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Community Pharmacy and COVID-19—The Unsung Heroes on Our High Streets

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Coronavirus disease 2019 (COVID-19) is a transmittable infection caused by a new coronavirus. In the majority of people, the disease causes mild to moderate respiratory symptoms, but COVID-19 can also cause severe symptoms and even death, especially in older people and those with underlying health conditions (1). The virus has been transmitting in the community and within families, including in the United Kingdom, and was categorized as a pandemic on March 11, 2020 (2). Understandably, countries around the world have escalated their responses to this global health emergency. In the United Kingdom, the government's aim has been to reduce the rate of virus transmission so that it takes place over months rather than weeks (3). This is to prevent the health services from becoming overwhelmed with multiple cases needing treatment all at the same time (4). The government's meaning of "health services" in this context, certainly at the start of the crisis, is the care given in hospitals by nurses and intensive care specialists. And in the community, mitigating the impact of COVID-19 has to date focused largely on general practitioners (GPs). This is unsurprising to those in the pharmacy profession who have long considered policy makers to overlook them (5). Yet, community pharmacists, a vital part of the health workforce and trusted by many people (6), are also facing huge additional pressures because of COVID-19 and struggle to highlight their plight.

An increasing number of people have been visiting community pharmacies during the COVID-19 pandemic. People are worried. Many are unable to see or contact their GP for reassurance because GP surgeries have been operating a closed-door policy. This means that the only health care professional available to many people is their community pharmacist. Some people are turning up for consultations with the pharmacist for more serious conditions which are usually dealt with by GPs.

Another increasingly problematic behavior is the stockpiling of medicines. Patients with chronic conditions who rely on their prescriptions are reasonably worried, but some are inundating pharmacies with their requests. Stocking up on essential prescribed medicines coincides with an existing shortage problem with some medicines in the United Kingdom. People are also trying to obtain medicines that they have not needed for many years, such as inhalers for respiratory conditions, adding to supply problems and creating a huge increase in the volume of prescriptions to dispense (7). Some also want to stock up on over-the-counter remedies such as paracetamol (8) In the United Kingdom, there is also a national urge to mass-purchase hand sanitizers, nappies, and antimicrobial wipes. These behaviors have created the underpinnings of a perfect storm: countless fearful, stressed, and easily angered people coming to pharmacies, which remain open despite the obvious risks to staff's own health. In recognition of some of the additional demand on pharmacies, National Health Service (NHS) England has given permission to community pharmacies to close their doors for up to 2.5 hours per day, but as long as they remain open to the public during core hours. Pharmacists, the unsung heroes on our high streets, continue to serve their communities, but for how long?

One of the huge problems facing community pharmacies is the physical setup of practices. Despite the queues in some pharmacies, efforts at imposing social distancing are sometimes difficult to manage. Patients can speak directly to the counter assistants or ask to see the pharmacist who is often a short distance away in the dispensing area. This close proximity to patients places the community pharmacy workforce

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in direct contact with anyone who may be infected with the coronavirus, thus posing a real risk of transmission. This was brought to the fore with the failure to assign personal protective equipment (PPE), such as masks, gloves, and eye protection to pharmacists (9). This places pharmacy teams under even more pressure as they feel they are risking their own health in already difficult circumstances. The NHS has suggested the use of face masks for teams that cannot ensure social distancing but as of mid-April had failed to provide these systematically. Many pharmacies have begun purchasing Perspex screens to shield their teams and providing PPE to their staff if they can manage to source these.

There is another staff-related quandary. The government guidelines in the United Kingdom are for individuals to self-isolate for 14 days in the event of a relevant illness within the home. At the time of writing this in April 2020, up to an estimated 15% of staff in community pharmacies were thought to be unable to attend work due to the coronavirus (10). This is particularly problematic as community pharmacies are often composed of a small team of specifically trained people (counter assistants, technicians, and pharmacist) and do not have the resilience or depth of trained staff to continue operating in the event of large absences. There is some guidance now to help pharmacies manage for short periods without a pharmacist—for example, to hand out already-prepared medicines or operate with a pharmacist at the end of a video-call—but only when all other options are exhausted. It is still possible for a pharmacy to have to close altogether if too many of its staff are absent at the same time. There are also reports of pharmacies closing to be deep-cleaned because of potential contamination. This has become a very difficult time for a sector that was already under a lot of pressure from closures and funding cuts. There is some relief after a recent promise of government funding to try and mitigate some of the impact of the coronavirus on community pharmacy, for example, to cover related closures and some of the cost of delivering medicines to people having to self-isolate. Since community pharmacies have long been running prescription pick-up (from doctors/electronically) and drop-off services for the elderly, this should mean that patients can continue to receive their medication.

But at the same time, there is a shortage of trained delivery drivers, many of whom are older people and may need to self-isolate or might become ill themselves. For delivering medicines, drivers have to be trained so pharmacies cannot easily employ emergency cover. Pharmacies are receiving increasing requests for deliveries, so sometimes they have to ask patients or their representatives to collect the medication instead. Delivery drivers too are rightfully worried. They find themselves phoning ahead of a delivery, ringing the doorbell, walking away, and observing the medicines being picked up from the doorstep. No paperwork is signed by patients to acknowledge receipt in case the virus is transmitted in the exchange.

Some pharmacists wonder how long this can continue, but they will keep going as they know that they are playing a vital part in keeping people well in the community and reducing hospital admissions. There has been a focus in the UK press on people who have shouted abuse or complained about community pharmacy staff due to a combustible mix of fear and anger, maybe at the long waiting times or the pharmacy's inability to deliver. However, there are also many heart-warming stories of members of the public coming together to help their friends and neighbors while also helping pharmacy teams by collecting medication. This is reducing the pressure on deliveries. In some cases, local people are even volunteering to manage social distancing in the pharmacy queue. The authors thank all volunteers and the patients who have expressed their gratitude to pharmacy teams, which helps them to keep going.

As well as receiving help from volunteers, a number of recent policy changes will prove useful too. For example, pharmacy teams and their household contacts will be eligible for coronavirus tests to allow those without the infection to return to work. In addition, pharmacists will be able to order PPE from an NHS website. Pharmacists ideally want input into future policy changes before they are finalized, so that these can reflect capacity and preparedness on the ground and be publicized accurately. Medicines deliveries are a case in point: although the UK government is funding deliveries for "vulnerable people," this is for a narrower group than most patients understand it to be, raising unrealistic expectations and leaving pharmacies to pay for a large number of the deliveries to placate patient concerns. No doubt formal extra recruitment into community pharmacies, whether via the recent government volunteer scheme (if volunteers are appropriately vetted and trained) or through additional monies, will also help meet some of the current challenges. Additional funding for community pharmacy is particularly needed at this time—the normal method of reimbursement for dispensing medicines is months in arrears, which is leaving many pharmacies with cash flow problems, unable to purchase new medicines, because of unprecedented increases in prescription numbers. The resulting drug shortages in some localities might also be better managed by addressing quotas imposed by manufacturers on community pharmacies. Finally, some pharmacies have called on GPs who are either closed or only offering limited services, to be clearer to patients on how they can order their prescriptions, to limit the unnecessary footfall in pharmacies.

Authors' Note

As this is a *perspective* piece, not a research paper, and does not draw on patient-specific data, no ethics approval or consent is applicable. Dr Caroline Parkhurst and Mr Gurinder Singh Purewal are community pharmacists and academic practitioners, meaning they spend some of their time working at the frontline of community pharmacy as well as being based at the University of Reading.

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