

Introduction

Community pharmacy has played a frontline role during the COVID-19 pandemic.^{1,2} Governments and professional organisations in the United Kingdom and the Republic of Ireland (RoI) have acknowledged the need to support and maximise community pharmacy to maintain delivery of patient care. However, the pandemic's impact on day-to-day changes to community pharmacy practice has not been comprehensively examined across the island of Ireland.

This study was undertaken as part of a three-phase project aligned to Donabedian's model of quality of care (Figure 1).³ The study described forthwith focused on the 'structure' component of this model (i.e. the context and environment in which community pharmacies operated during the COVID-19 pandemic).



Figure 1. Donabedian's model of quality of care³

Study aim

To identify changes as communicated by policy and professional bodies to community pharmacy practice across the island of Ireland in preparation for, and/or response to, the COVID-19 pandemic, and to compare identified changes in Northern Ireland (NI) and RoI.

Methods

Inclusion criteria

To be eligible for inclusion, documents had to:

- Be published between 1st January and 31st October 2020;
- Contain information relating to changes to community pharmacy practice (i.e. infrastructure, funding/resourcing, guidelines or policies) in preparation for, and/or response to, COVID-19; and
- Be official publications/reports, web pages, email updates, circulars and social media posts published by official government, health service, regulatory and professional representative bodies and organisations in NI or RoI.

Documents outlining general updates or changes to the health service not explicitly directed at community pharmacy (e.g. general social distancing guidance) were excluded, as were guidelines on clinical use of medicines or documents with no clear implementation date.

Search process

A systematic electronic search of relevant organisation websites (e.g. Business Services Organisation, Department of Health, Health and Social Care Board, Health Service Executive, Irish Pharmacy Union, Pharmaceutical Society of Ireland, Pharmaceutical Society NI, Public Health Agency) was undertaken. Search terms such as “COVID-19”, “coronavirus”, “pandemic”, “community pharmacy”, “community pharmacist”, and combinations thereof, were used. Initial screening of each website was undertaken by one reviewer. Brief details (e.g. source, search date, document title, URL/web-link) of potentially relevant documents were collated in a Microsoft Excel spreadsheet and reviewed to remove duplicates. The full-texts of identified documents were assessed for inclusion by two reviewers independently; discrepancies were resolved through discussion with a third reviewer.

Data analysis

Following a familiarisation phase, a content analysis was undertaken. Preliminary codes were derived inductively and then sorted into larger categories, with the coding scheme refined on an iterative basis. NVivo® 12 Pro was used to organise and manage the data.

Results

In total, 253 documents were identified. Following removal of duplicates and screening, 98 documents were included in analysis. Most documents were published in the first three months of the pandemic (March-May 2020). Four main themes were identified (Table 1).

Table 1. A summary of the main themes identified from documents included in the documentary analysis

Theme	Summary of changes to community pharmacy practice in NI and RoI
Medication prescribing and supply	Changes were implemented in both jurisdictions to ensure continued access to medicines. Significant changes were made to emergency supply arrangements in both NI and RoI (e.g. increase in allowable duration of supply at the request of patients). In RoI, legislative changes were made to recognise Healthmail as the national electronic prescription transfer system and to temporarily extend prescription validity. In NI, many community pharmacy services were stood down/suspended during the initial months of the pandemic (e.g. Minor Ailments Service, Medicines Use Review, Smoking Cessation Service). Some of these services were reintroduced later in 2020 with modifications to allow consultations to take place remotely via the telephone or video call; however, others have yet to be reinstated.
Infection control	In both jurisdictions, community pharmacies were provided with additional supplies of personal protective equipment (PPE) for use during pharmacy service provision. Good infection control practices (e.g. social distancing, optimal hand hygiene, frequent surface sanitisation, ventilation) were emphasised at every opportunity.
Operational issues	Operational changes were implemented across both jurisdictions to ensure business continuity. Temporary registers of pharmacists were introduced to allow previously registered pharmacists to contribute to the health service response. Changes to business hours were implemented to allow time for staff rest breaks, stock replenishment and cleaning and routine inspections of pharmacies were suspended. In NI, General Dental Practitioners (n=34) were redeployed to support community pharmacists.
Vaccination services	In NI, the Community Pharmacy Seasonal Influenza Vaccination Service for Frontline Health and Social Care Workers ran from late September 2020 until 31 st March 2021. Whilst community pharmacies in both NI and RoI have been involved in delivering COVID-19 vaccination services, correspondence regarding this fell outside the search dates for this study.

Conclusions

This documentary analysis has highlighted changes in community pharmacy practice across two jurisdictions during the COVID-19 pandemic. The overlap in identified changes reflects the similarities in challenges faced by community pharmacists in adapting and responding to COVID-19. Many of the NI-based changes were reinforced in a subsequent telephone questionnaire⁴ and qualitative work conducted with community pharmacists in NI. Whilst the searches conducted were comprehensive, they were limited to publicly accessible documents only and may not be generalisable beyond these jurisdictions. However, the cross-country comparison may help pharmacists and policymakers to identify optimal approaches for responding to any future public health crises.

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References

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