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## **PANDEMIC PREPAREDNESS – OPTIMISING USE OF THE PHARMACY NETWORK**

Early learnings from the COVID-19 pandemic point to a need to provide guidance to health systems on how best to use pharmacies as a vital part of the support network, in particular the medication and protective equipment supply chain. As the COVID-19 pandemic has progressed, there has been widespread but belated recognition of the vital role in the delivery of health care services that pharmacies play. Many health systems have hastily adopted measures to allow pharmacies to extend their contribution to coping with the demand on health services, but lack of advance preparation has led to delays in implementing measures that can provide an important contribution to managing the crisis and the prevention of new COVID-19 cases.

There is a need for a greater focus by States on reducing preventable hospital presentations by allowing pharmacists to adopt their full scope of practice e.g. vaccination for preventable diseases, common ailment schemes, specialty medicine dispensing, and chronic disease management services.

Whilst other elements of primary healthcare (namely General Practice) have transitioned to telemedicine, members of the public have become more reliant on the bricks and mortar network of Community Pharmacies as they are well geographically distributed and have largely remained open and available for immediate advice without the need for appointments. Pharmacies have implemented innovative measures, including use of online, drive-through and delivery to reduce risks for their patients. There is benefit to enabling pharmacies to adopt telemedicine services to those patients unable to visit pharmacies.

In addition to using pharmacies for their normal functions and for giving information and guidance to the public, additional measures to help with the impact of the pandemic have been adopted in several countries, such as enabling pharmacies to supply regular prescribed medication without the need for a doctor to write a prescription, using pharmacies to test for the virus, providing hospital medicines at pharmacy so that people with chronic diseases do not need to go to the hospital, and authorising home deliveries to those who need to self-isolate or who cannot collect the medicines they need.

The World Pharmacy Council has drawn from the experience of member organisations to identify the learnings from the experience of the COVID-19 pandemic in pharmacy, and the measures that should be a core part of planning for future epidemics or pandemics.

## COMPONENTS OF A COMMUNITY PHARMACY PANDEMIC PLAN

There are three core components of a Community Pharmacy Pandemic Plan:

- Enabling services to optimise benefit for patients;
- Protecting pharmacy staff and services;
- Preserving an efficient and effective supply chain for medicines and other health products.

### A. ENABLING PHARMACY TO OPTIMISE SERVICES FOR PATIENTS

A pandemic plan utilising the pharmacy network and supported by technology should comprise measures to enable the following six services:

1. **Provision of Public Health information and messages on limiting risk of exposure.** Clear information and guidance in pharmacy posters have been introduced in many countries including Portugal, Spain, Denmark, Ireland and Australia. These reinforce other public health advertising in a health care setting, raising awareness and encouraging compliance. Topics include: handwashing and hygiene measures to limit the risk of infection; symptom identification; social distancing and self-isolation; high risk individuals; and using health and other resources responsibly.
2. **Providing advice on symptoms and signposting to individuals.** Guidance on symptoms to watch for, when to self-care and when to seek emergency help can be provided by pharmacies through leaflets, digital platforms, telephone or face-to-face advice. In response to the COVID-19 pandemic many clinicians working in primary care practice settings have stopped routine face-to-face consultations and substituted telehealth services, leaving pharmacies as the only source of face-to-face advice. This should be supported by measures to authorise provision of telehealth services to those people who cannot visit the pharmacy or need to self-isolate.
3. **Supply and guidance on testing and vaccinations; administration of vaccines.** Pharmacies already provide seasonal flu and other vaccinations in many countries including Portugal, USA, UK, Denmark and New Zealand, and in the USA pharmacy testing for COVID-19 is being introduced. Provision of testing and vaccination services for COVID-19 in pharmacies would facilitate access for members of the public and by increasing the number of locations for delivery of these services, would limit risks of spreading the virus as well as increasing capacity.
4. **Supply of medicines, hand sanitisers, masks and thermometers to support self-care;** managing supplies of non-prescribed medicines and health. This traditional role becomes important as the public react to news of the spread of the virus, and pharmacies can supply appropriate products. In some countries, such as Ireland, Portugal and Spain, pharmacies are preparing or were authorised to prepare hand sanitisers in the pharmacy to meet increased consumer demand, and countries can also channel supply through pharmacies to manage distribution and prevent stockpiling and price exploitation.
5. **Managing repeat medication for patients to reduce pressure on primary care medicine,** including therapeutic substitution where specific medicines are unavailable. Governments should take steps to expand health system capacity by deploying the professional training and skills of pharmacists, with their knowledge of the supply chain and accessibility of

medicines, to ensure the ongoing care of patients receiving chronic medication for long term conditions and occasional exacerbations. Medication supply systems experience occasional disruption, local, national or international, and shortages or non-availability of medicines can cause anxiety or gaps in treatment. Pharmacies should be used to supply repeat prescribed medication without a prescription, and to supply in quantities that protect stock levels. For example where prescribers increase prescription duration, from one to three months to reduce the burden on them of issuing repeat prescriptions, this creates supply chain pressures: shortages and price rises. Pharmacies should be authorised to supply one month quantities to manage stocks. This has been effectively implemented in several countries, including Spain and Portugal. In Ireland, pharmacists have been empowered to extend the duration of validity of prescriptions, to repeat previously dispensed prescriptions and to make emergency supplies of prescription medicines and controlled drugs.

6. **Delivery of medicines to patients where this is needed.** The adoption of social distancing measures and restrictions on travel can cause difficulties for patients, particularly those who are dependent on medication and have restricted mobility. Countries including Australia, England and New Zealand have developed services to fund local pharmacies delivering medicines to patients who would otherwise be unable to collect them from the pharmacy. In other countries, such as Portugal and Spain, partnerships and new projects were implemented in order to guarantee that all patients have access to their medicines, including to hospital medicines delivered through their local community pharmacy. These partnerships include different solutions such as national phone lines and digital platforms available to patients, partnerships with the national post office or the Red Cross and collaborative partnerships between national health authorities, pharmacies, hospitals and pharmaceutical and medical societies.

## **B. KEEPING THE PHARMACY SAFE AND ACTIVE**

Community pharmacies have been recognised widely as a vital part of the health care network as the pandemic has spread, but many countries lacked systems to activate the use of pharmacies early and provide them the equipment, facilities, funding and authorisations needed to provide the best possible services.

In many countries initial arrangements to distribute Protective Personal Equipment (PPE) have not included pharmacies, which have needed to source masks, screens and other items they need to operate safely themselves. Some have now recognised the need to ensure pharmacies could continue to operate and extended arrangements to include them in supply and distribution of PPE. Provision of suitable PPE to pharmacies, in compliance with guidelines, is essential to protect the vital role pharmacies can play in reducing transmission of the virus and helping health systems cope with a surge in demand on other primary and on secondary care resources.

## **C. PROTECTING THE SUPPLY CHAIN**

Pharmacies see the impact of increased demand or reduced supply of medicines and will often be the first to recognise early indicators of supply problems: price rises and shortage in the wholesale supply chain. Globally pressures on pricing for medicines has led to manufacture rationalisation and,

as a consequence, medicines shortages, very uncommon ten years ago, have become an increasing problem across the developed health economies in recent years.

This drive for cost reduction has led to increased fragility in the supply network, with acute dependence on very few manufacturers worldwide, sometimes just one or two, for supply of the API (Active Pharmaceutical Ingredient) for a large number of widely used medicines. From medicines' manufacture to their dispensing all supply chain stakeholders should engage in transparent communication and be aligned on finding patient-centred solutions.

Health systems should act early to use community pharmacies to manage demand in community settings for medicines and other health products. This includes ensuring that supplies of health products into the community are distributed through pharmacies, where distribution can be managed and price exploitation limited. Medicines, Protective Personal Equipment (PPE) and other health products that can be at risk of shortage should be identified and tracked, so mitigation plans can be put in place. These should include therapeutic substitution where necessary.

## **SUMMARY**

The World Pharmacy Council urges health systems to:

- Take this opportunity to rethink and reshape health care systems, namely through the integration of community pharmacy in the planning and delivery of health services, using their services to the full, and expanding their role and responsibilities, based on the learnings of the pandemic;
- Use the pharmacy network to increase testing capacity allowing community pharmacists to test for COVID-19;
- Include community pharmacies in the vaccination network to increase access to the vaccine against coronavirus as soon as it becomes available.