



# Response

## Health Education England

Facing the facts, shaping the future: a draft health and care workforce strategy for England to 2027

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For enquiries regarding this response please contact [kate.livesey@thecca.org.uk](mailto:kate.livesey@thecca.org.uk)

**Company Chemists' Association Ltd**

4<sup>th</sup> Floor, Euston House  
24 Eversholt Street  
London  
NW1 1AD

T 020 3874 3210

## **About the Company Chemists' Association (CCA)**

The CCA provides a forum for the large businesses engaged in community pharmacy to work together to help create an environment where pharmacy can flourish and providers compete in a fair and equitable way. The CCA has eight companies in membership including Asda, Boots UK, LloydsPharmacy, Morrison's, Rowlands Pharmacy, Superdrug, Tesco and Well. Between them our members own over 6,500 pharmacies, representing almost 50% of the community pharmacies in the UK. Our members employ over 10,000 pharmacists, 4,000 pharmacy technicians and 30,000 unregistered pharmacy staff in England alone.

## **About the Association of Independent Multiple Pharmacies (AIM)**

AIM is a membership organisation representing community pharmacy businesses with multiple pharmacies. Our members represent a significant number of pharmacies across the UK, with over 1,500 pharmacies in England, delivering primary healthcare and advice to their local communities.

AIM also engages with politicians, policy makers, the NHS and local government stakeholders to influence decisions about community pharmacy provision, services and remuneration.

## **About the National Pharmacy Association (NPA)**

The NPA is the body which represents the vast majority of independent community pharmacy owners in the UK. We count amongst our members independent regional chains through to single-handed independent pharmacies. This spread of members, our UK-wide geographical coverage, and our remit for NHS and non-NHS affairs means that we are uniquely representative of the independent community pharmacy sector. In addition to being a representative voice, we provide members with a range of commercial and professional services to help them maintain and improve the health of the communities they serve.

## **Consultation response**

We are pleased to see that Health Education England is developing the first system-wide national health and social care workforce strategy in over 25 years. We completely agree that good health and social care relies upon easy, dependable access to people who know what they are doing, have the time to do it and treat patients with respect and compassion. However, we are concerned that the draft strategy does not put forth proposals for workforce development which will help to realise the full potential of community pharmacy teams in this context.

The three-page section of the draft strategy on pharmacy feels very limited, especially considering that the pharmacy workforce makes up the third largest staff group providing NHS services to patients and the public. The proposals around pharmacy workforce development and funding allocations in the draft strategy also focus largely on developing pharmacists and pharmacy technicians working in new care settings, rather than those working in community pharmacy settings.

All roles in community pharmacies are patient-facing and community pharmacy has more touch points with the public than any other healthcare setting. Over 70% of pharmacists registered with the GPhC work in community pharmacies, and we would expect any development of the pharmacy workforce to include these vital frontline healthcare professionals at the heart. There are over 100,000 people working in community pharmacies across England, and they appear to have been disregarded in much of this system-wide workforce strategy.

## Policy drivers

We completely agree that the pharmacy profession has a significant role to play in the delivery of new care models outlined in the Five Year Forward View and the medicines value programme.

The draft strategy mentions that the [Independent Review of Community Pharmacy Clinical Services](#), commissioned by the Chief Pharmaceutical Officer, has been “driving the transformation of the pharmacy workforce”; but we are yet to see action on many of the key recommendations set out in this vital report, including (but not limited to):

- *Community pharmacists should be actively engaged to help explore and develop pathway approaches that integrate community pharmacists and their teams into primary care, and make best use of their skills in the identification and management of patients who will benefit most from their expertise*
- *NHS England and its national partners should consider how best to support STPs in integrating community pharmacy into plans and overcome the current complexities in the commissioning landscape alongside further support for local commissioners in contracting for services now.*
- *Existing Vanguard programs and resources should be used, in conjunction with the Pharmacy Integration Fund, to develop the evidence base for community pharmacists within new models of care.*
- *Ultimately MURs should evolve into full clinical medication reviews utilising independent prescribing as part of the care pathway.*

The Independent Review of Community Pharmacy Clinical Services also highlighted that “Independent prescribing by pharmacists has been available for a number of years and yet its potential has not been realised or exploited, particularly in the community sector”; however, the current independent prescribing training initiative being rolled out by HEE and funded by the Pharmacy Integration Fund is not open to pharmacists working in the community sector, it is only for pharmacists working in GP practices, care homes and integrated urgent care / NHS111 hubs.

It is worth noting that the health and care sector has evolved even since the relatively recent publication of the Independent Review of Community Pharmacy Clinical Services, and it will be important for HEE and others to review what new policy drivers and evidence needs to be considered in the investment in and development of the entire health and care workforce, especially in efforts to drive better integration and the involvement of community pharmacy in Integrated Care Organisations.

## Longer-term workforce investment

We feel it is important that training moves the pharmacy profession forward, rather than focuses on the services already available or training that already exists (unless that existing training is deemed unsuitable).

The CCA, AIM, NPA and our members are fully supportive of the ambition of the Pharmacy Integration Fund to “enable pharmacists, pharmacy technicians and their teams to spend more time delivering clinical services and health improvement; work in a variety of NHS settings as part of an integrated local primary care team and use improved technology all to improve efficiency for the NHS and outcomes for patients.”

The seven workforce initiatives outlined in the draft strategy are described as ‘initial fund priorities’, yet the document also states: “Once this work is complete then the NHS will have transformed the current pharmacy workforce and therefore the pharmacy service”. This is a very far-reaching statement and implies that no further investment will be made in training and developing the pharmacy workforce, once the seven initial initiatives set out for 2016-2018 are complete. This does not appear to be future-proof, especially for a strategy which is designed to last until 2027. We would

hope (and expect) that HEE continues to invest in the current pharmacy workforce, beyond these seven initiatives, especially as only some of these initiatives are open to pharmacists or pharmacy technicians working in community settings.

### **Effective dialogue and communication**

Community pharmacy employers, and the three associations responding collectively in this response, have not been effectively engaged in the workforce development initiatives supported by the Pharmacy Integration Fund in advance of these being launched. This lack of pre-engagement has made it very difficult for employers to be able to release their staff and resource at short notice to participate in these training programmes, despite the absolute will to do so. We would like to see more effective engagement with community pharmacy employers, from the initial design of training to launch and delivery, as we have considerable expertise in supporting the development of our people.

The CCA, AIM, NPA and our members fundamentally support the strategic ambition of efforts to drive improvement in pre-registration and post-registration pharmacy education and training, and to equip the pharmacy profession with the skills and knowledge required in a changing NHS landscape. The entire health and social care system is evolving, and we agree that training needs must be reviewed accordingly, to ensure that pharmacy staff are equipped to work in this transforming system.

However, the draft strategy refers to several initiatives currently being piloted for the future pharmacy workforce which will 'rollout' or be extended. With their large and diverse workforces, CCA, AIM and NPA members are well-placed to support with the design and delivery of pilot schemes, but our members feel there is duplication of work, with similar pilots occurring in different areas, resulting in pockets of good practice rather than addressing an overall objective to improve capability.

The Pharmacy Reforms Programme initiatives described in the draft strategy include e-portfolios for pre-registration trainee pharmacists, the use of Pharmacy Competency Panels and the national pre-registration pharmacist recruitment scheme. We understand all of the initiatives currently running as pilot schemes and will have full evaluations, which have not yet been made publicly available. We would expect that any decision on whether a pilot scheme will be rolled out nationally will be informed by robust evaluation, and consultation with stakeholders. Our members have been involved in all three of the specific initiatives described and have found communication and short implementation timelines for e-portfolios and Pharmacy Competency Panels to be particularly challenging.

If, following robust evaluation, any of these schemes are to be implemented for all pre-registration trainee pharmacists on a national scale, we would expect to see much better engagement and communication with employers to ensure they are implemented successfully. We would be very happy to facilitate this via our Community Pharmacy Workforce Development Group, which has representation from employers across the community pharmacy sector (see next steps section for more information).

### **Recruitment of trainees**

The draft strategy also states that HEE will use the national pre-registration pharmacist recruitment scheme to ensure the system has the right number of trainees with the appropriate skills and knowledge— it is not clear how this 'right number' will be determined and who will be involved in determining this. We would expect that pharmacy employers would be closely involved in any discussions around trainee numbers. Five years ago, the Centre for Workforce Intelligence carried out a strategic review of the future pharmacy workforce to inform pharmacist student intakes, and we would like to see an update of this important work, to ensure any forecasting and planning is accurate,

especially as so many new opportunities for pharmacists have been well-established in the last few years (e.g. in GP practices, care homes and urgent care settings).

The draft strategy does not mention the partners that HEE will work with in reviewing the recruitment of the future pharmacy workforce and we feel it is particularly important that HEE engages closely with employers and Higher Education Institutes on this, to understand more about the people choosing to embark on pharmacy careers and where they choose to undertake their pre-registration training.

### **Mobile workforce**

Despite highlighting the recruitment and retention issues in other workforce groups, the draft strategy does not highlight this as an area of concern for the pharmacy workforce. We are seeing increasing attrition rates in community pharmacy, especially for unregistered pharmacy staff and many pharmacists are choosing to embark on portfolio careers. We would encourage HEE to consider how to address these issues in the pharmacy workforce, in collaboration with pharmacy employers, as it has done for the other workforce groups.

### **National strategy with local variation**

This document presents a *national* workforce strategy for England, but we are aware of significant variation in workforce investment across HEE regions, and feel the overall picture is not very well coordinated. We recognise that there are different regional priorities and agendas for workforce investment, but we feel that investment in pharmacy workforce development can be dependent on whether pharmacists are involved in local decision making, rather than patient and population need. This variation is confusing and unhelpful, particularly if pharmacists in certain localities are able to gain training in one subject area (e.g. medicines reconciliation and transcribing for supply), but in other localities they are not, impacting on possible service delivery to patients. We welcome the appointment of HEE's regional pharmacy deans, and we would encourage these leaders to learn from successes in one region, to help improve consistency of delivery on a more national scale.

### **Alternative models for training delivery**

Investment in developing the community pharmacy workforce is absolutely welcome, but the local variation, lack of backfill cover and short timelines can create significant challenges for busy community pharmacies, potentially disrupting service delivery to patients. Supporting regionally-led delivery works in some instances, but we would like to see moves towards funds being made available to pharmacy contractors, giving them more flexibility on where they would like to obtain training from, and how/when they would like it delivered. HEE should take advantage of the dedicated training providers, in-house training departments, expertise and e-learning platforms already available and working well across the community pharmacy sector, rather than seek to duplicate these. As a recent example of how well this can work, community pharmacy employers effectively and rapidly trained their pharmacists on a mass scale to enable patients and the public to have improved nationwide access to flu vaccinations, culminating in over a million flu vaccinations successfully provided to patients through the national Flu Vaccination Service this year already.

We would encourage HEE and NHS England to look at alternative training delivery models, such as the NHS Education for Scotland model of allocating funding to pharmacy contractors for training and development, so that individual employers can identify training priorities and are then trusted to deliver the training most appropriate for their teams, in the most appropriate way, using a timeline that works for them. This can mean allowing employers to use different models of delivery in different areas, for example, some larger employers choose to train their teams together face to face in one region because their pharmacies are near to each other, whilst in other regions e-Learning may be more appropriate for their teams.

## Next steps

The consultation document states that it is not a final strategy and that responses will be used to inform the full strategy. We hope that HEE and the other partners involved in this document's production genuinely consider the feedback included in this submission, in addition to our members' input to the recent Community Pharmacy Workforce Survey. In their contributions to this survey, pharmacists and their teams identified gaps in training provision, and areas where skills could be enhanced to improve service delivery for patients, yet this national survey is not mentioned in this draft strategy as being used to inform future investment. We would strongly encourage HEE to consider these identified priorities for training provision in their plans for pharmacy workforce development.

Most importantly however, we would like to offer our support in ensuring the pharmacy workforce is fit for the future. We would welcome the opportunity to establish an active dialogue with those involved in taking this strategy forward. In 2017, our associations jointly established a cross-sector Community Pharmacy Workforce Development Group, which provides a forum specifically for representatives to share ideas, intelligence and best-practice on issues that affect the capacity and capability of the entire community pharmacy workforce. We have considerable expertise in training and development and would be well-placed to assist in designing and delivering these important initiatives and essential investments in our members' workforce. In order to tap into this expertise and arrange to have an open discussion with our cross-sector working group, please contact the group's secretary using [kate.livesey@thecca.org.uk](mailto:kate.livesey@thecca.org.uk).