



Pharmacies & Covid: the reality

A report by Healthwatch Kent & Healthwatch Medway

November 2020

Executive summary

During the early months of the pandemic Healthwatch Kent and Healthwatch Medway heard from hundreds of people about a whole range of issues such as isolation, mental health and delays to operations. We heard a significant amount of feedback relating to community pharmacies. Now that lockdown measures have eased, we wanted to find out more about how community pharmacies experienced the 'first wave' of the pandemic, how they innovated and what lessons they feel should be learnt in order to inform planning for a possible 'second wave' of the pandemic.

We sent a survey to 335 community pharmacies and 101 responded across Kent & Medway.



This is what they told us:

72%

of community pharmacies don't feel that systems have been improved in preparation for a second wave.

92%

didn't receive the information, support and equipment they needed to respond to the first wave of the pandemic.

95%

of community pharmacies said that their staffing levels had been affected in the first wave, the majority reporting that the impact had been significant.

73%

of community pharmacies report that morale is low and what staff need most at the moment is recognition from fellow NHS professionals and for the public to be made more aware of the work they do.

95%

of community pharmacies told us that their workload has changed as a result of the pandemic.

78%

of community pharmacies reporting that communication and working with GP surgeries had been difficult and slow.

73%

of community pharmacies were able to identify parts of the community that they felt were in need of greater support.

Recommendations

Many of the issues we have highlighted in this report require a system wide approach to improvements. Our recommendation is therefore to facilitate a multi stakeholder discussion of the report with the aim of:

- Building on the work that is already underway to address the challenges and difficulties experienced in the first wave.
- Increasing awareness of the interdependences and impacts of working practice between different contact points of community pharmacies and other NHS services to encourage collaborative action plans to address issues.

Issue to be discussed will include:

- Exploration of further adoption of electronic Repeat Dispensing across more GP surgeries.
- Mechanisms to acknowledge the work of community pharmacies and address the reported low morale.
- Ensure robust communication systems are in place to enable efficient information sharing with community pharmacies



Statement from Kent and Medway Local Pharmaceutical Committee

Kent LPC (Local Pharmaceutical Committee) would like to thank both Healthwatch for this recent survey which has given our community pharmacies a platform to voice their opinions on the effect of COVID on community pharmacy across Kent and Medway.

Poor communication early on during the pandemic led to confusion and panic for patients. We were the only healthcare provider that did not have the opportunity to fully work behind closed doors and this led to a huge influx of patients as they did not understand the different ways of working that other healthcare professionals were able to and had put in place.

Lack of PPE was of major concern as we were seeing hundreds of patients face to face daily, after the first supply community pharmacy was told that they have to purchase their own but many wholesalers had no stock and this is an additional cost that along with many other COVID costs had not been factored into at the beginning of the year and to date they have still not been reimbursed for. Whilst they were given a very small amount to fix screens in their pharmacy the money given in the majority of cases did not cover the cost of the screens being bought and fitted. We now have access to free PPE which has been helpful.

There is a common misconception that the NHS pays for delivery of medication to patients, however many pharmacies were offering this for free to help patients, taking on the cost burden themselves. Few businesses offer free delivery to their customers, yet patients expect this from pharmacy. Whilst NHS England put measures into place for payment of deliveries this was short term and many patients were not covered under this service. Voluntary groups were brilliant and the offers of support we were getting locally was phenomenal in particular from KCHFT who redeployed 50 staff members to help community pharmacy with their deliveries. Other voluntary groups were very supportive but this was not straight forward to implement as there were concerns around training of the volunteer and whether the pharmacy was insured if something went wrong.

Due to an increase in prescribed medication as patients were panicking and stockpiling, the burden again fell to community pharmacy to buy the medication upfront before being reimbursed months later by the NHS. This over ordering was also leading to out of stocks which has been a concern in Community Pharmacy pre COVID and this was further compounded. Measures were put into place very quickly at a system level and we are confident that this will not happen again with the second lockdown, though there does need to be better communication to patients nationally.

Statement from Kent and Medway Local Pharmaceutical Committee

Whilst having to work through all this, pharmacists were worried for the health of themselves and their staff. As fears among the public grew, we saw an increase in aggression and violence towards pharmacists and their teams, with one pharmacist being physically assaulted.

Locally Kent LPC worked with the whole system and has felt very much involved from day 1. We have been listened to and many local measures have been put in place. Both the CCG and Local Authorities supported with continued payments for services that could not be delivered so that this was not adding to the financial burden placed upon community pharmacy. We've worked closely with all commissioners to support each other and ensure that the patient is supported at all times in particular One You, CGL, Forward Trust and Turning Point as well as others. The LMC have worked closely with us putting measures in to stop practices prescribing large volumes of medication. These measures will remain in place which is pertinent now that we are heading into our second lockdown.

The government have assured us that there are enough flu vaccinations to vaccinate all those that are vulnerable and community pharmacy will be given access to the stock, which we have just received guidance about. The relationship between GP's and community pharmacy this year is the best it's ever been in terms of ensuring that we collaborate together to vaccinate as many vulnerable patients as we can. Locally the LPC have been heavily involved in any system work around flu vaccinations.

Concerns for this second lockdown are managing patient expectations around free deliveries, supporting patients trying to get them to maintain other health related appointments, supporting patients who don't have access to technology, managing workload with the worry of staff being off either with symptoms of COVID or with the test and trace process and supporting the mental health of pharmacists and healthcare staff.

Locally it would be great to see the system using pharmacists to make minor alterations to prescriptions via Independent Prescribers, it would really take the pressure off of the GP practices with respect to out of stock medications. The common ailments scheme is a great help in West Kent, it really takes the pressure off of GP practices and as people are furloughed and being made redundant it really helps, we would like to see this rolled out across the county.

We really appreciate how we have been involved at system level and I hope that this continues.

Shilpa Shah
CEO Kent LPC
3rd November 2020

Background

During the early months of the pandemic Healthwatch Kent and Healthwatch Medway heard a significant volume of feedback from the public about queuing at community pharmacies and the difficulties people had in collecting their complete prescriptions.

When we took this feedback to the Kent and Medway Local Pharmaceutical Committee, we had the opportunity to hear about the challenges from the pharmacy perspective. Community pharmacies were one of the few places that people could access during the early stages of the pandemic. This meant that community pharmacies found themselves facing unprecedented challenges during the months of lockdown.

Now that lockdown measures have eased, we wanted to find out more about how community pharmacies felt about their experience in lockdown, how they innovated and what lessons they feel should be learnt in order to inform planning for the second wave of the pandemic.

What were we trying to achieve?

- Offer community pharmacies an opportunity to have their voice heard alongside the recent experiences from the public by decision makers and commissioners within Kent and Medway.
- To influence and inform NHS decision makers and commissioners about how best to support community pharmacies in respect of Covid 19
- To influence and inform planning for the second Covid wave



Methodology

We worked closely with Kent and Medway Local Pharmaceutical Committee (LPC) to design a survey to enable community pharmacy staff to share their experiences.

A link to an online survey was promoted via the LPC networks. The Kent & Medway Clinical Commissioning Group and Public Health both promoted the survey as well. The survey ran from 17th September to 19th October 2020.

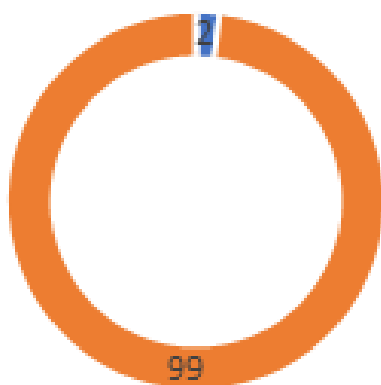
The survey captured some quantitative information, but the majority of questions generated qualitative responses. These responses were entered directly into a database, via a webform, by the respondents. This data was then analysed, within a pragmatic framework using a form of thematic content analysis. This approach assumes little or no predetermined theory, structure or framework and uses the actual data, to inform the structure of analysis. The process involves analysing the responses, identifying themes within the data and gathering together examples of those themes from the text.

30% (101 of 335) of the community pharmacies in Kent and Medway responded to the survey. The Paydens group offered feedback on behalf of 66 individual pharmacies and the Lloyds group completed on behalf of 17 pharmacies. However, we have not necessarily weighted these responses within each area of analysis to enable us to consider each response equally.

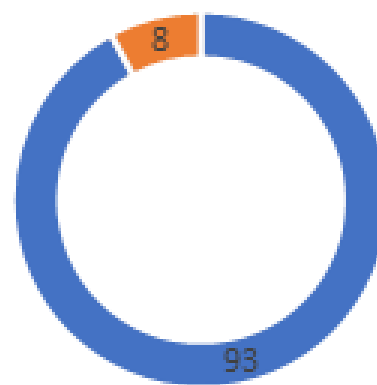
Paydens and Lloyds both have independent pharmacies across Kent and Medway. We also heard from seven pharmacies in Medway and 11 from across Kent (3 in west Kent, 4 in east Kent, 4 in north Kent).

We analysed the findings by those that identified as part of a national chain and those that did not, in order to enable us to explore any similarities or differences in experiences between groups of pharmacies.

Buisness premises



Trading status



- Operate with in supermarket / health centre
- Operate from own premises

- Independent local pharmacy
- Part of national chain

Community pharmacies experience of the first wave

92% of those that completed the survey told us that they didn't receive the information, support and equipment they needed to respond to the first wave of the pandemic.

The top three themes within this were:

Lack of acknowledgement and appreciation

56% of community pharmacies talked about a feeling of *'being on our own, having to cope and manage with little appreciation and support from the NHS'*

- *'Politicians did not fully appreciate the contribution pharmacies made during the pandemic whilst all other healthcare providers were working (or not) behind closed doors, leaving pharmacy to bear the pressure of healthcare advice to patients.'*
- *'A large issue that was faced by community pharmacy included GP's closing their doors completely... leaving pharmacy staff to deal with patients with symptoms face to face.'*
- *'Remember the only part of the NHS that has remained "doors open" throughout the pandemic is community pharmacy'*
- *'We even had a couple of incidents of NHS111 directing suspected Covid patients to our branches.'*

Lack of PPE

56% of pharmacies talked about difficulties in accessing PPE and testing for staff.

- *'PPE was not provided, which was essential during the early stages, a few pharmacist colleagues have lost their lives as a result'*
- *'No support for PPE, we couldn't obtain it. Staff were forced to work in conditions that were potentially dangerous'*
- *'I feel support came too slowly, especially PPE which was extremely expensive for us to purchase and difficult to source early on and also what we initially secured from the NHS was out of date with new expiry date stickers placed over the top, which did not inspire us with much confidence!!!'*
- *'Access to Covid tests for staff was problematic in the early days of the pandemic'*



Community pharmacies experience of the first wave

Financial impacts

45% of pharmacies told us that the financial impact of the first wave had a significant impact.

- *'All the additional costs of the pandemic fell on us to sustain'*
- *'Not enough funding was provided by the government to help with additional costs associated with the pandemic'*
- *'Drugs rocketed in price (we buy them on behalf of the NHS)'*

Other issues, ranked in order of frequency of mention were:

- Difficulties related to the volume of prescriptions received and supply chains of medication. *'I also felt the government compounded our issues by advertising on the media about visiting your pharmacy and also about getting deliveries from us, when deliveries have never been part of our contract or funded other than by ourselves, putting us at greater risk of exposure and workload burden at a time when we were already working beyond capacity as patients panicked and were stocking up supplies.'*
- Issues related to staffing challenges during the first wave
- A lack of effective communication between the NHS and community pharmacies

Of the eight community pharmacies that said they did receive the support needed, six of them belonged to national chains. The Local Pharmaceutical Committee were mentioned positively in terms of their support, in particular around home delivery services.

With hindsight, the community pharmacies felt that there were three key areas that could have been improved:

Communication between GPs and the wider NHS (61%)

- *'Greater use of pharmacies to deliver messages about the pandemic to the public'*
- *'Surgeries talking to pharmacies about what their plans were rather than finding out on social media or from patients'*
- *'Information coming from one central source, not many different sources. We had no time to read most of it'*
- *'More consultation with pharmacies if they want to add additional services and/or to increase our workloads and better training of the NHS111 teams.'*

Community pharmacies experience of the first wave

Prescription processes and supply chains for medication (33%)

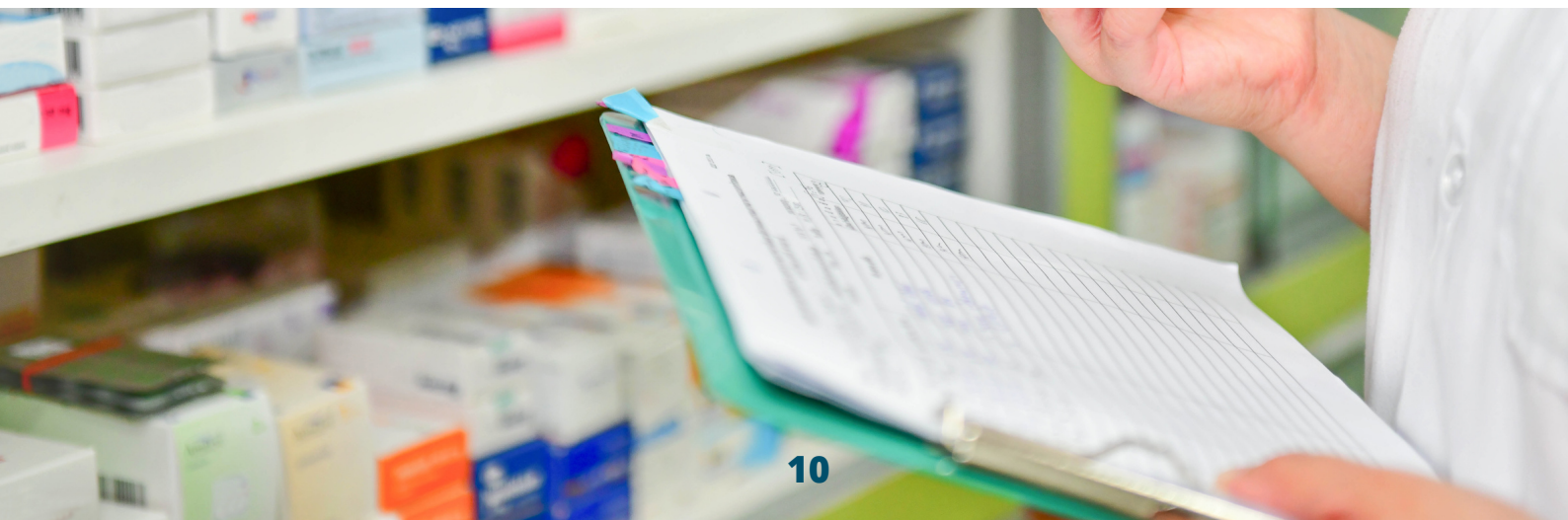
- *'Allowing pharmacists to make minor changes to prescriptions - like hospital pharmacists'*
- *'GPs should have liaised more with community pharmacies. GPs panic prescribed and put 3 months worth of medication on each scripts and sent it down in high volumes. The way they changed their prescribing actually made it harder. The removal of signed consent was too late for services and the approval of telephone MUR (Medicines Use Review) should have come in a lot sooner'*
- *'Dr surgery did not communicate with patients well and as we are next door, we became the administration team for the Drs surgery. They stopped taking paper repeat prescriptions but didn't communicate how patients should order their prescriptions, this was left up to us in the pharmacy to communicate'*
- *'The surgery sent all prescriptions via EPS (electronic prescription service) to any pharmacy and patients didn't know where to collect prescriptions. Pharmacy did the prescriptions in good faith and many scripts went uncollected after a month. Even after contacting the surgery to contact patients many scripts had to be undispensed as not collected'*

Greater awareness and recognition of the role community pharmacies played as a key accessible public facing service during the first wave (33%)

- *'Greater recognition of the hard work done'*
- *'More information to patients on what pharmacy was going through and to inform their expectations around the pharmacy service. There was a significant increase in abuse to pharmacy staff during the pandemic mainly over having to wait for a prescription or around medication supply issues, when the staff were working hard to cope with the increased demands'*

Other areas community pharmacies reflected could have been improved in the first wave were:

- *Financial support for the addition costs incurred in medication, staffing time and equipment (23%).*
 - *'Much more financial support (even today we are being reimbursed at a lower price than what we are paying for drugs). Realistic reimbursement to extremely high operating costs we incurred.'*
- *PPE and testing (17%)*



Preparing for a second wave

During the first lockdown period (March – May) Healthwatch heard significant amounts of feedback from the public about challenges in getting medication. When asked if community pharmacies felt that systems had been improved in preparation for a second wave, 72% said 'No'. However the collective response of the Paydens group indicated that they do think that systems are now in place to mitigate concerns around medication in a second lockdown.

Prescriptions and medication supplies

Prescription processes and the medication supply chain are the most frequently raised current concerns for community pharmacies which thinking about preparing for a second wave. This also included accessibility of this seasons Flu vaccine, mentioned by 22% of pharmacies.

- *'We are experiencing a lot of phone calls regarding POD (Prescription Ordering Direct, an online service for patients to order prescriptions used by some surgeries in DGS and West Kent). They are constantly short staffed and not processing prescriptions on time, which is taking up a lot of staff time and resources from the pharmacy. We have no control of how quickly prescriptions are generated. Customers are expecting deliveries on demand, we need support and awareness that the medicine delivery service is not regarded as an essential service by the NHS and pharmacies will delivery when possible'.*
- *'Increased number of referrals and GPs not processing patients' prescriptions within the given time frame'.*
- *'Supplies are controlled by suppliers and manufacturers, so the shortages we have experienced are likely to continue *(I suspect they are manipulations of the market for profit). Add Brexit into that and who knows what could happen'.*
- *'If surgeries increase the number of days prescribing which happened in some cases across the locality this leads to medication shortages. There was also an increase in patients requesting asthma and other regular medication as a stock piling precaution which led to shortages'.*
- *'I don't feel that much has changed or improved, especially regarding stock, and my main concern is that the next wave is coming and at the same time we are preparing for Brexit, I anticipate further shortages and more instances of us using additional time to source products and also incurring losses due to re-imburement shortfalls'.*

Preparing for a second wave

Flu Vaccine

- *'We are unable to order any from suppliers as they are more available to multiple's rather than independent pharmacies'*
- *'Flu vaccines are in very short supply. Government should help pharmacies distribute evenly and not to stockpile.'*
- *'There is not enough vaccines for patient demand'.*
- *'We are getting hundreds of phone calls every day re flu vaccines.'*
- *'Increase in flu vaccination demand has outstripped previous years leading to shortages in flu vaccination stocks. Flu vaccines were ordered around December 2019 before the pandemic hit and the manufacturers make flu vaccines each year according to orders - the demand is outstripping the orders placed by pharmacies as customers who would not normally have one are getting vaccinated this year.'*

Financial impacts

The second most frequently mentioned concerns were grouped around funding issues, (39%).

- *'Operating costs and reimbursement for the services we provide. Staff costs have escalated since lockdown and are still at a high level'.*
- *'Income from services have reduced considerably... Lost business to online pharmacies'*
- *'The NHS policy of closing 3000 local pharmacies remains. We were forced to close one of our own just before covid hit. Despite the warm words from politicians, community pharmacy hasn't had a single penny of additional funding .. and covid has driven up our costs massively'*
- *'Our figures show that we were on a net loss whilst providing valuable service to patients. The funding has to be improved considerably if pharmacy was going to face a second round of spike'.*

Other issues currently concerning community pharmacies included:

Meeting the needs of the public (22%)

- *'Patients coming into the pharmacy with symptoms, or not social-distancing, or those that are supposed to quarantine are coming into store'.*
- *'People are signposted by the GP a lot. Expecting us to offer blood tests, health check, blood pressure checks which we do not physically have time to offer. GP surgeries should start to offer blood tests at least so that patients do not have to travel far or book appointments for blood tests'.*
- *'Managing the queues of patients if Covid increases during the winter months, particularly where this means patients queuing outside in the rain or cold'.*
- *'Staff shortages due to lack of testing, increased mental health that pharmacies will need to support without adequate funding for extra staff to deal with queries whilst still providing a safe pharmaceutical service'.*
- *'I believe patients will find it difficult to distinguish between flu and coronavirus and therefore will come into pharmacies which can increase risk due to contact, despite PPE being in place'*

Preparing for a second wave

Ongoing impact on staffing (17%)

- *'Keeping the pharmacies running when losing staff members through Covid infection or quarantine'*
- *'The workload/staffing situation earlier this year was unsustainable, if we do not get more funding for staff and services immediately, I think it is more likely the service will collapse this winter. We only got through the first wave on the goodwill of staff, how much more can they be expected to give?'*

PPE (11%)

- *'Safety of our staff and availability of PPE'*
- *'Most patients and staff have symptoms of COVID but unable to get tested. No access to testing so staff have to isolate until the symptoms are eased'*

Improvement of communication with other healthcare professionals (6%)

How have community pharmacy staff coped?

95% of community pharmacies told us that their staffing levels had been affected, the majority reporting that the impact had been significant, with reports of losing 'up to 50% of staff on the counter' in the first wave.

- *'It was hard to maintain optimum staff levels due to the self-isolating conditions that several members needed to undertake to decrease risk and therefore causing pressure on the pharmacy to complete normal tasks on top of the additional GP workload.'*
- *'Staff had to self-isolate; our workload literally doubled. The remaining staff were left under intolerable pressure; some then went off with stress'*
- *'Staff were isolating due to family members having suspected covid but not able to get a test, early in the pandemic.'*

30% of community pharmacies told us how staff had been flexible and they had got through the first wave 'on the efforts and goodwill of staff'.

- *'Staff had to work extended hours and without breaks on occasions'*
- *'Other staff came in on days they were not rostered to work (for free) to keep on top of the work'*
- *'Last minute notification of requirements to cover bank holidays was unacceptable given staff had foregone time off and worked longer hours in order to meet demands. Employer has had to foot the bill to fund overtime pay and make up hours owing which the NHS providers do not seem to appreciate other than with hot air and rhetoric.'*

What do staff need now?

73% of community pharmacies felt that what staff needed most was recognition from fellow NHS professionals and for the public to be made more aware of the work they do.

- *'They need a pay rise to recognise the efforts they made but there is no money in the contractors pot'*
- *'Staff are totally exhausted, and morale is on the floor because of the way we were treated'*
- *'Public are increasingly demanding and aggressive; we are not getting any support to deal with this. Often we are responding to problems that have not been created at our end, but nobody else will see patients or answer the phone.'*
- *'They are currently feeling under protected (compared to Surgery staff) and undervalued.'*
- *'Support with patient expectations; with the surgeries closed the pharmacies are busier than ever and some patients expect that if the surgery have issued a prescription 10 minutes ago it will be ready for collection at the pharmacy already dispensed. There are no allowances made for time for the pharmacy to dispense and complete the prescription.'*

There were two equally clear secondary needs that pharmacies felt their staff now needed.

- Mental health support (22%) as they dealt with the impact of the first wave.
- Access to PPE (22%) and 'more signage and display to control patients' safety and movements within the pharmacy'.

Innovation and changes in working practice

67% of pharmacies told us that they had made physical changes to their premises and how the public can access them in a covid secure way.

- *'We had to check body temperature of patients coming into the pharmacy. An automatic monitoring station by the entrance would help but needs to be funded'*
- *'Information leaflets were distributed as the pandemic developed. Electronic screens would have helped to give continuous information whilst patients were waiting to be served in a queue'*
- *'Closing the door and only allowing a certain number of people at a time'*
- *'Call and collect; patients can park in the car park and call and we bring out their prescription to them saving them being exposed in store'*
- *'Drive through INR clinics' (INR stands for International Normalized Ratio, a test result from the prothrombin time test monitoring people on warfarin or other blood thinning medication.)*

Some pharmacies (22%) mentioned that they had used social media and other digital apps to help disseminate information to the public and continue delivering their services.

- *'Increased use of social media especially local community pages to give out information about opening hours etc'*
- *'Greater use of App prescription ordering platforms'*

Innovation and changes in working practice

Impact of changes on workload

95% of community pharmacies told us that their workload has changed as a result of the pandemic. 50% told us that the profile of the work they undertake has changed and demand has increased:

- *'The profile of work has changed and a greater burden of compliance and handling of prescriptions.'*
- *'Increased significantly due to more clinical advice (positive) supporting patients mentally, however the prescription queries and delivery service has been a negative increase in workload'*
- *'Queries/problems with scripts increased massively. Spent more time dealing with queries than anything else.'*
- *'Signposting/counselling/reassuring patients greatly increased'*
- *'A greater number of consultations around minor ailments where the patient would normally have seen the GP'*
- *'Workload has been very unpredictable. We have gone from an unprecedented workload to virtually nothing some days and then very busy again. It is very difficult to plan ahead'*
- *'We will need to deal with more queries and counselling opportunities. With current staffing levels this will not be possible to sustain'*

33% told us that some areas of demand on their service had decreased due to the impact of reduced customer numbers.

- *'It was very busy the first month of lockdown but now because the surgery is still not seeing walk in patients, our walk in business has more or less dried up.'*
- *'Services related to travel are not in demand any longer.'*
- *'Business was lost to online pharmacies primarily Pharmacy2u'*
- *'Our counter sales have reduced markedly after the first 6 weeks of lock down and have not returned to normal, but the extra time available is being used with managing patient flow and extra cleaning'*



Innovation and changes in working practice

Impact of changes in primary care and GP working practice

In addition to their own changes, pharmacies told us about their experience of working with GPs and primary care services during this time, with 78% reporting that communication and working with GP surgeries had been difficult and slow.

- *'Access to GPs has been much more difficult. We have borne the brunt of the fall out'*
- *'Telephone contact with GPs is time consuming and sometimes impossible'*
- *'A small number of surgeries have a direct number for pharmacists to use which is very helpful. For others we have to join a queue system or other to try to sort out issues. Would be very helpful for our workload and time if all surgeries had a direct number for pharmacists to use.'*
- *'Found that surgeries were telling patients not to come to us as we were a supermarket with long queues to get in, when in fact pharmacy patients were let in immediately by security.'*
- *'It's been very poor, still not functioning as normal. Today a patient arrived for an appointment at the GP surgery an hour early. He was not allowed to wait in the surgery, so asked if he could wait in the pharmacy. We allowed him to wait as it was a very windy day and he was elderly'*

We also heard that:

- *'ETP (electronic transfer of prescriptions service) was slower than usual prior to the pandemic'*
- *'Dental prescription service was very cumbersome and inefficient and for the level of payment was not viable. Had to spend considerable time to resolve issues when patients came in for their medication. We then had to chase up the original prescriptions in the post.'*
- *'More use of EPS (electronic prescription service) has been easier'*

Are community pharmacies concerned about particular groups within the community?

73% of community pharmacies felt that they were able to identify parts of the community that they felt were in need of greater support.

The most frequently mentioned group were the elderly. The need to consider people, particularly the 'older population who are not good at, or able to use, technology for remote appointments' or people without access to computers was mentioned by a number of community pharmacies

- *'The increased reliance on online services and information has isolated many elderly people who do not have a computer'*
- *'It's all very well for Matt Hancock to say every GP consultation should be remote. I can tell you it doesn't work for people who are frightened, elderly, don't have a smart phone or PC and don't use the internet. These people are being treated like second class citizens'*

Other groups within the wider community that were mentioned were:

- Children
- *'Shielded and vulnerable groups who are still reluctant to go out of their homes'*
- *'Mental health patients who had no access to services and were left alone, vulnerable and scared'*

What have we recommended?

The nature of public feedback Healthwatch heard during the early stages of the pandemic triangulates with issues that community pharmacies have told us they experienced.

Addressing the issues around prescriptions and medication in preparation for lockdown restrictions on patients should be a priority.

However, due to the role and function of community pharmacies, many of the issues we have highlighted in this report require a system wide approach to improvements.

Our recommendation is therefore to facilitate a multi stakeholder discussion of the report and its findings with the aim of:

- Building on the work that is already underway to address the challenges and difficulties experienced in the first wave.
- Increasing awareness of the interdependences and impacts of working practice between different contact points of community pharmacies and other NHS services to encourage collaborative action plans to address issues.

Issue to be discussed will include:

- Exploration of further adoption of electronic Repeat Dispensing across more GP surgeries.
- Mechanisms to acknowledge the work of community pharmacies and address the reported low morale.
- Ensure robust communication systems are in place to enable efficient information sharing with community pharmacies

Acknowledgements

We would like to acknowledge all the dedication and hard work undertaken by staff working within community pharmacies to support the public across Kent and Medway during this pandemic.

We would like to give our thanks to all those that took the time to talk to us and contributed to this report:

- **A E Hobbs Ltd**
- **Asda Pharmacy**
- **Boots**
- **Delmergate Limited**
- **Graham Phillips Newington Pharmacy/Pierremont Pharmacy**
- **Lloyds Pharmacy**
- **M.D.Moore**
- **Paydens**
- **Pender Pharmacy**
- **Spires Pharmacy**
- **Williams Chemist**

And others who didn't wish to have their name shared.

Thank You



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