



Sector Analysis Special Edition:
Community Pharmacy & COVID-19
September 2020

The primary sources of information and data in this publication were responses from WPC member organisations to the WPC COVID-19 Survey conducted in August 2020. Other references are cited.

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World Pharmacy Council

WPC Membership



The Pharmacy Guild of Australia
Danmarks Apotekerforening (Denmark)
Irish Pharmacy Union
Pharmacy Guild of New Zealand
Associação Nacional de Farmácias (Portugal)
Consejo General de Colegios Oficiales de
Farmaceuticos España (Spain)
Pharmaceutical Services Negotiating Committee
and National Pharmacy Association (UK)
National Community Pharmacists Association (USA)

The mission of the World Pharmacy Council is to build international recognition of community pharmacy, its role, policies and value, and to influence, promote and secure acceptance of community pharmacy as an important and integral part of health systems.

www.worldpharmacycouncil.org

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Introduction

The COVID-19 pandemic has been the most significant global challenge in decades. While the social and economic consequences have been far-reaching, at its core it has been a health crisis, with an effect on almost every community around the world.

Community pharmacies are the most frequently visited healthcare destinations in most developed countries, and community pharmacists are the most accessible healthcare professionals. Their crucial, frontline role in the management of the pandemic and its challenges should come as no surprise.

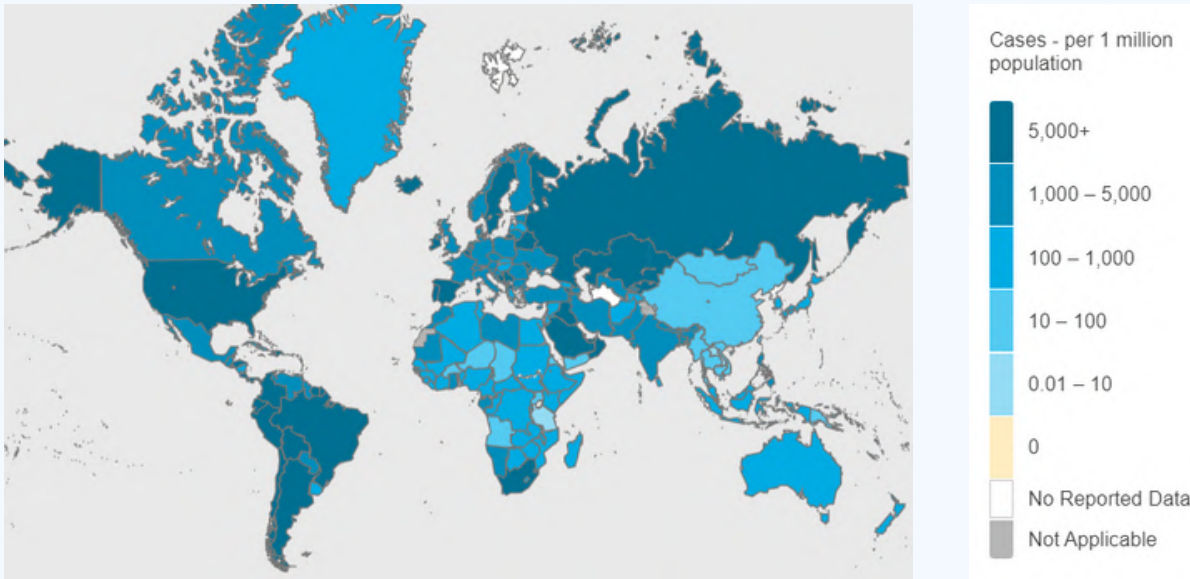
The demands on community pharmacy staff and resources have been immense. Changing workflows, patient education, logistical and supply chain disruptions, massive spikes in demand, new services, PPE, accelerated uptake of new technologies – all of this and more had to be dealt with safely and professionally, in a high stress, high risk workplace. Community pharmacies did not close. They could not close. They are – and always have been – essential.

Community pharmacists and their teams have received well-earned praise from patients, politicians, bureaucrats, the media, the community, and even royalty. Throughout the crisis, there has been growing recognition of pharmacy's role in public health, in the management of chronic conditions and common ailments, as local health hubs and triage points, and as an essential pillar of a collaborative, frontline primary health care workforce. With this, there has also been recognition of the untapped potential community pharmacy holds for society and health systems – not only at times of crisis, but at all times. The goal – for pharmacy organisations and for payers and regulators – should now be to harness this potential, to act on this real world evidence, by permanently unlocking the full scope and capability of community pharmacy while ensuring the strength and viability of the sector.



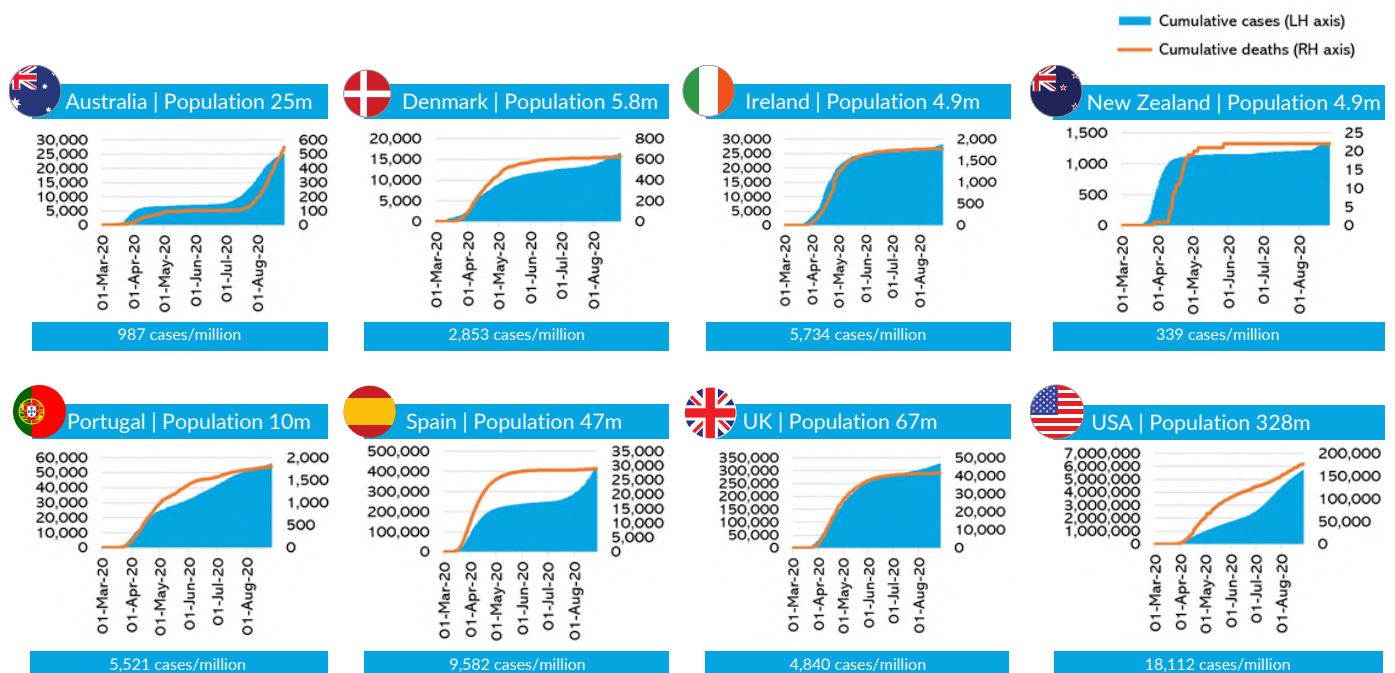
COVID-19 global impact

COVID-19 cases per 1 million population



As at 27 August 2020, more than 24 million COVID-19 cases have been reported worldwide, resulting in more than 820,000 deaths.

The eight World Pharmacy Council member nations represent a diverse cross-section of the developed world with regard to their COVID-19 outcomes. Regardless of each government's approach to COVID-19, one thing they have in common is that community pharmacies have had an integral role in the pandemic response in every country and at every stage.



Data source: World Health Organisation, as at 27 Aug 2020

Recognition of the role of community pharmacy **Spain**



"Their Majesties the King and Queen wanted to convey to all [pharmacists] a message of encouragement, support and appreciation for the essential role they have played as health professionals in particularly complex and difficult circumstances. For his part, the President of the General Council has undertaken to convey to all the members of the Association the interest, closeness and recognition shown by Their Majesties the King and Queen for the work carried out by the entire pharmaceutical profession."

MADRID, MAY 13, 2020 - **HIS MAJESTY KING FELIPE VI AND HER MAJESTY QUEEN LETIZIA** HELD A VIDEOCONFERENCE WITH THE GENERAL COUNCIL OF OFFICIAL ASSOCIATIONS OF PHARMACISTS, REPRESENTED BY ITS PRESIDENT, JESÚS AGUILAR.



Recognition of the role of community pharmacy **United Kingdom**



“Pharmacists have been at the forefront of supporting people through this pandemic, and I want to express my gratitude to each and every one of them for supporting this country and their local community.

“Traditional face-to-face services really matter and, combined with embracing technology and innovation, they have been central to how pharmacies have continued to serve their communities. In doing so, they have kept people safe and well.”

LONDON, JUNE 16, 2020

MATT HANCOCK, SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE



From L-R - NPA Chair Andrew Lane, Health Secretary Matt Hancock and community pharmacy contractor Market Chemist London, Shiraz Mohamed.

Recognition of the role of community pharmacy **Portugal**



"Há muitas linhas da frente, às vezes algumas menos óbvias, ou menos perceptíveis, como é o caso das farmácias, que queria saudar veementemente."

"There are many front lines, sometimes less obvious, or less perceptible, such as pharmacies, which I would like to salute vehemently."

ANTÓNIO SALES
STATE SECRETARY FOR HEALTH
APRIL 1, 2020



Recognition of the role of community pharmacy Ireland



"The Minister and the Department of Health fully acknowledge that community pharmacy has played a pivotal role in responding to the health needs of the public during the crisis. It is recognised that community pharmacists have ensured the continued availability of a professional, accessible service for the public and have successfully managed to alleviate the worries and concerns of the population around continuity of medicine supply in the face of great uncertainty."

LETTER FROM JIM BRESLIN,
SECRETARY GENERAL, DEPARTMENT
OF HEALTH TO DARRAGH
O'LOUGHLIN, SECRETARY GENERAL,
IRISH PHARMACY UNION.
JUNE 9, 2020



SIMON HARRIS
MINISTER FOR HEALTH
APRIL 14, 2020

Recognition of the role of community pharmacy **United States of America**



"Giving pharmacists the authorization to order and administer COVID-19 tests to their patients means easier access to testing for Americans who need it. Pharmacists play a vital role in delivering convenient access to important public health services and information. The Trump Administration is pleased to give pharmacists the chance to play a bigger role in the COVID-19 response, alongside all of America's heroic healthcare workers."

ALEX AZAR
SECRETARY
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
APRIL 8, 2020



Recognition of the role of community pharmacy **New Zealand**



JULIE ANNE GENTER
ASSOCIATE MINISTER FOR HEALTH
LETTER TO PHARMACY GUILD OF NEW ZEALAND

"I would like to thank you for your exceptional work vaccinating New Zealanders against the flu during an unprecedented and stressful year of high demand as we deal with a global pandemic. Pharmacists have been on the frontline, delivering flu vaccine at twice the rate of last year which is outstanding."

"Thanks again to the members of the association for the incredible work you're doing in the community to make sure that people can access medications when they need them. And also just acknowledging the work you've been doing and the challenges you've been facing in terms of putting that in place in a safe way in terms of COVID."



DR LIZ CRAIG MP, INQUIRY INTO THE
GOVERNMENT RESPONSE TO COVID-19 -
HANSARD TRANSCRIPT OF 22 APRIL 2020

Recognition of the role of community pharmacy **Australia**



"Let me start by thanking you for your extraordinary dedication and service to the Australian community. The stresses and strains are real. The Prime Minister, myself and the whole Cabinet have seen the immense work being undertaken under extreme pressure. Many of you are working around the clock, literally, to ensure that critical medicines and health advice is available for those who need it most. We could not be more appreciative or thankful."

GREG HUNT
MINISTER FOR HEALTH
OPEN LETTER TO THE COMMUNITY PHARMACY SECTOR
MARCH 19, 2020



Health Minister Greg Hunt (2nd from right), Prime Minister Scott Morrison (2nd from left), and Deputy Prime Minister Michael McCormack (far right) with officials from The Pharmacy Guild of Australia at the signing of the 7th Community Pharmacy Agreement, negotiated and signed during the COVID-19 pandemic.

Community pharmacies on the frontline

In cities and towns across all WPC member countries, the majority of local doctors closed their doors and moved to a telephone or remote consultation model. Community pharmacies were universally considered to be an essential service provider, and remained open and accessible to the public. In many locations they became the only healthcare practitioner available for face-to-face advice.



DK

"There was a very large decline in the use of both GPs and hospitals at the start of the pandemic. GPs closed for consultations and recommended use of video consultations."



UK

"In the UK, GPs closed their doors to the public and any consultations were undertaken over the telephone or virtually. Consequently, community pharmacists found themselves on the receiving end of a number an urgent medication and clinical treatment enquiries. Also, as a significant number of patients "shielded" at home included those on regular medication, the number of requests for home deliveries grew exponentially and a service was officially commissioned through community pharmacy."



ES

"For non-hospitalized patients, community pharmacies were the only health setting to dispense medicines, supply medical devices, and to provide health advice to the population."



US

"The pharmacy was identified by government as an "essential" business and was therefore allowed to stay open while most other businesses and Primary Care Physician (PCP) practices closed. Pharmacists became the patient's stop gap primary provider during the peak of the pandemic. Patients needing advice on minor ailments or care continuation of their chronic conditions relied on the pharmacist."



NZ

"General Practice (GPs) generally moved to around 70% virtual consultations, with some closing doors altogether. There was limited face-to-face GP contact, while community pharmacies were expected to remain open and were expected to do so at all alert levels (NZ has system of four alert levels, with increasing escalation and lockdown restrictions across country)."



Innovation and responsiveness to local community needs

Community pharmacies are in a unique position to respond quickly and effectively to solve the needs of local populations. They are trusted, highly accessible, and have teams of agile, knowledgeable and well-trained staff who are attuned to local people and want to help them.

The pandemic emergency heightened this innovative and responsive community spirit. Throughout this report you will find many examples of community pharmacies – locally, regionally and nationally – striving to help their patients at the hardest of times. Patients they know, and have looked after for many years, and who now needed them more than ever.

The importance of maintaining a viable, well-distributed, highly accessible network of community pharmacies, with staff enabled to operate at their full scope of professional expertise, has never been as clear as in 2020.

In-house manufacturing of hand sanitiser to overcome shortages and satisfy unmet demand; implementing new, safe and socially-distanced methods of communication such as telehealth consultations; taking the time to find ways to help patients navigate uncertainties caused by their doctor being unavailable or a medicine being out of stock. These are just a few examples of the innovation and responsiveness of community pharmacies throughout the pandemic.

Pharmacies set up triage desks at their front doors to ensure patients' needs were met safely and efficiency, with as little contact as possible with others. Pharmacies quickly established new, expanded or customised services including local home deliveries to the most vulnerable or isolated people in their communities. Pharmacies also responded to many requests for help from governments – to assist with PPE distribution; to dispense medicines previously only available in hospitals; to provide a hub for public information on infection control and prevention; to monitor and mitigate drug shortages; and much more.

"We are getting more OTC [over-the-counter] questions than any other time in my 27 years as a pharmacist," said

Nadia Rasul, RPh, from Kroger Pharmacy in the Columbus, OH, area.

She noted that community pharmacists are the new urgent care professional when patients are afraid to go to medical offices.

"We counsel on which gauze to get, how to change a dressing, how to help a breastfeeding mom know if her symptoms are serious enough to go to the emergency department—and we help calm anxiety about COVID-19," she said. "We also address concerns about buying ibuprofen after listening to the media, how to take a temperature. And we explain how soap is still a viable option when no sanitizer is available."

Source: APhA article, [Community pharmacies have an even bigger role during COVID-19](#) (August 18, 2020)



Stories from the health service frontline



"A patient was needing an anticoagulant medicine urgently.

After numerous calls between the pharmacy and the wholesaler, and with the patient desperate for his medication, we ended up calling the manufacturer. At first, the manufacturer was adamant that the product could only be sourced via the wholesaler, but in the end they said they could deliver that evening. Despite being a Friday and wanting to go home to my young family, I stayed until 90 minutes after closing until the medication arrived via a courier. As soon as the medication was unpacked, I contacted the patient and delivered the medication to him."

NEWDAYS PHARMACY, WINDSOR, BERKSHIRE.
OLIVIER PICARD.

"When we had medication shortages, such as Clenil inhalers, we went out of our way to find alternatives such as Soprobac. To help patients further, we called their doctors on their behalf to make sure that the alternative prescription was sent down ASAP."

BRANDT ROAD PHARMACY,
LINCOLN.
KAT MELLADAY.

"Patients' anxieties are high and they struggle to see a doctor. They are coming into us for reassurance and advice constantly, and we are overwhelmed by the amount of people coming to us.

"The pharmacy had a patient come in who had been referred to them for a blood pressure check. She was light-headed and feeling very unwell. We took her blood pressure which was slightly low and then she showed us an allergic reaction she had to the antibiotics she was taking. She had a rash all over her body which was getting worse. We gave her some antihistamines, kept her in the pharmacy until she felt better and the rash started to reduce. The patient was really scared and had nowhere to turn but us and was extremely grateful we are here."

GARNER PHARMACY, PINNER.
KASHMA SHAH.

"We delivered prescriptions free of charge to reduce pressure on surgeries and keep patients safe. We felt we had to help after we saw elderly patients standing for up to three hours in queues for medication. Social distancing was not being adhered to, everyone was leaning on the same balcony. We recruited some drivers who bring prescriptions to the patients' door free of charge. All local surgeries were covered by the scheme."

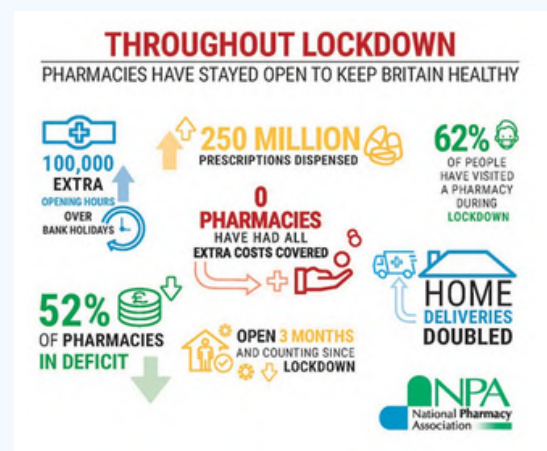
BUCKDEN PHARMACY, BUCKDEN, CAMBS.
ASGHAR KARIM.

"The first week of the lockdown was horrendous in keeping up with demand for prescriptions. Staff were coming in at 7.30am and going home at 8pm. It was a very stressful time. We put up perspex screens, had PPE, had hand sanitiser at the door, kept people 2m apart and allowed two in at a time. But we got through it and came out smiling. It was about teamwork – the team were amazing."

WELL PHARMACY, LOCHGELLY, FIFE.
JAYNE KIRK.

[READ MORE](#)

Stories from the
health service
frontline



"Under strain, but resilient and high performing"



These insights into community pharmacy's stresses and responses were published by the National Australia Bank in September 2020 following a survey of Australian pharmacists.

"Against the backdrop of COVID-19 pressures, over 1 in 4 pharmacists rated their anxiety levels 'high'. The ability to cope with anxiety appears to improve the longer a pharmacist has been in business, and by the size of business. Concerns over health and safety due to COVID-19 (both for themselves and their staff) have shown little signs of easing in recent months, and in Victoria, have continued to rise.

Of concern, 2 in 3 pharmacists report an increase in harassment post-COVID (with almost 1 in 5 saying it had risen 'considerably'). Disappointingly, over 8 in 10 pharmacists in NSW and 6 in 10 in Victoria report an increase in harassment. Pharmacists are also less likely to recommend their profession to their children or family than they would have 10 years ago.

What emerges is a sector clearly under strain, but resilient and high performing. Many believe the role community pharmacy plays in primary health care is not well understood or appreciated outside the industry. Pharmacists spoke of frequently going well beyond community expectations to improve the physical, social or mental wellbeing of their patients.

Examples include: personally delivering medications (and even groceries) to the vulnerable and isolated; visiting the sick in their homes; providing unpaid counselling (on issues ranging from drug addiction to workplace bullying and loneliness); providing "handyman" skills to repair broken wheelchairs; offering discounts to those in financial difficulty; making beds for elderly patients and feeding their pets; calling ambulances, organising and driving patients to appointments, correcting medication errors; continuing to provide medication after bushfires destroyed their businesses; frequently staying back late or opening early to accommodate patient needs; driving 200km to source supplies to provide free hand sanitiser for patients; offering deferred repayment plans for those who have lost employment; and calling over 200 patients to check on their welfare."

[NAB/PHARMACY GUILD PRACTITIONER SURVEY 2020](#)
SEPTEMBER 2020

Demand spikes, troughs, and drug shortages

At stages during the pandemic, panic buying and hoarding resulted in sudden, unprecedented demand for many medicines, causing shortages and other problems. At other stages, pharmacies suffered major downturns, impacting cash flow and viability.

With the onset of the pandemic, community pharmacies in most WPC countries experienced an unprecedented increase in demand. In the responses to the WPC member survey, organisations in Australia, Ireland, New Zealand and Portugal all reported temporary spikes in pharmacy sales of 40% or more in sales in March 2020. Severe supply chain issues arose as a result of this surge. Shortages were exacerbated by the concentration of manufacturing in China and India – for example, in the early stages of the pandemic the largest producer of paracetamol (India) prohibited exports for a short period, causing a real risk of unavailability for many countries.

To deal with these problems several countries reduced the quantity that can be dispensed at one time, most commonly down to one months' supply. In some cases therapeutic substitution was enabled. The time and resources taken to deal with shortages during the pandemic, to minimise the potentially harmful consequences for patients, cannot be understated.



AU

In mid-March, reports of panic buying and stockpiling were prominent, including for medicines as well as grocery lines. Early into the pandemic, the Australian Government and medicines supply chain worked together to implement limits for the supply of some prescription and non-prescription medicines. The fact that Australia already had 30 day standard dispensing on most prescription medicines was very useful to manage medicine supplies during COVID and to respond quickly to shortages being experienced.



NZ

There was a surge in demand heading into country lockdown (up 30-40%), followed by around 20% reduction in demand when country in complete lockdown restrictions for around five weeks (as people stayed in their own homes and did not go out to visit their GP). There was a reduction from three month all-at-once dispensing to monthly dispensing – this reduced supply risks and improved equity of access to medicines across country, but the rapid change has led to significantly increased workloads and pressure on workforce.



PT

Portuguese community pharmacies reported 23.9 million packs with unavailability problems. The peak of access problems was reached in March. Even in June, according to ANF's Centre for Health Evaluation & Research (CEFAR), 68% of the Portuguese pharmacies reported drug availability problems. Exceptional measures were introduced, including therapeutic substitution by the pharmacist after consulting with the prescribing physician.

A global problem: Dealing with drug shortages



US

ALEXANDRIA, Va. (April 16, 2020) — As the coronavirus pandemic strains the U.S. health care system, an overwhelming majority of local pharmacists are having a difficult time obtaining drugs vital to the health of their patients. A new survey from the National Community Pharmacists Association finds that nearly 90 percent of neighborhood pharmacies have experienced drug shortages since March 1, 2020. "In communities across the country, the neighborhood pharmacist is the closest health care provider to the patient," said NCPA CEO B. Douglas Hoey, pharmacist, MBA. "Pharmacists work hard to manage supplies and find solutions or alternative, safe, and effective treatment options for patients when some drugs are in short supply," Hoey said. "The potential disruptions to the drug supply chain we're seeing are troubling. As we look beyond COVID-19 and move to make our health care system more resilient, policymakers must look at ways to increase transparency regarding shortages and to bring more generic drug manufacturing here to the U.S."

Source:

<https://ncpa.org/newsroom/news-releases/2020/04/16/90-percent-community-pharmacists-report-drug-shortages-covid-19>



IE

July 26, 2020 – Irish patients are at risk due to shortages of medicines becoming an increasing problem. This warning was issued by the Irish Pharmacy Union (IPU), following a survey of its members. Darragh O'Loughlin, Secretary General of the IPU said "Almost every pharmacist across the country reports experiencing a worsening of medicine shortages. It's part of a pharmacist's role to use their expertise and experience to source appropriate substitute medicines for patients but this is becoming an ever-increasing challenge. The most worrying statistic is that almost half of pharmacists (48%) believe shortages are potentially impacting on patients' health. The impact of COVID-19, Brexit and the falling price of medicines have all been identified by pharmacists as [reasons]. As we prepare for the upcoming winter season, with the threat of a second surge of COVID-19 hanging over us, there is a sense of foreboding that these shortages will get even worse in the months ahead."

Source: <https://ipu.ie/home/article/growing-concern-about-medicine-shortages-in-ireland/>

Examples of the most significant drug shortages

DENMARK	paracetamol for children, hydroxychloroquine, azithromycin.
NEW ZEALAND	asthma inhalers, paracetamol, fluoxetine.
PORTUGAL	paracetamol, ascorbic acid (vitamin C), dapagliflozin + metformin, formoterol, rosuvastatin + ezetimibe, hydroxychloroquine.
UNITED STATES	albuterol inhalers, hydroxychloroquine, azithromycin.

Spain's CisMED - drug shortages monitoring



94% of Spaniards reported not having had any problem with shortages, according to a survey conducted in April. In Spain pharmacists have collaborated closely with the Medicines Agency through CISMED (Center for Information on the Supply of Medicines). Over 9,000 of Spain's pharmacies automatically report medicine supply status information to the CisMED system every day. A statistics-based analytical process is used to anticipate when a trend of short supply of any drug may turn into a more serious shortage. Early warnings allow corrective or mitigating actions before patient access and continuity of therapy is jeopardised.

CisMED is managed by Spain's General Council of Official Associations of Pharmacists (Consejo General de Colegios Oficiales de Farmaceuticos España). CisMED is an application which is embedded in the pharmacy stock management software. It works as follows:

The stock management system has a list of the wholesalers the pharmacy works with, usually a list of two or three, and the Consejo is configured as the last "virtual" wholesaler.

When a pharmacy places an order for new stock, the system addresses the order for this product to the first wholesaler. If that wholesaler cannot supply, the order goes automatically to the next, and so forth until exhausting the list of wholesalers. If no actual wholesaler can supply, the order goes to the virtual "Consejo wholesaler", a repository where this information is saved as a short supply.

There is monitoring at the regional level: if a minimum significant number of pharmacies in a province report is unable to order a product during three days within any week, this is considered to be a problem of **short supply for that province**. There is another analytical process to determine and notify a **shortage at national level**, and another to **anticipate a shortage** based on constant monitoring of the trend of short supplies.



Do you have problems with the supply of medicines.
Register with CisMED! and report your incidents easily
CisMED
Center for Information on the Supply of Medicines

TRANSLATION

Increased roles and responsibilities

With doctors unable to write new prescriptions, and drug shortages an increasing problem, pharmacists have been given increased roles and responsibilities. The most common regulatory change across WPC member countries was to allow pharmacists to extend the duration of existing prescriptions and/or provide an emergency supply at the request of the patient (provided the medicine has been supplied in the past).

In Australia, for drugs with severe shortages, substitution with therapeutically equivalent products has been allowed for the first time.

Regulations were changed in Portugal to allow specialised medicines to be dispensed through community pharmacies – medicines that previously have only been available if the patient visited a hospital.

In all cases, protocols, clinical judgment and expertise are used to assess the correct approach for each patient, including when or if any medicine is dispensed.

All of these new responsibilities were well within the scope of practice for pharmacists, and are evidence of the additional value that the profession can provide to the health care system at all times (not just at times of crisis), by being enabled to operate at their full scope of practice (see *Recommendations from WPC members*).



IE

New legislation was enacted that gave authority for pharmacists to extend the length of prescriptions by three months if they deemed it clinically appropriate. The legislation also strengthened the clinical decision-making for pharmacists by increasing the length of time a pharmacist could supply an emergency supply.



PT

Portuguese community pharmacists managed medication continuance by renewal prescriptions. They were also able to dispensing hospital and specialty medicines – for patients suffering from HIV, cancer, multiple sclerosis, and other diseases – through the national “Green Light Operation”.



AU

The Continued Dispensing arrangements (urgent supply of a long-term prescription medicine in the absence of a prescription) that were in place for the bushfire crisis in January 2020 were extended due to COVID-19 to ensure patients could access Pharmaceutical Benefits Scheme (PBS) medicines in the event that they were self-isolating or unable to attend a consultation with their prescriber.

Home Delivery Services

Long before the pandemic, local community pharmacies were delivering medicines to the homes of people who were most in need. With the introduction of lockdowns and "stay at home" advisories, the number of people in need increased exponentially.

Home delivery services have been crucial during the pandemic. They allowed vulnerable citizens, such as the sick or elderly, to stay at home. Deliveries from their regular, trusted local pharmacy ensured that medication adherence did not reduce, which for some patients may have prevented other medical problems that would have further stretched a fragile, overburdened and sequestered health system. Some home deliveries were government-subsidised, while others were performed entirely at the expense of the community pharmacy.



ES

More than 850,000 patients benefited from the provision of home deliveries in just the first month of lockdown. This service was not established before the pandemic.



IE

Pharmacists provided a medicine delivery system for those patients deemed at high risk and advised to cocoon. This was not funded, and operated with the good will of pharmacists and local support networks.



AU

The Australian Government funded a pharmacy home delivery service. Vulnerable people, and those in home isolation, are able to order their government-subsidised prescription medicines remotely and have these items delivered to their homes to reduce their potential exposure to COVID-19.



UK

As a significant number of patients "shielded" at home included those on regular medication, the number of requests for home deliveries grew exponentially and a service was officially commissioned through community pharmacy.

"We delivered prescriptions to reduce pressure on surgeries and keep patients safe. We felt we had to help after we saw elderly patients standing for hours in queues for medication."

Stories from the #NHSfrontline at
www.nhsfrontline.com/pharmacyheroes



Portugal's Green Light Operation



Portuguese community pharmacies introduced a national initiative called the Green Light Operation, enabling free home delivery, a telephone support line for patients, and the dispensing of medicines usually only available through hospitals. The initiative's tagline – *há luzes que nunca se apagam* ("there are lights that never go out") – could apply around the world to community pharmacists' tireless efforts to maintain the supply of vital products and services throughout the pandemic, when other options were not accessible.



There are lights that
never go out

Call free 1400
Delivery at home or at your pharmacy

TRANSLATION

ORDER
AND COLLECT
AT YOUR PHARMACY

CALL 1400

We'll help you!

There are lights that never go out

TRANSLATION



Prevention & Public Health

Pharmacies have always been available for their communities during the pandemic crisis, not only promoting access to medicines and continuity of therapy, but also disseminating public health advice, especially related to COVID-19 prevention.

Through posters, leaflets, face-to-face advice, telephone support, and many other methods pharmacists informed their communities about the virus, its symptoms, and how to most effectively implement preventive measures such as face masks. Many pharmacies produced hand sanitiser to solve shortages.

**AU**

The Therapeutic Goods Administration introduced urgent legislation and guidance to make it easier for local businesses to manufacture hand sanitiser. Community pharmacies can now produce and supply to healthcare facilities and consumers, provided they compound strictly using the TGA recipe.

**PT**

The ANF published a range of materials concerning COVID-19, helping pharmacies advise their patients. This included factsheets, through Revista Saúde and Farmácias Portuguesas, as well as through the project “Vila Saúde”, with information and materials designed for children.

**ES**

The Autonomous Communities of Andalusia, Madrid, Catalonia, Castilla La Mancha and Valencia have trusted the pharmacy to distribute masks according to criteria of need and based on the patient health card. A total of 29 million citizens have benefited from this initiative.

**UK**

A number of pharmacists and their teams needed to react to an instant change in the prescribing and administration of substance misuse, which could have led to unintended consequences on the service user. Some community pharmacies also volunteered to be part of a safe space campaign which meant making their consultation rooms available to those victims of domestic abuse.



US

Pharmacists helped save the day by compounding hand sanitizer. The Food & Drug Administration (FDA) gave special permission to allow its compounding and hundreds of pharmacies did so. Many of those pharmacies donated gallons of sanitizer to first responders, fire departments, and others in need.



"Pharmacists also sold PPE (masks in particular), or donated masks. One media story of a pharmacist in Wisconsin told of how he gave away packs of masks via cars lined up on the street that had heard he had masks and was giving them away to help limit the spread of COVID in his community."

NCPA

Public health messages and advisories displayed in pharmacies in Ireland and Portugal.



DIFFERENCE BETWEEN COVID-19, FLU AND COLD SYMPTOMS

Symptoms	COVID-19	Flu	Cold
	Symptoms range from mild to severe	Abrupt onset of symptoms	Gradual onset of symptoms
Fever or chills	Common	Common	Rare
Cough	Common (usually dry)	Common (usually dry)	Mild
Shortness of breath	Common	No	No
Lost or changed sense of smell or taste	Common	Rare	Rare
Fatigue	Common	Common	Sometimes
Aches and pains	Common	Common	Common
Sore throat	Sometimes	Sometimes	Common
Headaches	Sometimes	Common	Rare
Runny or Stuffy Nose	Sometimes	Sometimes	Common
Feeling sick or vomiting	Rare	Sometimes	No
Diarrhoea	Rare	Sometimes in children	No
Sneezing	No	No	Common

Source: www2.hse.ie/conditions/coronavirus/symptoms.html

www.ipu.ie

THINK
PHARMACY

Coronavirus



PLEASE DO NOT STOCKPILE MEDICINES

- One month's supply of prescription medicines is the maximum quantity allowed by the HSE under the GMS or other Community Drug Schemes
- It is vital to continuity of supply of essential medicines that people do not stockpile prescription or non-prescriptions medicines
- Pharmacies will remain open and medicines will continue to be available throughout this crisis

PLEASE HELP US TO HELP EVERYONE



PROTEGEMO-NOS UNS AOS OUTROS E CUIDAMOS DO AMBIENTE

COMO USAR CORRECTAMENTE AS MÁSCARAS



COLOQUE A MÁSCARA ADEQUADAMENTE



- Antes, lave ou higienize as mãos com uma solução à base de álcool.
- Confirme qual o lado interno da máscara: será o que fica em contacto com o rosto. Nas cirúrgicas, é a parte branca. Se for de tecido, garanta que está seca.
- Coloque a máscara agarrando-a pelos aros ou elásticos.
- Ajuste-a ao nariz, e cubra a boca e o queixo. Não deixe folgas entre o rosto e a máscara.
- Uma vez colocada, evite voltar a tocar na máscara até à sua retirada.

RETIRE A MÁSCARA DE FORMA SEGURA

- Se for cirúrgica, deve ser trocada quando estiver húmida, em média, a cada 4 ou 6 horas.
- Se for de tecido, deve ser usada no máximo durante 4 horas e trocada antes, se estiver húmida.
- Antes, lave ou higienize as mãos com uma solução à base de álcool.
- Agarre pelos elásticos ou aros, evitando tocar na parte da frente da máscara, e volte a higienizar as mãos.



PEÇA MAIS ESCLARECIMENTOS
AO BALCÃO DA SUA FARMÁCIA



JÁ LAVASTE AS MÃOS HOJE?



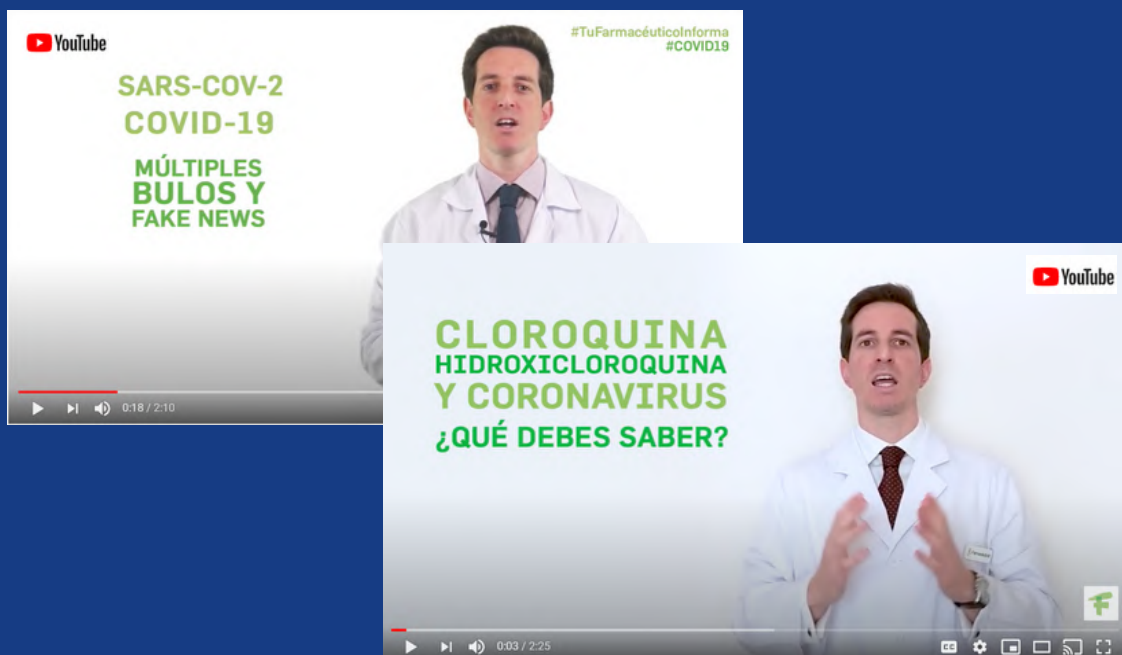
Há luzes que nunca se apagam
#vencerocovid19



Posters and public health messaging displayed in pharmacies in England and Australia.



Pharmacist-led videos in Spain aimed to dispel misinformation in the community





Risk management, workflow, change management and technology

Some of the major themes emerging from the survey of WPC members have been the issues associated with rapidly changing workflows, new policies, disrupted logistics, new technology, uncertain demand and heightened anxiety for patients and pharmacy staff. As a frontline, consumer-facing health care destination there has been a need to protect pharmacy teams from possible infection, while also protecting patients. Some of this has been dependent on the availability of personal protective equipment (PPE). Many pharmacies have installed devices such as perspex screens and barriers to restrict or manage the spacing and flow of patients, ensuring that staff can safely interact with them and services can be maintained.

Workflow was affected in many other ways, including more frequent cleaning of all surfaces, the regimented use of hand sanitiser and special handling of stock. As with so many other areas of the economy and society, community pharmacies also became even more dependent on technology. Due to most prescribers moving to a remote consultation model, electronic prescriptions became a priority. Denmark, Portugal and the USA all had very high rates of electronic script usage prior to the pandemic. However, Australia, New Zealand, Ireland, Spain and the UK all reported significant increases in the usage of electronic prescriptions or acceleration in the introduction of new measures. This rapid change also created new workflow challenges and stress for both pharmacy staff and patients.

"Pharmacies have been bombarded with a mix of script channels"

Pharmacy Guild of New Zealand

Infection control: Keeping patients and staff safe



ES

The risk management measures used to reduce the risk of infection for all members of the pharmacy team and patients included:

- Maintaining social distancing for people entering the pharmacy as much as possible, through using signage/barriers and floor markers to instruct patients to remain 1.5 m from the counter.
- Wearing face coverings and PPEs. PPE recommended for droplet/contact protection consists of a disposable surgical/procedure mask, disposable gloves and eye protection (face shield or goggles).
- Providing hand sanitiser near the entrance of the pharmacy.
- Installing screens at the patient contact area to provide barrier protection.



AU

Many pharmacies split staff into 'teams' to reduce the risk of cross-infection and consequences if there was a positive case amongst staff. Some had a staff member stationed in front of pharmacy triaging requests from patients. At stages during the peak of the pandemic lockdowns, some pharmacies were not allowing people to enter the premises, but having a staff member deliver medicine and other products to patients outside.



DK

All stores (including pharmacies) have a duty to make hand alcohol available to their customers. At the beginning of the pandemic, most pharmacies established protective screens between the customer and the staff. These screens remain.



US

Pharmacy owners added plexiglass in areas where patients interacted with staff. Staff wore masks. The physical layouts of stores were reconfigured to limit patients walking through the stores. Instead, walk up windows inside the store were added. Curbside pick-up was added to limit patients entering the pharmacy. Some pharmacies broke their teams up into group A and group B to prevent potential contamination crossover. New cleaning protocols were established that increased the frequency of cleaning phones, computer terminals, registers, counters, door handles, etc.



UK

Government provided some funding for perspex screens. Masks and gloves had to be procured at the expense of the pharmacy.

Managing new workflows and IT

**NZ**

GPs moving to virtual – while a positive step, and considerably speeding up claiming process – has led to unmanaged workflow issues. Normally the script dictates workflow processes in the pharmacy and doctors, pharmacists and patients are fully familiar with this. Because this happened so quickly in NZ in March, the e-prescribing and new workflows introduced under COVID-19 now require improved education and change management support to make this work better for patients, prescribers and pharmacies. Pharmacies have been bombarded with a mix of script channels (NZePS, emails, faxes, phones), and less of the standard paper-based process, but this means pharmacies are having to manage workflows in new ways. The challenges of this all end up in pharmacy to manage and not necessarily with full understanding of the consequences of this by doctors and patients. Work is now underway to address this after the event.

**AU**

The introduction of paperless e-scripts, which was in its early stages before the pandemic, was accelerated due to the pandemic. However this has had to be done in a controlled way in order to avoid disruption to pharmacy workflow and patient continuity of care at an already extremely difficult time. The introduction of ePrescriptions is a major change management undertaking. E-scripts were introduced in numerous Communities of Interest (COI) testing hubs around Australia, including the entire city of Melbourne following a new outbreak in August.



Financial Costs

The implementation of preventative measures, longer hours, higher staffing costs, expansion of unpaid or loss-making services, increasing cost of stock, and plunging sales during lockdown periods, have resulted in a very significant financial burden for community pharmacy businesses.

The financial cost of the pandemic to community pharmacy businesses has been very significant. Surveys conducted in Ireland, New Zealand and the USA all showed pharmacies struggling with the increased outlays on preventive measures and higher staffing costs. At the same time, many pharmacies have suffered from a serious downturn in sales. Depending on the level of lockdown and isolation advisories in place at any time, pharmacies – like most other businesses in shopping centres or on "Main Street", experienced dramatically lower foot traffic. While dispensing volumes may have been less affected, front-of-shop sales – which are often essential to the viability of the pharmacy – were severely impacted.



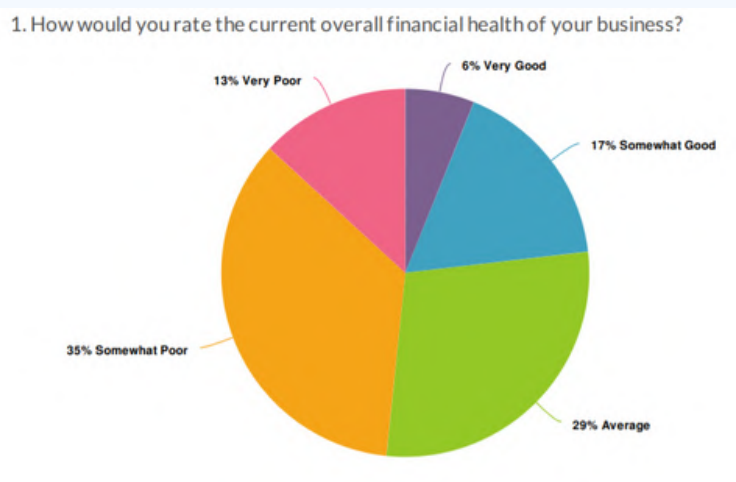
US

National Community Pharmacists Association – April 20, 2020

Nearly 90 percent of community pharmacies will apply for small business federal aid under the CARES Act to help them get through the coronavirus storm, according to a new survey released today by the National Community Pharmacists Association.

"Pharmacies are 'essential businesses' staying open during the COVID-19 pandemic to keep serving their communities, but many are on the brink at the very time they are needed most," says NCPA CEO B. Douglas Hoey, pharmacist, MBA. "In the 18 months before this crisis, the number of pharmacies had shrunk by over 2,000, mostly due to low reimbursement from pharmacy benefit managers. Ten million patients lost the pharmacy of their choice in just over a year – a staggering number that will only grow during the pandemic recovery if pharmacies don't have relief from below-cost PBM reimbursements so they can be there into the future."

Source: NCPA Report for Pharmacy Economic Health: Coronavirus Pandemic Survey (April 2020)





IE

Irish Pharmacy Union COVID-19 Pharmacy Business Survey

€2,800

average cost per pharmacy of PPE
and physical distancing measures

€5,000

average cost per month of
additional services and staffing



Irish Pharmacy Union COVID-19 Pharmacy Business Survey

94%

"94% of pharmacies reported that they were offering a delivery service. 59% have their own staff delivering medicines, 12% are employing additional staff, and 29% are using voluntary organisations/volunteers."

86%

"Almost 9 out of 10 pharmacies reported that their front-of-shop retail business had reduced because of restrictions introduced during the current public health emergency, with respondents confirming an average 36% reduction in sales."

26%

"A quarter of pharmacies reported having had to restructure their loans to ensure adequate cashflow within their business, with a further 19% having to increase their overdraft facility."

68%

"The costs associated with physical distancing and PPE are among the most significant, with over two-thirds (68%) installing new counter screens to protect patients and staff."

Financial Support

Most community pharmacies qualified for general business support measures implemented by governments. However, despite their unique role, specific financial assistance for pharmacy was modest, or non-existent.

It has been well documented that most governments provided financial support packages to eligible businesses, to minimise job losses, hardship and economic damage. These have taken the form of wage subsidies, grants, loans or tax concessions.

Despite their increases in operating costs, and their unique role as a publicly accessible healthcare destination in the midst of a once in a century pandemic, support measures specific to community pharmacy were modest at best. New Zealand's package, while being the most comprehensive pharmacy-specific package of all WPC nations, still fell well short of covering costs.



NZ

New Zealand pharmacies were provided with NZ\$15 million funding for meeting initial needs. This was pre-lockdown in March, and was allocated using a weighting formula across all community pharmacies (about 1,060 total). This averages around US\$9,000 per pharmacy based on recent exchange rates.

A further \$18 million was approved in June 2020, albeit on a targeted base for "critical community pharmacies" (around one-third of the total number of pharmacies), to maintain access for vulnerable population groups and only for those with immediate financial need. This was not received well by the pharmacy sector, as all community pharmacies responded to COVID-19 challenges and have incurred additional unmet costs. There is also a burdensome process for the funding application.

These funding rounds were well below the recommended package levels modelled by the Pharmacy Guild of New Zealand based on actual costs of business disruption and adaption, shown below (extract from *NZ Pharmacy Guild background information for the Epidemic Response Committee*).

We recommend the Government funds a new support package totalling \$62 million (excluding GST) summarised as follows (detail in attachment):

Recommended Government Funding Package for Community Pharmacy		\$ millions
Increased Cost Impacts		
Reconfigured In-Store Pharmacy Services Delivery for Staff and Public Safety		21
Free Deliveries of Medicines Safely to People in their Homes		8
		<hr/> 29
Reduced Retail Impact		
Business Sustainability Support to Keep Pharmacies Open		17
		<hr/> 46
Provisional Contingency Allowance for Pharmacy Closure and/or other Reasonable Claims		5
Remove Copayment Charges to Derisk Community Transmission & Improve Access to Medicines		11
Cost Estimate for Four Weeks (excludes: Wage Subsidy & Essential Workers Leave Claims)		<hr/> <hr/> 62

The next phase: COVID-19 vaccination

The worldwide scientific effort to develop and trial vaccine candidates for SARS-Cov-2 has been unparalleled, with the hope that vaccines will become available in late 2020 or early 2021. Efficient and effective distribution of the vaccines will be the next crucial step.

Community pharmacies already play a significant and expanding role in administering influenza (and other) vaccines in all WPC member countries. As long as COVID-19 vaccines are amenable to administration in primary care settings, community pharmacy should be given a leading role in their rollout as part of the national immunisation strategy.

A pandemic simulation model study conducted in the USA in 2017 showed that the use of pharmacy capacity would reduce the timeframe for reaching a national coverage rate of 80% by a full seven weeks (see box below).

With the number of deaths attributed to COVID-19 increasing by about 1,000 per day in the USA (as at August 2020), reducing the vaccine coverage timeframe to this extent could save tens of thousands of lives in the USA alone.

Evaluating the Impact of Pharmacies on Pandemic Influenza Vaccine Administration

Objectives: The objective of this study was to quantify the potential retail pharmacy vaccine administration capacity and its possible impact on pandemic influenza vaccine uptake.

Methods: We developed a discrete event simulation model by use of ExtendSim software (Imagine That Inc, San Jose, CA) to forecast the potential effect of retail pharmacy vaccine administration on total weekly vaccine administration and the time needed to reach 80% vaccination coverage with a single dose of vaccine per person.

Results: Results showed that weekly national vaccine administration capacity increased to 25 million doses per week when retail pharmacist vaccination capacity was included in the model. In addition, the time to achieve 80% vaccination coverage nationally was reduced by 7 weeks, assuming high public demand for vaccination. The results for individual states varied considerably, but in 48 states the inclusion of pharmacies improved time to 80% coverage.

Conclusions: **Pharmacists can increase the numbers of pandemic influenza vaccine doses administered and reduce the time to achieve 80% single-dose coverage. These results support efforts to ensure pharmacist vaccinators are integrated into pandemic vaccine response planning.**

Schwerzmann J, Graitcer SB, Jester B, et al. Evaluating the Impact of Pharmacies on Pandemic Influenza Vaccine Administration. Disaster Med Public Health Prep. 2017;11(5):587-593. doi:10.1017/dmp.2017.1

Key learnings

Recommendations from WPC members

The COVID-19 pandemic has been described as a once in a hundred years event. However there are unfortunately no guarantees that another pandemic will not occur at any time, and we have now seen what the effects are on modern societies and economies. The current pandemic is also far from controlled, and it is not too late to improve our response. What are the learnings so far and what more could community pharmacies do in all stages of the pandemic plan: preparedness, response and recovery?

PREPAREDNESS

Community pharmacy should be fully engaged in government planning for future pandemics. This includes:

- integrating community pharmacies into the protocols for early detection of suspected cases of coronavirus or other infection, with the implementation of triage procedures;
- including community pharmacies in epidemiological surveillance networks.
- investigating supply chain resilience and adopting measures that enhance manufacturing capacity, to minimise vulnerability to global supply failures.
- creating systems to use timely community pharmacy data to identify emerging supply risks pressures and trigger proactive measures.
- developing a package of emergency measures to be implemented to ensure best use of the services of community pharmacies in the response, as outlined on the next page.
- examining the experience of the COVID-19 pandemic to identify changes to current policies and legislation that limit pharmacies' ability to provide services that are currently restricted to hospitals or primary care medical practices. The current pandemic has highlighted the full scope of practice of community pharmacists and the value in better utilisation of pharmacy infrastructure, capability and expertise. Pharmacists should be able to use their full scope of practice at all times, which also has the benefit of adding capacity and flexibility across health systems, which creates resilience for times of crisis.



Key learnings

Recommendations from WPC members

RESPONSE

Community pharmacies play a vital role in pandemic and other national emergency and disasters and plans must ensure maintenance of public access to medicines and health services. Governments must have in place:

- measures to support implementation of infection control and physical distancing modifications in pharmacies and ensure business continuity.
- pharmacy authority to re-dispense routine medicines and claim for dispensing, including extension of validity of repeat prescriptions.
- authority to make an emergency supply for a limited period in specified circumstances – e.g. for a patient who has had the medicine before.
- adoption of monthly dispensing intervals to protect stock management.
- power to make a product or therapeutic substitution in case of unavailability.
- supply by community pharmacies of medication normally supplied to patients by hospitals.
- authority to administer viral and antibody tests in community pharmacies.
- pharmacy vaccination service authorisation for flu, pneumococcal and COVID-19 vaccinations, with the potential to use pharmacy services to replace school-based childhood vaccination programmes if they are suspended.
- subcontracting patient monitoring services from community physicians to pharmacies
- home delivery services to patients needing them.
- supply of PPE – masks, sanitisers, aprons – to specified eligible groups to manage infection risks.



Key learnings

Recommendations from WPC members

RECOVERY

Prevention of further waves of infection is a major concern at present, and it is essential that people continue to adopt protective measures as countries return towards normal activity. Pharmacies can provide valuable support in the recovery period:

- collaborate with other health professionals as part of care teams to redesign care to limit risks of infection.
- provide an accessible place for point of care testing to move patients away from secondary healthcare settings, and to help complement virtual consultations.
- participate in programs to help identify people who may have mental health problems, such as alcoholism, triggered by lockdown measures.
- increasing uptake of preventive measures, including testing for COVID-19 and provision of flu, COVID-19 and pneumococcal vaccinations.
- Provide education and advice to patients on the association between obesity and the severity of the disease, and promote the importance of maintaining a healthy weight and lifestyle.
- promote campaigns in collaboration with governments and administrators on the importance of specific measures to prevent the transmission of other infectious agents.
- supply medicines at home for vulnerable populations to ensure continuity and adherence to treatment for chronic and vulnerable patients.
- ensure the ongoing availability of personal protective equipment (PPE) to citizens.



Further reading

Below are some recent published papers regarding the community pharmacy role during the COVID-19 pandemic.

"...emerging evidence seems to suggest that...a new era in the history of pharmacies ("the post-COVID-19 post-pharmaceutical care era") has begun, with community pharmacists acquiring more professional standing, being authentic heroes and integral members of the frontline health workforce."

Bragazzi, N.L.; Mansour, M.; Bonsignore, A.; Ciliberti, R. The Role of Hospital and Community Pharmacists in the Management of COVID-19: Towards an Expanded Definition of the Roles, Responsibilities, and Duties of the Pharmacist. *Pharmacy* 2020, 8, 140.

<https://www.mdpi.com/2226-4787/8/3/140/htm>

"...it is important that regulatory changes which acknowledge the professional competency of the pharmacist and their capacity to effectively discharge their professional discretion as appropriate in the interests of their patients, are retained and further extended so as to maximize their contribution to the delivery of healthcare and improving patient outcomes."

Lynch M, O'Leary A. COVID-19 related regulatory change for pharmacists - The case for its retention post the pandemic [published online ahead of print, 2020 Aug 22]. *Res Social Adm Pharm.* 2020;doi:10.1016/j.sapharm.2020.07.037

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7442579/>

"Although the COVID-19 crisis has resulted in considerable hardship for many in the wider community, it has also shown how community pharmacy can integrate as a bridge between medical/psychiatric care and wider community services."

Hayden, J., & Parkin, R. (2020). The challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish Journal of Psychological Medicine*, 1-6.

<https://doi.org/doi:10.1017/ipm.2020.52>

"Community pharmacists were actively involved in implementation of activities and measures aimed at preventing COVID-19 transmission. This provides further evidence of their crucial role in the health system's response to the management of the pandemic."

COVID-19 pandemic: a cross sectional study of community pharmacists' experiences with preventative measures and sources of information. *Int J Clin Pharm* 42, 1197-1206 (2020).

<https://doi.org/10.1007/s11096-020-01078-1>

More information



For more information about the World Pharmacy Council and international community pharmacy, find us online.



www.worldpharmacycouncil.org



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