



# Guidance for policy makers regarding the role community pharmacy can play in the COVID-19 pandemic

## Pandemic Enhanced Response Involving realist Synthesis and COmmunity Pharmacy Evaluation: A Multi-University Collaboration

Community pharmacists and their teams are a skilled clinical workforce which can positively contribute to the fight against the COVID-19 Pandemic within the community they serve.

Community pharmacies are more likely to be considered by the public as a credible professional workforce when policy and practice align to enable them to focus on the clinical role. Community Pharmacy teams can play a key role towards the national vaccination effort to help control and manage COVID-19.

Below are our five key recommendations.

**Recommendation 1. Disseminate a clear role for community pharmacy in response to the public health agenda caused by the pandemic in order to get their participation.**

Pharmacists and their teams must feel they have a place within the NHS to provide support during a pandemic and other rapid response situations. Their role should be championed by decision makers and regulatory and professional bodies.

**Recommendation 3. Provide prompt, clear, consistent guidelines with adequate detail and enough flexibility to allow community pharmacies to adapt the guidelines to meet the needs of their local population**

During the pandemic pharmacists and their teams have been inundated with information and guidance from multiple sources. While it is understandable that guidance will change often in rapidly unfolding situations it is necessary to reduce the amount of information provided to a minimum from one credible source. Any guidance must take into account that pharmacies vary considerably in their size, staffing level, skill mix and the population they serve.

**Recommendation 2. Involve frontline community pharmacists and teams in the development of policy and service specification in relation to vaccination.**

If pharmacists and their teams are involved in the development of policy and service specification they will feel more invested in the service. They will also be able to voice any concerns and suggest adaptations to ensure services can be provided to a higher standard.

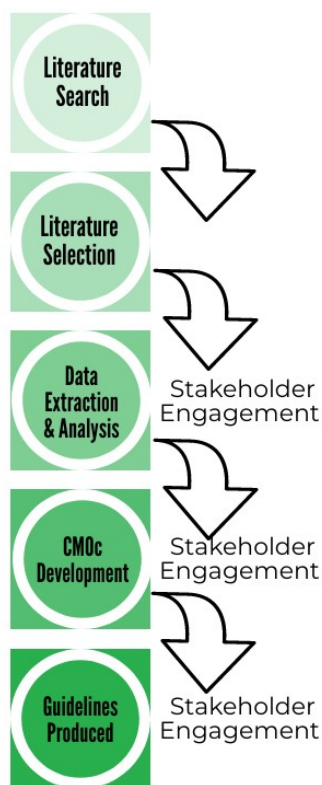
**Recommendation 4. Provide adequate funding and reimbursement for the delivery and necessary adaptations of any new services community pharmacies are asked to deliver.**

Community Pharmacy must be adequately funded in order to sustain their current level of service. They cannot be expected to provide services for free. Record numbers of community pharmacies have closed due to financial strains. This can leave vulnerable populations including Black, Asian and other ethnic minorities who are at higher risk of death as a result of COVID-19 infections without access to a local community pharmacy exacerbating health inequality.

**Recommendation 5. Trust the professionalism of pharmacists and their teams and provide them with the means to carry out their role: these include legislation and regulatory changes, IT infrastructure and systems for adequate information sharing.**

Pharmacists and Pharmacy Technicians are registered and regulated healthcare professionals who, with their team, are capable of providing high levels of service. However, they must be given the necessary permissions through changes in legislation to make the most of their own, and their teams competence. They must be equipped with adequate IT infrastructure and have the ability to access and share information with other NHS providers.

## How were these Guidelines produced?



CMOc—Context, Mechanism, Outcome Configuration

103 documents including peer-reviewed articles, blogs and websites relating to COVID-19, previous pandemics and community pharmacy was screened and the relevant articles were analysed using a realist logic of analysis. The findings were discussed with key stakeholders including 21 professionals and 12 members of the public to ensure that they made sense in the real world. The professional group was made up of pharmacists, pharmacy technicians, dispensers, counter assistants and other healthcare professionals such as GPs.

## Project Team

The PERISCOPE Research Team shared skills from health, research, information and public involvement:

- ◆ Ian Maidment, Pharmacy Reader (Aston University)
- ◆ Tony Kelly, Patient and Public Involvement Representative
- ◆ Emma Young, Pharmacist and Research Associate (Aston University)
- ◆ Andrew Booth, Review Methodologist and Information Specialist (University of Sheffield)
- ◆ Geoff Wong, Realist review methodologist and Academic GP (University of Oxford)
- ◆ Maura MacPhee, Professor of Nursing and Health Systems Researcher (University of British Columbia)
- ◆ Juanita Breen, Associate Professor in Dementia and Aged Care Medication Use (University of Tasmania)
- ◆ Hadar Zaman, Pharmacist and Head of the School of Pharmacy and Medical Sciences (University of Bradford)
- ◆ Andrea Hilton, Senior Lecturer and Non-Medical Prescribing Programme Director (University of Hull).

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The PERISCOPE Research Team is grateful to everyone who generously contributed their time, experience and expertise to this study, including the public and professional stakeholders.

## Further information

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