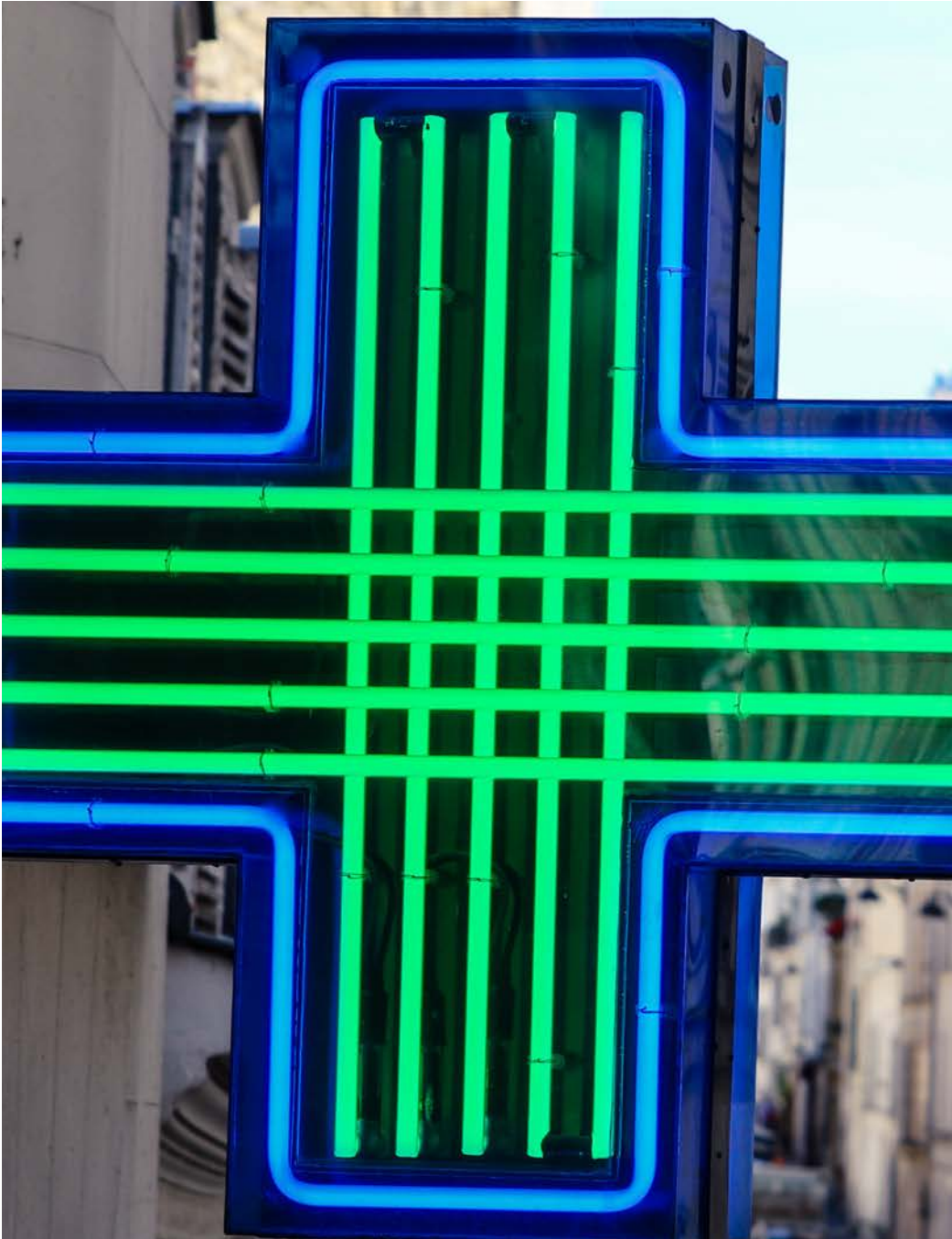


**Position Paper on the Role of
Community Pharmacists in
COVID-19 - Lessons Learned
from the Pandemic**





About Us

The Pharmaceutical Group of the European Union (PGEU) is the association representing community pharmacists in 32 European countries. In Europe over 400.000 community pharmacists provide services throughout a network of more than 160.000 pharmacies, to an estimated 46 million European citizens daily.

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Executive Summary

COVID-19 has been devastating for public health and people's health with a high number of deaths and lifelong consequences on the health status and quality of life. Health care systems in Europe have been struggling to assist both COVID-19 patients and patients with other health conditions. Lessons must be drawn from the pandemic, learning from it and using it as an opportunity to improve preparedness and response of healthcare system to current and future health challenges.

During this crisis, the network of pharmacies near people's homes have been playing a vital role in supporting local communities and ensuring their continued access to treatments and care. Community pharmacists have been accessible 24/7, even during lockdowns. In many regions, especially in rural or low population density areas, community pharmacies were the only health care service available to local communities. Pharmacies, have been the first line of advice, treatment, and referral for many people in Europe on common ailments, successfully preventing unnecessary visits to emergency rooms. In many European countries, pharmacists have also been structurally involved in influenza and COVID-19 vaccination and testing strategies.

Community pharmacy has demonstrated its value for patients and healthcare systems during this crisis and is ready to further expand this contribution as part of sustainable collaboration models with other healthcare professions and providers in the community.

We therefore call on governments to make health systems stronger, more resilient, and more responsive to patients' needs by:



Expanding the (legal) scope of community pharmacy practice to maximise their contribution to patients and health systems in ensuring continuity of care and treatments, increasing vaccination coverage and offering an accessible first line of advice, consultation, screening, treatment and referral on common ailments to patients;



Recognising the value of pharmaceutical services that have proven to improve people's quality of life and health systems' sustainability by adequately remunerating community pharmacists for the services they provide;



Defining new models of care delivery which involve and stimulate multi-professional teams working seamlessly - with the support of integrated digital technology – and which move from hospital-centered care to patient-centered care, treating patients as close to their home as possible;



Increasing investments in primary care, disease prevention and health services promoting good health of the population as well as the optimal use of medicines.

Introduction

Since the onset of the COVID-19 crisis, community pharmacies have been playing a vital role in supporting local communities. With their professionalism, expertise and commitment, community pharmacists have managed to guarantee patients access to the treatments they need and to maintain continuity of primary healthcare services in these challenging times.

Across all EU Member States, and even more in the areas where the COVID-19 outbreak hit the local communities more severely, community pharmacies have served their patients with great generosity remaining the key and first point of contact between the patients and the healthcare systems. Furthermore, community pharmacists have played a vital role in the identification and management of potential cases of COVID-19 and have been a trusted source of reliable information to patients, in a time of fake news and crossed information.

However, like other sectors, community pharmacy has also been faced with significant challenges to overcome. Over the last months, many European community pharmacists have experienced the hardest times in their pharmacy and this has also impacted their mental health. Community pharmacies have experienced a notable increase in the number of requests and phone calls from patients, numerous enquiries for home delivery services and increasing levels of staff sickness.

This type of increasing demand for professional advice has resulted in additional costs for pharmacies to maintain the highest level of services, both in quality of service (e.g. PPE being available for pharmacists) but also expanding opening hours to allow people to visit a pharmacy to obtain care and medicines.

Furthermore, community pharmacists made investments to undertake modifications of their premises and their daily routines to implement containment and safety measures as recommended by health authorities. Consequently, many independent community pharmacies across EU

countries have been dealing with existing cash flow and financial viability problems. This has especially been the case for smaller independent pharmacies and for those pharmacies located in specific areas, such as in rural and/or touristic areas, or in business centres of big cities that were emptied during lockdowns.

Especially during the first couple of weeks of the pandemic, the workload for pharmacists increased dramatically. Many countries saw citizens rushing to stockpile over the counter products such as paracetamol and vitamin supplements, as well as items like personal protective equipment (PPE) and hydroalcoholic hand gel, which pharmacists began to compound in several countries because supplies had run out so quickly. Moreover, also for certain chronic medications pharmacists have seen a strongly increased demand requiring them to put additional strategies in place to ensure that medication remains available to everyone.

Alongside this, lockdown measures were implemented relatively quickly in a number of countries; and pharmacies were one of the healthcare services to remain freely open to the public.

Throughout the crisis, even when PPEs were at shortage, pharmacies across Europe have continued assisting the health authorities and have expanded their contribution to support their local communities. The PGEU COVID-19 Information Hub provides further insights in the roles and commitments of community pharmacists in the fight against COVID-19 by highlighting several stories from community pharmacists in the frontline across Europe.

New Services for Patients: An Overview

As recommended by the OECD^{1 2} and WHO Europe³, many European countries have introduced changes in legislation to expand the role of pharmacists and relieve pressure on the rest of the healthcare system.



Crisis situations like the coronavirus epidemic can provide opportunities to change the traditional roles of different health care providers and expand the roles of some providers like nurses and pharmacists, so that they can take on some of the tasks from doctors and thereby allow them to spend their time more effectively on the most complex cases.”

OECD

A study conducted by the Institute for Evidence-Based Health (ISBE)⁴ of the University of Lisbon has mapped 30 pharmacy interventions on COVID-19 provided throughout Europe. Among the most frequent immediate actions in response to the pandemic are symptom-based referral pathways for suspected cases, increased demand to home delivery of medicines, pharmacy telephone support to vulnerable patients during isolation and dealing with the new vulnerable patients. These are all important patient care interventions in screening, access, and vulnerable patient support.



30

pharmacy interventions on COVID-19 are provided by community pharmacists throughout Europe.



17

pharmacy interventions had expanded powers granted to pharmacists in 16 European countries.

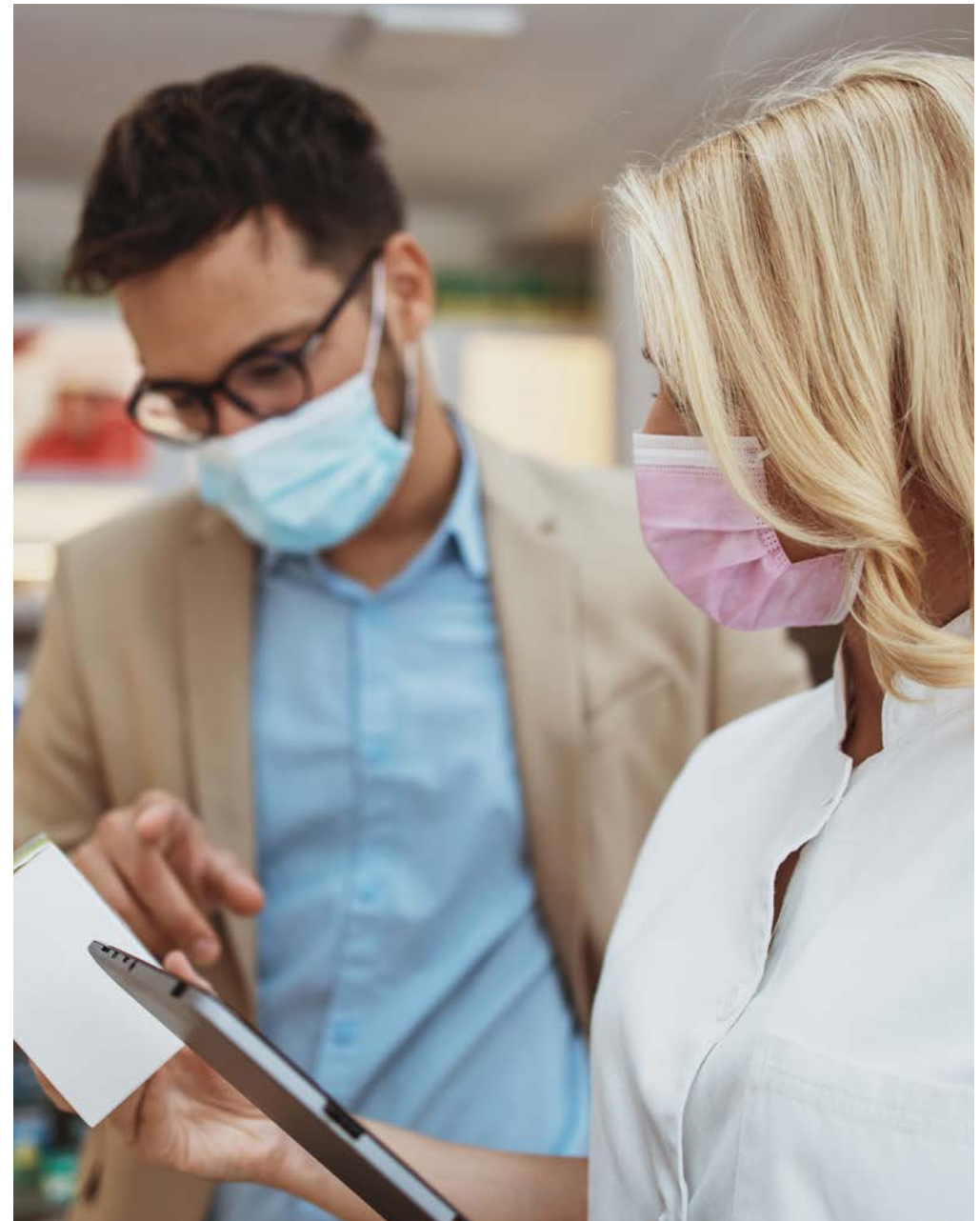
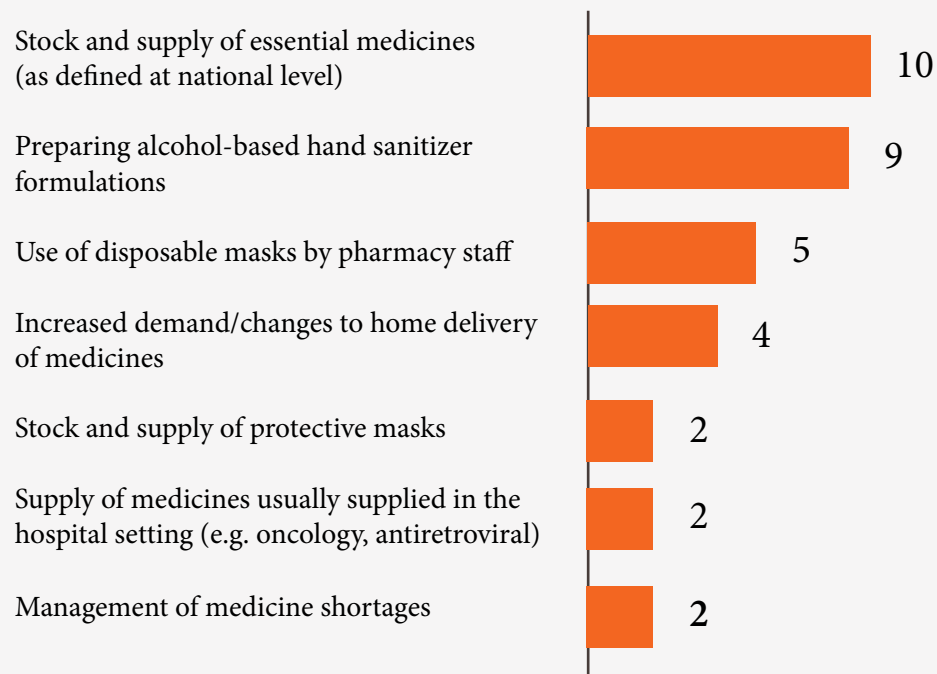


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community pharmacy interventions on COVID-19 have been remunerated by governments or health payers in Europe.

What's even more interesting is that expanded powers were granted to pharmacies and legislation was passed in view of COVID-19. In total, 17 interventions had expanded powers granted to pharmacists in 16 countries. Some countries have also secured additional funds to empower pharmacists in their vital work on the frontline against COVID-19. In total, 10 different community pharmacy interventions on COVID-19 have been remunerated by governments or health payers in Europe. An overview of the remunerated pharmacy interventions on COVID-19, ranked by number of countries where such remuneration has been provided, is shown in the figure below:

Overview of remunerated pharmacy interventions on COVID-19 [Number of European countries]. Source: ISBE Study Data, PGEU own elaboration.



Guaranteeing continued access to care and treatments

At the onset of the crisis, several countries implemented measures to guarantee the continuity of treatment for patients with chronic conditions and reduce the number of non-essential visits to primary care settings or hospitals. This was done by giving pharmacists the opportunity to renew repeat prescriptions for chronic medications in 5 European⁵ countries and enabling the electronic transfer of prescriptions to pharmacies where this had not been implemented yet. In 6 countries⁶, this included the extension of the pharmacist's scope to provide alternative solutions for occurring medicine shortages.

In 4 countries⁷, community pharmacies have also been granted extended powers to dispense certain medicines which before were only accessible via hospitals.



The need to maximise the efficiency of available resources also led to several innovations in the roles and responsibilities of different health professionals. The role of community pharmacists, for instance, was broadened in many countries at least temporarily to address urgent needs and reduce the need for doctor consultations for non-COVID-19 patients. In France, Ireland and Portugal, community pharmacists were allowed to renew and dispense the prescription for patients with certain chronic conditions.“

OECD



In 5 European countries

community pharmacists have been granted the opportunity to renew repeat prescriptions for chronic medications.



In 4 European countries

community pharmacists have been granted extended powers to dispense certain medicines which before were only accessible via hospitals.



In 6 European countries

community pharmacists have been granted the opportunity to provide alternative solutions for occurring medicine shortages.

First line of advice, treatment and referral

Throughout the crisis, community pharmacists have been the first line of advice, treatment and referral for many European citizens on common ailments, successfully preventing unnecessary visits to emergency rooms.

Pharmacists know their patients and their families very well across generations and understand their social context and needs. They can combine technical knowledge with the “human touch”, to provide personalised healthcare. This makes their role in providing accessible patient-centred care within their communities more critical than ever, especially for the vulnerable groups in society. Pharmacies have extended delivery services of medicines from pharmacies to vulnerable patients’ homes and also offered other solutions to ensure that patients continued to have convenient and safe access to their medicines (e.g. 24/7 collect boxes). Moreover, in 4 European countries⁸, authorities have also installed new remuneration provisions for home delivery services of community pharmacies.

In 8 European countries⁹, community pharmacists have activated protocols to help victims of domestic violence observed during lockdowns. This measure enables women who are in a situation of risk or danger to their physical, psychological and / or sexual integrity, to approach their trusted pharmacy either via a helpline or by requesting a "Mask 19" in the pharmacy. This code will then trigger the needed care protocol for these victims.



In 4 European countries

authorities have installed new remuneration provisions for home delivery services for community pharmacists.



In 8 European countries

pharmacists have activated protocols to help victims of domestic violence observed during lockdowns.

Increasing vaccination coverage and testing capacity

Another challenge the healthcare system has been faced with is the risk of a possible ‘twindemic’ of both the seasonal flu and COVID-19. In order to achieve a high uptake of the flu vaccination while ensuring that immunisation services can continue to be delivered safely and accessibly in the middle of a pandemic, in 6 European countries¹⁰, healthcare systems have granted expanded powers to community pharmacists in relation to dispensing and administering flu vaccinations. These include the supply of flu vaccines to at risk groups without the prior need for a prescription such as in Belgium and Norway and the launch of expanded pharmacist-delivered flu vaccination programmes and pilots in Germany, Greece, Ireland, Italy and Portugal, on top of existing programmes in Denmark, France, Norway, Switzerland and the United Kingdom.

Across Europe, community pharmacists today also contribute in various meaningful ways to COVID-19 vaccination campaigns. Their structural involvement in the administration of COVID-19 vaccines as part of mass vaccination campaigns for COVID-19 has been confirmed in 8 European countries¹¹. Community pharmacists also contribute in various other meaningful ways to COVID-19 vaccination campaigns such as through supply management tasks and vaccines preparation in e.g. mass vaccination centres, the distribution of vaccines to care structures and providing reliable and

understandable information and advice to the general public. In particular, pharmacists have also often been the first trusted source for patients to address questions around the safety and effectiveness of vaccines. In that respect, community pharmacists are also excellently positioned to report suspected adverse reactions from COVID-19 vaccines and as such are key contributors to the EU Pharmacovigilance system.

Community pharmacists across Europe have also increasingly played a role in testing strategies for the identification of COVID-19, mostly for asymptomatic people. In 15 European countries¹², people can access authorised COVID-19 self-sampling kits (for PCR analysis or antigen test kits for use at home) from pharmacies and/or get tested directly in pharmacies through the conduction of rapid antigen tests by trained pharmacists, according to protocols installed in collaboration with the authorities. Pharmacists have also been informed and trained to support the adequate referral for patients who might test positive for COVID-19. In many European countries, community pharmacists already have extensive experience in conducting point-of-care tests for the early detection of e.g. diabetes and hypertension, screening for e.g. Streptococcus A throat infections and taking patient samples within pharmacogenomics screening programs.



In 6 European countries

healthcare systems have granted expanded powers to community pharmacists in relation to dispensing and administering flu vaccinations.



In 15 European countries

people can access authorised COVID-19 self-sampling kits from pharmacies and/or get tested directly in pharmacies.



In 8 European countries

community pharmacists are involved in the administration of COVID-19 vaccines.



Amid these challenges it is vital to maximise the use of community pharmacy practice to meet patients' needs and maintain continuity of services, taking advantage of the digital network and the expertise of pharmacists. Community pharmacy has demonstrated its value for patients and healthcare systems during this crisis and is ready to further expand this contribution as part of sustainable collaboration models with other healthcare professions in the community.

Policy Recommendations

COVID-19 has been devastating for public health and people's health with a high number of deaths and lifelong consequences on the health status and quality of life. Health care systems in Europe have been struggling to assist both COVID-19 patients and patients with other health conditions. Many countries had to make the necessary decision of canceling non-essential care to free up personnel and resources to cope with COVID-19 setting back hard-won progress for example in the fight against non-communicable diseases.

The pandemic highlighted the fragilities of the health care system worldwide, leveraging the need to rethink the way care is provided. Lessons must be drawn from the pandemic, learning from it and using it as an opportunity to improve preparedness and response of healthcare system to current and future health challenges. There is a need to move from a hospital centered care to a patient centered care, monitoring and treating patients as close to their home as possible. This means investing more in primary care. According to Eurostat¹³, on average in the EU, only 2.8% of public and private health expenditure is invested in preventive care. Academics, policy makers and international institutions such as OECD¹⁴ have repeatedly stressed that investing in primary care pays off: a large body of evidence clearly indicates that it reduces hospitalization rates and prevents unnecessary visits to emergency rooms, it ultimately saves lives and money.

Now the time has come. With all countries around the world still battling COVID-19, we cannot afford to continuing putting on hold disease prevention and health promotion¹⁵, especially when facing the challenge of rapidly ageing societies. European community



pharmacists are committed to taking up the challenge. They remain in the front-line against COVID-19 providing their communities with timely access to treatments, reliable information and, in some countries, also rapid COVID-19 tests and vaccines, but they are also ready to use their knowledge and expertise to provide more efficient and more effective care to patients. The wide array of community pharmacies interventions on COVID-19 demonstrates the highly reactive and adaptive character of pharmacies in response to the pandemic. The 400.000 community pharmacists across Europe, through the network of 160,000 community pharmacies near to people's homes, are eager to reinforce the delivery of core pharmacy services and to go even further, assuming new responsibilities through advanced pharmaceutical services that have proven to improve people's quality of life and health systems' sustainability. This should be encouraged by national governments by adequately remunerating community pharmacists for the services they provide.

We should use this opportunity to make health systems stronger, more resilient, and more responsive to patients' needs. We should define new models of care delivery which involve multi-professionals' teams working seamlessly - with the support of integrated digital technology - to ensure continuity of care, especially for patients with chronic conditions, and which ensure an optimal allocation of resources within the sector. Inter-professional collaboration and increased investment on disease prevention and health promotion measures are also key to improve health outcomes.

In conclusion, we call on governments to make health systems stronger, more resilient, and more responsive to patients' needs by:



Expanding the (legal) scope of community pharmacy practice to maximise their contribution to patients and health systems in ensuring continuity of care and treatments, increasing vaccination coverage and offering an accessible first line of advice, consultation screening, treatment and referral on common ailments to patients;



Recognising the value of pharmaceutical services that have proven to improve people's quality of life and health systems' sustainability by **adequately remunerating community pharmacists** for the services they provide;



Defining new models of care delivery which involve and stimulate multi-professionals' teams working seamlessly - with the support of integrated digital technology - and which **move from hospital-centered care to patient-centered care**, treating patients as close to their home as possible;



Increasing investments in primary care, disease prevention and health services promoting good health of the population as well as the optimal use of medicines.

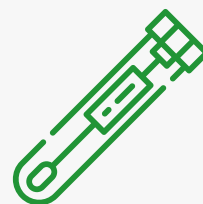
Annex: PGEU Members Best Practices

Austria: Rapid antigen testing for COVID-19 in pharmacies

Since November 2020, community pharmacies in Austria can offer rapid antigen tests for asymptomatic people as a voluntary service for the duration of the COVID-19 pandemic. Conditions to offer this service are that it is carried out according to the current state of science and that it complies with the requirements of medical devices law. Prerequisites are training measures for the correct use of throat and nasopharyngeal swabs, hygiene measures and the reporting of positive results to the district administration authority. An online training course to learn the technique of nasopharyngeal swabs was in advance made available by the Austrian Chamber of Pharmacists.

Community pharmacists are also reimbursed for the provision of this service. Since March 2021, the Austrian population can receive free antigen self-testing kits in community pharmacies for citizens to test at home. Five test-

kits are available per person per month and are available only in community pharmacies. In the first two days, Austrian pharmacies dispensed two million free antigen tests which corresponds to one million tests per day.



2 million

free antigen tests were dispensed in Austrian pharmacies in two days.

Belgium: Pharmaceutical experts as vital support for mass vaccination centres

In Belgium, pharmacists have been mobilised to assist in the mass vaccination centres for COVID-19 as pharmaceutical experts. In this role, pharmacists are responsible for the management of the supply and logistics within the centre and are assisting in the preparation of the COVID-19 vaccines before administration to citizens, which involves the dilution and labelling of the vaccines. Moreover, pharmacists are responsible for the monitoring and follow-up of risk minimisation activities and pharmacovigilance within the centres¹⁶.

In addition, Belgian community pharmacies have been equipped since April 2021 with a system whereby the COVID-19 vaccination status of the patient is shown to the pharmacist as a pop-up. This message is a trigger for the pharmacist to enter into an awareness-raising discussion with this patient. Webinars were developed to train pharmacists how to deal with possible vaccine hesitancy.

Croatia: Extended rights to resolve medicine shortages

In order to resolve shortages more effectively and preventing patients from having to return to the pharmacy, pharmacists in Croatia have been allowed to dispense medicines with higher prices than the price covered by health insurance companies. The price difference was covered by the state healthcare insurance company. The Croatian chamber of pharmacists also organised free delivery of medicines for people in isolation at home.

Denmark: Ensuring continued access to medicines for patients

During the COVID-19 pandemic Danish community pharmacies have introduced new ways of meeting with patients. Examples include the set-up of drive-in pharmacies, the possibility for patients to pick up their medicines at a parking lot outside the pharmacy and home delivery free of charge for patients. Moreover, Danish community pharmacies have been successful in their efforts to prevent the further worsening of medicine shortages. On a daily basis, the pharmacies report their stock level on critical medicines (app 4.000 item numbers) to the health authorities and the pharmacies prioritise the dispensing of medicines with short expiration dates in order to make sure that all critical medicines are used rather than being returned to wholesalers and being destroyed.

Cyprus: Rapid antigen testing in pharmacies

As of March 2021, community pharmacies offer, as a remunerated service, rapid antigen test to public. Pharmacists were trained through an online video and are obliged to send their daily test results to the ministry of Health.

England: Pharmacy as integral part of the COVID-19 vaccination strategy

Since January 2021, community pharmacists have gradually been enabled to administer COVID-19 vaccines in pharmacies in England to patients. Initially, only a couple of pharmacies were able to meet the government's capacity criteria for the administration of COVID-19 vaccines. Due to the relaxation of the criteria, by the end of March 2021 over 400 pharmacies in England have been administering COVID-19 vaccines to patients. On 22 March 2021, NHS England confirmed that over 1,7 million vaccines have already been administered in community-pharmacy led sites¹⁷. Also in Northern Ireland, Scotland and Wales, it has been confirmed that community pharmacies will be structurally involved in the administration of COVID-19 vaccines to patients.

over 400

pharmacies in England have been administering COVID-19 vaccines to patients.

over 1.7 million

vaccines have already been administered in community pharmacy led site.

France: Community pharmacists relieving pressure on the healthcare system

Since the beginning of the COVID-19 pandemic, the role of French community pharmacists has been broadened with a view to relieving pressure on the national healthcare system.

Since March 2020, French pharmacists have been enabled to renew repeat prescriptions for patients with chronic conditions (including hypnotics and anxiolytics, opiate-substitution treatments, as well as narcotics). This new power, meant to be temporary, was eventually extended on several occasions (March-June 2020, July-October 2020, and from November 2020 onwards) to ensure continuity of care during the pandemic. To date, French pharmacists can renew prescriptions for chronic medications, opiate-substitution treatments, but also oral contraceptives.

Since October 2020, French pharmacists also administer rapid antigen tests to the general population. Even though everyone can access those nasopharyngeal tests, community pharmacists are asked to prioritize symptomatic patients, as well as contact cases and people detected as part of a cluster. In total, more than 12 million tests have been carried out by French pharmacists since October 2020¹⁸. Since March 2021, French pharmacists also dispense nasal swab self-tests to the general public and provide professional advice on their effective use and follow-up.

The French pharmacy network has proven its value in increasing flu vaccination coverage since 2019. Consistently, in March 2021, French pharmacists were allowed to participate in the national COVID-19 vaccination campaign. As a consequence, they can now both prescribe and administer COVID-19 vaccines to all eligible patients (for the moment, viral vector vaccines at the pharmacy and mRNA vaccines in vaccination centres). Within one month, more than 700,000 vaccines have been administered by trained pharmacists and pharmacy students¹⁹.



more than 12 million

rapid antigen tests for COVID-19 have been carried out by French pharmacists since October 2020.



more than 700.000

COVID-19 vaccines have been administered by trained pharmacists and pharmacy students within one month.

Greece: Pharmacy contribution to the national vaccination plan against COVID-19

In recent years, Greek community pharmacists have been empowered in their role to increasing vaccination coverage. Since 2019, Greek community pharmacists have been enabled to administer flu vaccinations in pharmacies as a complement to existing vaccination services, which have demonstrated very positive results already.

In advance of the launch of the COVID-19 vaccination campaign, the Panhellenic Pharmaceutical Association (PFS) has organised a comprehensive training programme for pharmacists to support them in their critical role to promote vaccination to the general public through the provision of valid and reliable information. Over 8000 pharmacists²⁰ have updated their knowledge of COVID-19 vaccine developments through the Institute for Lifelong

Learning and Professional Development of Pharmacists (IDEEAF)²¹, where the in-depth training programme is launched, and will function as information/counselling centres for citizens on COVID-19 vaccination. In addition, an awareness and information campaign is launched in Greek pharmacies for the general public on COVID-19 vaccination.

Furthermore, Greek community pharmacists will function as booking centres for citizens to schedule their COVID-19 vaccination appointment. This service aims at supporting people who have limited digital skills and are not able themselves to book their appointment via the Greek's government online appointment system. Greek pharmacists will also be remunerated for providing this service.

Ireland: Extended pharmacist-delivered flu vaccination programme

Since 2011, community pharmacists can administer the flu vaccine in Irish pharmacies. In October 2020, new legislation has been passed allowing pharmacists to provide a flu vaccination service also outside of the pharmacy premises e.g. the patient's home, their car, a drive through service, nursing home, workplace or business premises, community/church hall, sports centre, school/creche etc²².

As a result of the expansion of the flu vaccination programme in September 2020, Irish pharmacists can supply a free flu vaccine and will be paid by the health service to administer the flu vaccine to all citizens over 65 years, those aged 6-23 months and 13-64 years in an at-risk group via a flu vaccine injection. In addition, all healthy children aged 2-12 years can be immunised in pharmacies via a nasal flu vaccine²³.

Germany: Extended rights to resolve medicine shortages

In order to resolve the bottlenecks of supply more effectively and preventing patients from having to return to the pharmacy, pharmacists in Germany have been allowed to deviate from the pack size or strength of a drug or, after consulting with the doctor, substitute it for a similar medicine. Pharmacists are now also remunerated for their home delivery services during the pandemic²⁴.

Italy: COVID-19 vaccination and testing in pharmacies

Italy became the third EU country in which community pharmacists could administer COVID-19 vaccines. This followed the Federfarma's request in 2020 to recognize Italy's community pharmacists in the same way that other governments in Europe were recognizing pharmacists' skills by allowing them to administer influenza vaccines. Enabling laws were passed in December 2020 and in March 2021 and an agreement signed between pharmacies/pharmacists' Organizations and the Ministry of Health, specifying standard procedures for COVID-19 vaccination. According to Federfarma, it is estimated that community pharmacies can do up to 200,000 administrations per day and help reach the national target of 500,000 vaccinations per day.

Prior to this announcement, there was already full engagement of Italian pharmacies in the population screening through antibody and antigenic tests. This began in Autumn 2020 in some regions and then spread in almost all regions across Italy. In Italy, one-third of all antigenic tests have been carried out at pharmacy level.



200.000 administrations

of COVID-19 vaccines can be done by community pharmacists in one day, according to a Federfarma estimate.

Portugal: Increasing access to hospital-only medicines via community pharmacies

91% of patients

would choose to keep taking their medicine in a pharmacy rather than in a hospital.



The dispensing of hospital only medicines in the community setting (at the community pharmacy or home delivery) was implemented in Portugal to promote better access and safety to the patient. According to a study²⁵ conducted by the Centre for Health Evaluation & Research (CEFAR) to measure the value generated by this intervention, the survey respondents revealed an increased satisfaction level with the service provided by community pharmacies, compared to hospital pharmacies in every evaluated category: opening hours, waiting time, privacy, availability of the pharmacist and overall experience of the service. The study also shows that, in a post-pandemic scenario, 91% would choose to keep this service provided by the community pharmacy.

The Netherlands: Pharmacy support for COVID-19 vaccination campaigns

Dutch community pharmacists are preparing COVID-19 vaccines for administration. They have shown the Dutch public that they are able to get six or seven doses from a vial of vaccine (BioNTech/Pfizer). The Royal Dutch Pharmacists' Association KNMP also advises community pharmacists to share their experiences to the public²⁶. There is an agreement between KNMP and the government about the role of pharmacists in the vaccination process of COVID in nursing homes of the elderly and mentally disabled. Both community pharmacists and hospital pharmacists can be a part of this. The task of the pharmacist is:

- Transportation of the vaccine from the main location of the care home to other locations;
- Repacking for transportation;
- Preparing the vaccine for use.

Scotland: Empowering community pharmacy as a first port of call for common ailments

In Scotland, pharmacists have been empowered in this role during the COVID-19 pandemic through the extension of the Minor Ailment Service and increased access to Emergency Care Summary Data²⁷. The NHS Pharmacy First Service allows community pharmacies to give people expert help for treating conditions such as sore throats, earache, and cold sores, along with common clinical conditions such as Urinary Tract Infections. Pharmacy teams will offer advice, treatment, or referral to other healthcare teams if required. In order to help pharmacies cope with increased pressures from the coronavirus, community pharmacies were also provided with additional funding²⁸.

Spain: Pharmacy support for victims of domestic violence

The General Pharmaceutical Council of Spain has been promoting the social function of community pharmacy for some time and is aware of the important role it can play in this area, with more than 2,3 million Spaniards visiting the dense network of over 22,000 Spanish pharmacies every day. That is the reason why it supported the "Mascarilla-19" initiative, which was born in the Canary Islands, where the Associations of Pharmacists of Las Palmas and Tenerife and the regional government decided to collaborate in the fight against this social scourge and from where it has spread to other Autonomous Communities and parts of Spain.

The objective is that women who are in a situation of risk or danger for their physical, psychological and / or sexual integrity, both in their closest family environment and on the street, can approach the pharmacy and trigger the safety protocol through requesting a "Mask 19". Although there are different action protocols, the mechanics are very similar in all of them, and it involves the pharmaceutical staff making a call to alert the emergency services -usually to 112- of the situation, which will then indicate the steps to follow and the information they require, always guaranteeing maximum discretion and confidentiality.

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Pharmaceutical Group of European Union

Rue du Luxembourg 19, 1000 Brussels, Belgium

T: +32 (0)2 238 08 18

Email: pharmacy@pgeu.eu

www.pgeu.eu

