



Assessing the impact of the COVID-19 pandemic on pharmacies

The International Pharmaceutical Federation (FIP) conducts global research on various topics to collect data that could inform and direct its activities and priorities. During 2020, FIP developed a survey to assess the impact of the COVID-19 pandemic on individual community and hospital pharmacies in terms of operations, staff and service provision. The goal was to identify how this global health crisis has affected the demand and delivery of professional services and to collect data that may inform preparedness and contingency plans for future crises.

The Pharmaceutical Society of South Africa (PSSA) was invited by the FIP to participate in their global survey. To increase the accuracy of the data to be submitted and to understand the situation in our local context, the PSSA approached the South African Association of Community Pharmacists (SAACP) and South African Association of Hospital and Institutional Pharmacists (SAAHIP) to conduct this survey among members of the Society who had selected SAACP and SAAHIP as their Sector of choice respectively.

The survey was sent out to eligible members in September 2020. The questionnaire was answered by the responsible/managing pharmacist or the person with the highest level of professional responsibility for the pharmacy operations at community, hospital or institutional pharmacies. Only one response per pharmacy was requested. A total of 39 responses were received from community pharmacies and 43 responses from hospital and institutional pharmacies.

Community pharmacies

Demographical data

Most participants were from the Gauteng province (43.6%) followed by KwaZulu-Natal (18%) and Western Cape (12.8%). No responses were received from the Northern Cape province.

Almost all participants were independent community pharmacies (92.3%) and no responses were received from courier pharmacies. Only three corporate community pharmacies responded.

The pharmacies who participated in this survey had either one (43.6%) or two (41%) pharmacists employed in the pharmacy. However, 43.6% of these pharmacies had five or more pharmacy support personnel (PSP) employed whereas 25.6% of pharmacies had two PSP employed.

Impact on clinical services provided in community pharmacies

Community pharmacies offer several clinical services to patients. These services were grouped under improving the use of medicine, product-focused services, primary health care and public health services, point-of-care or diagnostic aid tests, harm reduction services and other professional services. For each service listed under these groups, participants had to indicate whether the demand for this service was less, unchanged, slightly higher, exceptionally higher, or new when compared to the pre-COVID-19 era.

For this report, only the services with a change in demand (less, slightly higher or exceptionally higher) as experienced during the first six months of the pandemic are reported. No new demands were reported. The following trends were reported by participants in Table I.

The decrease in demand for advice on travel medicine is related to the ban on international travel and closure of borders at the time of the survey. A slightly higher demand was observed for the role of pharmacists in dispensing and counselling on medicine use, including when new medicine is dispensed for the first time as well as vaccine administration. Community pharmacies also assisted hospital pharmacies to dispense medication to outpatients who under normal circumstances prefer to collect their prescriptions from hospital pharmacies.

Due to stockpiling by the public and patients, more stock shortages were experienced during this time. This led to increased therapeutic substitution, independent prescribing, emergency prescribing and prescription renewals for chronic patients, especially given the initial exemption on Section 22A(6)(f) as published on 7 May 2020, which allowed for the repeat of chronic medication supply for up to 12 months.

An exceptionally higher demand was experienced with regards to home delivery of medication, as all citizens were encouraged to stay home. With the ban on cigarettes and other tobacco products, many patients accessed the smoking cessation service in pharmacies. It goes without saying that the biggest demand was the increased measures implemented to prevent infections by and of the public and among pharmacy staff.

Table I			
	Less demand for service or activity during the COVID-19 pandemic	Slightly higher demand for service or activity during COVID-19	Exceptionally higher demand for service or activity during COVID-19
Clinical services aimed at improving the use of medicine			
Dispensing and counselling on medicines use by pharmacists		X	
Dispensing by community pharmacies of medicines normally dispensed by hospital pharmacies outpatient services		X	
New medicines service		X	
Providing advice on travel medicines	X		
Product-focused services			
Systematic reporting of medicine shortages		X	
Home delivery of medicines and/or medical products			X
Primary health care and public health services			
Administering vaccines		X	
Smoking cessation programmes			X
Harm reduction services			
Measures implemented to prevent infection by and of the public/patients			X
Measures implemented to prevent infection among pharmacy personnel			X
Other professional services			
Authorisation to perform therapeutic substitution in case of shortages		X	
Independent prescribing by PCDT pharmacists		X	
Prescribing in an emergency by pharmacists		X	
Repeat dispensing/prescription renewals for chronic patients		X	

Table II			
	Less demand for service or activity during the COVID-19 pandemic	Slightly higher demand for service or activity during COVID-19	Exceptionally higher demand for service or activity during COVID-19
Clinical roles and activities to promote optimal use of medicines			
Participating in multidisciplinary teams responsible for therapeutic decision-making for patient care		X	
Supplementary, collaborative or protocol-based prescribing		X	
Monitoring medicines use for SELECTED inpatients to assure patient safety, appropriate medicines use and optimal outcomes		X	
Providing information on medicines for other healthcare professionals		X	
Providing advice and information to patients and/or their caregivers on medicines and their appropriate use		X	
Preparation and delivery			
Managing a bulk ward distribution system of medicines (i.e. with satellite depots in wards)			X
Dispensing medicines to outpatients	X		
Implementing measures to prevent infection by and of the public/patients			X
Implementing measures to prevent infection among pharmacy personnel			X
Providing medicines and support to emergency departments			X
General functioning			
Being involved in antibiotic stewardship and infection prevention and control strategies		X	
Developing contingency plans for emergencies			X
Medicines procurement and supply			
Participating in pharmacy and therapeutics committees	X		
Participating in decision-making and evaluation related to medical devices			X

Hospital and institutional pharmacies

Demographical data

Most participating pharmacies were from the Western Cape province (27.9%) followed by Gauteng (20.9%), Eastern Cape (11.6%) and KwaZulu-Natal (11.6%).

By far, most facility types were private hospitals (41.9%), public district hospitals (25.6%) and public tertiary hospitals (11.6%). No responses were received from correctional services, military or academic hospitals.

In 51.2% of participating pharmacies, there were five or more pharmacists working at the pharmacy whereas another 18.6% indicated that three pharmacists were employed in the pharmacy. Almost 60% of pharmacies also had five or more PSP in the pharmacy.

Impact on clinical services provided in hospital pharmacies

Hospital and institutional pharmacies offer several clinical services to patients. These services were grouped under clinical roles and activities to promote optimal use of medicines, preparation and delivery, general functioning, and medicines procurement and supply. For each service listed under these groups, participants had to indicate whether the demand for this service was less, unchanged, slightly higher, exceptionally higher or new when compared to the pre-COVID-19 era.

For this report, only the services with a change in demand (less, slightly higher, exceptionally higher, or new) as experienced during the first six months of the pandemic are reported on. The following trends were reported by participants in Table II.

A different picture was observed in hospital and institutional pharmacies. As mentioned in the previous section, due to the increase of patients visiting hospital pharmacies and, in an attempt to reduce patients visiting hospitals for non-emergency needs, some hospital pharmacies redirected their outpatients to surrounding community pharmacies or dispensed multiple

months stock at a time. A decrease in participation in pharmacy and therapeutics committees were also reported.

An increase in demand was reported relating to pharmacists' clinical role and activities to promote optimal use of medicine. Pharmacists participated more in multidisciplinary teams responsible for therapeutic decision-making for patient care, assisted in supplementary, collaborative or protocol-based prescribing, increased monitoring of the medicines used for selected inpatients to assure patient safety, appropriate medicines use and optimal outcomes, shared knowledge by providing information on medicines for other healthcare professionals and had to provide more advice and information to patients and/or their caregivers on medicines and their appropriate use. The pharmacists' role in antibiotic stewardship and infection prevention and control strategies were also in higher demand.

Hospital pharmacists experienced an exceptionally higher demand when managing the bulk ward distribution system of medicines and providing medicines and support to emergency departments. Pharmacists were also critical in the implementation of measures to prevent infection by and of the public/patients and among pharmacy personnel, including the development of contingency plans for emergencies. During this time, pharmacists were also more involved in the decision making and evaluation related to medical devices.

Conclusion

As unfortunate as the pandemic has been to countries, economies and citizens, pharmacists were fortunately able to assist patients and citizens during these difficult times. Pharmacists' value has been recognised and appreciated beyond "counting tablets" and they are now seen and valued for reliable information and advice when needed. The PSSA appreciates each member who sacrificed personal preferences for the health and well-being of others. During 2021, with the COVID-19 vaccine as the main focus for the year, pharmacists will once again have the opportunity to prove their value in the healthcare environment.

Newspaper article incorrectly quoting Executive Director of the PSSA

The PSSA is aware of the article published on Sunday 7 February 2021 in the Sunday Independent newspaper that misconstrued the words of the PSSA Executive Director Ivan Kotzé. He has already brought this to the attention of the journalist who wrote the article, who has agreed to publish a correction in the newspaper.

Most of Kotzé's words were misconstrued, but the following statements made in the article were extremely concerning:

1. *"Remember the pharmacies are businesses and they want to make profit"*

This was completely incorrect. Kotzé had explained to the journalist that if there was any merit in the claims that ivermectin has proven beneficial effects in the treatment of COVID-19 symptoms, then pharmaceutical companies would surely have applied to regulatory authorities for registration of products for this purpose. Pharmaceutical companies are invested in the industry to earn profit, and the fact that they have not applied to register

ivermectin for use in COVID-19 treatment, indicates that these claims are thus far unsubstantiated.

Kotzé pointed out that this incorrect statement caused a lot of harm in that it created a negative view of community pharmacies by suggesting that they are focusing on profit. This is not possible in a community pharmacy as the professional fee that pharmacies may charge when dispensing medication is regulated by the Department of Health. Furthermore, the sale of ivermectin cannot be initiated by the pharmacy as it must be prescribed by a medical practitioner before it can be dispensed.

2. *"If anything goes wrong the public should launch complaints against those health professionals"*

Kotzé had actually said that if any unregistered product is used, health professionals might run the risk of professional negligence claims and that professionals should be aware of this risk.

The PSSA anticipates that the correction notice will soon be published in the newspaper.

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