPSGB are to lead, regulate, develop and represent the profession of pharmacy.

#### Community Pharmacy Wales

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

#### Association of Independent Multiple Pharmacies

The Association of Independent Multiples (AIMp) has over 1200 pharmacies in membership and represents the interests of the independent multiple sector. Its members have between 5 and 300 shops, and include: Day Lewis, HI Weldrick Ltd and PCO Healthcare.

## **Appendix 1**

### **Core community pharmacy functions in the event of a pandemic**

In the event of a pandemic it is likely that there will be a 'tipping point' where community pharmacies will need to manage additional demand by focussing their resource in delivering core functions or services to the public. This may involve also extending (temporarily) some of their services and areas of work to meet the specific needs of an influenza pandemic.

Core services that will need to be maintained or extended during an influenza pandemic are as follows:

- Dispensing;
- Repeat dispensing;
- Support for self-care, including:
  - giving advice on the use of over-the-counter medicines for flu and non-flu symptoms
  - supporting those with long term conditions through integrated medicines management;
- Signposting to other available services (NHS, social care, and any other appropriate services within the locality);
- Acceptance of unwanted medicines;
- Maintenance of medicines supply where agreements or contracts are in place with other bodies, e.g. mental health trusts, hospices, care homes, prisons;
- Access to medicines and advice out of hours through extended opening hours and integration of pharmacy services with other out of hours services; and
- Support and promote national public health campaigns.

To ease pressure on GP surgeries and community services, new powers may be given to community pharmacists (subject to consultation and Parliamentary approval). These may include:

- additional powers to make emergency supplies of complete patient packs;
- a minor ailments scheme to supply over-the-counter medicines without the need for a doctor's prescription to patients who would have otherwise gone to a GP or A&E to obtain such a medicine; and
- maintenance of public confidence in supplies of medicines (e.g. manage short-term supply problems or substitutions of products).

### **Other pandemic-specific roles**

Other roles that Local Pharmaceutical Committees will need to liaise with their PCT on to determine their level of involvement in includes:

- antiviral medicine distribution;
- administration of a pandemic-specific vaccine;
- any other locally identified services/roles specific to a pandemic situation; and
- distribution of antibiotics to those who are deemed to require them.

## Appendix 2

### Increasing Capacity

Increasing capacity (6.4) is a major component of surge management. Community pharmacy will be expected to provide more services to more patients but with severely reduced capacity. Therefore, the planning process must include community pharmacy, and should consider the following issues:

- **Process**
  - Communication to community pharmacy about the initiation, continuation, and cessation of emergency measures;
  - What requirements might be put in place for pharmacies to increase their stock levels – particularly of key products;
  - Supply of medicines, especially those imported which may be severely interrupted in a pandemic, and those which are not traditionally stocked under normal conditions but which may be needed to provide care for patients in the community due to changes in hospital admission and discharge arrangements, will need to be considered;
  - Some elements of the pharmacy contract and non essential services may need to be suspended in order to prioritise services and cope with increased demand whilst some services may need to be extended.
  
- **Premises**
  - Given the general appreciation that community pharmacies stock vital medicines, and in anticipation of a certain amount of civil unrest, community pharmacies must be afforded an appropriate degree of priority for police protection;
  - Community pharmacies provide a good network of accessible healthcare professionals, NHS services and support for self care.
  
- **Providers**
  - Community pharmacies are a mixture of independent contractors, small multiple groups and large corporate multiples;
  - Communication with, and between, pharmacy organisations will be a key requirement in ensuring continuity of service;
  - It is possible that under emergency powers granted to PCTs during a pandemic, pharmacy staff may be required to relocate to other pharmacies in order to maintain services. Should this result in the closure of a community pharmacy, the pharmacy contractor should not suffer any financial disadvantage, and arrangements to be put in place for the pandemic will be the subject of discussions between PSNC and the Department of Health.
  
- **People**
  - The community pharmacy workforce will be among the first to be affected (directly & indirectly), and as such must be regarded as front line staff and afforded priority for vaccination and antiviral drugs;
  - Schools and universities may be closed at the onset of the pandemic. Thought should be given to deploying pharmacy students in community pharmacies, either in the dispensary or as medicine counter assistants, for the duration of the pandemic. SHAs would need to develop a plan with the Universities in their area as to the best way to utilise this resource.