January 2022

Health and Social Care Committee on Workforce: recruitment, training and retention in health and social care

The Community Pharmacy Workforce Development Group

This response is submitted on behalf of the Community Pharmacy Workforce Development Group (CPWDG or 'the Group'). The CPWDG is a cross sector employer working group that brings together the expertise of education, training and professional workforce leads from across the community pharmacy sector.

The Group works together to ensure that the community pharmacy workforce is ready to meet the needs of an evolving NHS and its patients – both now and in the future.

The Group has equal representation from the Association of Independent Multiple Pharmacies (AIM), representing independent multiples, the Company Chemists' Association (CCA), representing large multiples and the National Pharmacy Association (NPA), representing independent pharmacies. Together the members of the CPWDG represent the vast majority of community pharmacies in England. The Pharmaceutical Services Negotiating Committee (PSNC) sits as an observer on the CPWDG.

Executive summary

The CPWDG welcomes the opportunity to respond to this important and timely inquiry; and provides this response with regards to community pharmacy colleagues only.

In recent years, community pharmacies have reported significant challenges recruiting and retaining colleagues and a high number of longstanding vacancies. Ensuring that community pharmacy has a workforce that is agile and capable of meeting the challenges posed by the healthcare systems across the UK must be prioritized if the ongoing ambition to better utilise the clinical skills of pharmacy colleagues, as set out in the NHS Long Term Plan, is to be achieved. This response sets out important areas of focus, specific to community pharmacy, to support the recruitment, training and retention of the workforce.

Questions

1. **What are the main steps that must be taken to recruit the extra staff that are needed across the health and social care sectors in the short, medium and long-term?**

Short term

- Primary Care Network (PCN) recruitment: Action is necessary to counter the impact of recruitment of pharmacists and pharmacy technicians from community pharmacies into PCNs. This should include the flexibility to allow PCNs to utilize funding to commission community pharmacy colleagues to deliver services locally. Please see responses to question 4 and 7 for more details.
- A review of funding: We recommend a review of community pharmacy funding to allow businesses to meet the growing cost of operation. Whilst this should be considered in the short-term, we recognise a mid- and long-term review is also necessary.
- Hostility: We would welcome action to address rising levels of hostility faced by health and social care staff.

Mid-Long term

- Long-term workforce planning: An enhanced understanding of the current pharmacy workforce and the future need is necessary. We would like to see the government undertake holistic workforce planning, across primary care, to ensure the pharmacy workforce meets the needs of patients now and in the future. This should take account of population growth and changes in service design and delivery.
- Career development: At present opportunities for career development in community pharmacy are limited. Concerted efforts are necessary to a) build the capability and capacity of the workforce and b) ensure community pharmacy is an attractive and rewarding career. This should be applied to all members of the pharmacy team.
    - For pharmacists this should include independent prescribing training and subsequent utilisation of this skill within NHS commissioned services.
- For pharmacy technicians it will be necessary to consider options through an expanded role, but we would encourage the government to add pharmacy technicians to the list of professionals who can vaccinate under a Patient Group Direction, without delay. (See question 4 for more details).
- Opportunities to use enhanced skills: The enhancement of skills should be aligned with increased opportunities and the commissioning of services to allow colleagues to use their skills. Without such efforts there are risks that colleagues will leave the sector in favour of a setting where they can use enhanced skills.
- Promotion of the sector: We would like to see the continued promotion of all roles within community pharmacy. This should include promotion of the MPharm degree and a career in community pharmacy to students to ensure an adequate pipeline of pharmacists, as well as the promotion of pharmacy technicians and support staff roles to school leavers.
- Integration: Better integration of community pharmacy into the primary care team. Community pharmacy and other parts of primary care should work collaboratively to support the wider NHS.

2. What is the correct balance between domestic and international recruitment of health and social care workers in the short, medium and long term. What can the Government do to make it easier for staff to be recruited from countries from which it is ethically acceptable to recruit, with trusted training programmes?

Community pharmacy is a diverse profession and members of the Group recognise the valuable contribution that professionals trained outside of the UK make to the sector.

The issues relating to community pharmacy and international recruitment differ by role, these have been outlined below.

- Pharmacy support staff: At present pharmacy support staff, such as dispensing assistants and health care assistants, are not eligible to apply for a visa under the skilled worker route.

- Pharmacy Technician: Whilst pharmacy technicians are eligible to apply for a skilled worker visa, they may struggle to achieve 20 “tradeable points” related to salary. The points-based system requires applicants to earn the higher of the general salary threshold of £25,600 or the “going rate” for their particular profession.[1] This is towards the top end of an average pharmacy technician’s salary. Increased community pharmacy funding would support increased salary.

- Pharmacists: At present pharmacists sit on the shortage occupation list (SOL).[2] We support this intervention as a means to facilitate overseas pharmacist recruitment and in our view, pharmacists should remain on the SOL for the foreseeable future.

  Whilst this supports recruitment, there are other issues at play. This includes a lack of support and clear guidance, prohibitive costs whilst pharmacists undergo training or conversion courses and the impact of the pandemic, and the wider issues related to Brexit– which means some people are less likely to relocate.

  It is also worth noting that remote and hard to fill areas, may not always be desirable to/suitable for a person recruited from overseas.

In the long term the UK government has a responsibility to ensure adequate numbers of pharmacy staff are trained domestically to meet the needs of the population.

3. What changes could be made to the initial and ongoing training of staff in the health and social care sectors in order to help increase the number of staff working in these sectors? In particular:
- **Do the curriculums for need updating to ensure that staff have the right mix of skills?**
- **To what extent is there an adequate system to understand how many health care professionals should be trained to meet long-term need?**

In January 2021 the pharmacy regulator, the General Pharmaceutical Council (GPhC) approved new standards for the initial education and training of pharmacists.[3] The updated standards incorporate independent prescribing and a greater focus on experiential learning. These standards will be rolled in a phased approach, but from Summer 2027 all new pharmacists joining the register will have prescribing status.

We welcome these changes and support efforts to enhance the clinical skills of pharmacists. Not only will this have benefits for patients and the NHS, but in our view the expansion of opportunities and skills plays an important part in increasing the attractiveness of pharmacy careers.

However, these changes must be rolled out alongside plans to:

a) Utilise these skills. Pharmacists who have prescribing qualifications, currently lack opportunities to utilise these skills in the community sector – this can result in pharmacists leaving the community sector in favour of a setting which allows them to use their enhanced skills

b) Upskill the existing workforce to prescribers. A survey conducted by the CPWDG in 2020 found that around 5% of existing community pharmacists have Independent Prescribing qualifications.[4] Without appropriate training there is a risk of discrepancies in skills and qualifications of current and future pharmacists, leading to a two-tier workforce.

   We are aware of proposals to fund prescribing training for community pharmacists through the Pharmacy Integration Fund (PhIF), which has committed £15.9 million to 5 workstreams, one of which is IP, between 2021 and 2024.[5] However, more detail is needed, including with regards to timeframes and allocation of funds, given the vast majority of the current workforce require training. We encourage NHS E/I and HEE to adopt an equitable approach.

With regards to understanding the current workforce and meeting long term need, we are concerned about a lack of holistic workforce planning. Whilst the GPhC records the number of pharmacist and pharmacy technician registrants, there is no system in place to understand how many of these people are practicing or how many hours they are practising for, in which part of Great Britain they are practicing or in what sector they are practicing (i.e. community, secondary or primary). Neither is there a clear system to understand demand across the different sectors of the profession.

4. What are the principal factors driving staff to leave the health and social care sectors and what could be done to address them?

Reasons cited for colleagues leaving the pharmacy profession are complex and multifaceted, they include:

- Workforce pressure
- Limited career opportunities
- Recruitment from other sectors.

Pharmacy colleagues have worked exceptionally hard during the ongoing pandemic. Workload is extremely high and pharmacy colleagues have faced unprecedented demand as well as increased levels of hostility from the general public. We have concerns that some pharmacy colleagues are now experiencing burnout. This is reflected in a recent wellbeing survey published by Pharmacist Support and the Royal Pharmaceutical Society, which found that 89% of respondents were at risk of burnout.[6]

Alongside this, we are aware of limited opportunities for career development within the community pharmacy sector compared with other sectors and health care professions. At present formal Continued Professional Development for pharmacy colleagues in the community sector is limited, and uptake is variable. This has acted as a barrier to career progression, compounding issues with job satisfaction and retention. As outlined in response to the previous question, efforts to enhance the clinical skills of the existing workforce, and IP training is one solution. This should be matched with opportunities to utilise skills.

Such efforts and opportunities should not be confined to pharmacists alone – the whole pharmacy team needs to be supported. Pharmacy technicians, for example, have played a hugely valuable part in the Covid-19 vaccination programme and we encourage the government to add them to the list of health care professionals who can administer vaccinations under a Patient Group Direction (PGD). Allowing technicians to do more will not only boost capacity in community pharmacy, but also enhance the attractiveness of the technician role.

As well as issues associated with workload, pressure and career opportunities, we have concerns about the impact of recruitment into other sectors, specifically Primary Care Networks.

In early 2020 the updated GP contract set out a reimbursement scheme for the recruitment of 26,000 additional roles into PCNs to support General Practice called the Additional Roles Reimbursement Scheme (ARRS).[7] It was estimated there would be around 6 FTE pharmacists per PCN by 2024 or around 6,000-7,000 in total.

In September 2021 NHS E/I confirmed around 3,000 pharmacists had been recruited into PCNs.[8] Based on the assumption that 62% of pharmacists on the GPhC register work in community settings,[9] we estimate around 1,900 of these come from community pharmacy.

This is higher than the estimated number of new registrants who start working in community pharmacies in England each year.[10]

It is a matter of considerable concern that the NHS plans to recruit a further 3,000 pharmacists into PCNs over the next two years as set out in "Our plan for improving access for patients and supporting general practice".[8] The same document also confirmed the intention to increase the role of community pharmacists in delivering appropriate clinical services. Whilst we welcome an expanded role for community pharmacists, this must be cognisant of workforce pressures.

We understand the rationale to increase the role of pharmacists in PCNs, however we are concerned the current strategy is not an appropriate solution to deal with capacity issues across the health care system.

We encourage NHSE/I to grant PCNs flexibility to utilize ARRS funding to commission community pharmacies to deliver services locally and in a joined-up fashion. We welcome models which support collaborative working between community and primary care.

5. Are there specific roles, and/or geographical locations, where recruitment and retention are a particular problem and what could be done to address this?

Anecdotally we are aware of particular issues in the Southwest, and coastal and rural areas. A survey conducted by the members of the CPWDG in July 2020 showed significant rates of vacancies among full time equivalent (FTE) pharmacists. Of those who provided comparable information, our survey found a 9% FTE pharmacist vacancy rate across England. Vacancy rates were significantly higher in the South of England, reaching around 15% and 18% among pharmacists in the Southeast and Southwest, respectively.[11]

Concerns are not confined to pharmacists. The CPWDG survey revealed vacancies for community pharmacy technicians unfilled for significant lengths of time. Where respondents reported vacancies, on average they were open for around 6 months. The survey also found a high turnover rate among some staff groups, reaching over 25% per annum among trainee dispensing assistants and trainee healthcare assistants. [12]

Members of the CPWDG recently contributed data to a national workforce survey conducted by Health Education England (HEE), the results of which have not yet been published. We recommend the Health and Social Care Committee engages with HEE to better understand the data.[13]

6. What should be in the next iteration of the NHS People Plan, and a people plan for the social care sector, to address the recruitment, training and retention of staff?

The whole of primary care needs a strong pharmacy workforce, adequate investment, and a healthy pipeline of new pharmacists, pharmacy technicians and support staff. Community pharmacists are highly trained experts in medicines, there are opportunities to better use their skills, as well as the skills of all members of the teams. NHS E/I should consider how their skills can be utilised and the impact this will have on patients, the wider NHS and on retention.

We would also like to see the government undertake holistic workforce planning, across primary, to ensure the pharmacy workforce meets the needs of patients.

The next iteration of the NHS People Plan should also include:

- detailed plans outlining how the clinical skills of the existing pharmacy workforce will be enhanced
- detailed plans of how they intend to ensure adequate numbers within the pipeline.
- adequate funding to support training, recruitment, and retention.

7. To what extent are the contractual and employment models used in the health and social care sectors fit for the purpose of attracting, training, and retaining the right numbers of staff with the right skills?

Whilst there have been some recent improvements to align incentives between GP and pharmacy contracts, we have concerns that the current PCN system creates barriers to integration.

The ARRS funding model recruits pharmacists and pharmacy technicians out of community pharmacy and secondary care and into PCNs. This has acted as a disruptor exacerbating an existing workforce crisis.

Given the support for portfolio careers, which are seen as attractive by many colleagues, there are opportunities to consider different employment models, which support a more fluid approach.

As a starter for ten we would welcome flexibility to allow PCNs to utilize ARRS funding to commission Community Pharmacies to deliver services locally and in a joined-up fashion.

We would also encourage the government to consider the VAT issue. At present VAT is chargeable on specific services delivered by pharmacies. This means community pharmacies have to charge 20% more, which hampers their ability to offer services at competitive prices. There are also many costs associated with providing healthcare which are recognised unevenly by the NHS. This includes business rates and IT costs which are explicitly covered by the GP contract but not the pharmacy contract.

8. What is the role of integrated care systems in ensuring that local health and care organisations attract and retain staff with the right mix of skills?

As outlined above we would welcome a collaborative approach which allows community pharmacies to work with the wider health care system to ensure the needs of all parts of the NHS are met.

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[1] Home office, The UK's Points-Based Immigration System, July 2020
[2] Gov.UK, Skilled Worker visa: shortage occupations for healthcare and education, April 2021
[3] GPhC, Standards for the initial education and training of pharmacists, January 2021
[4] CPWDG, A review of the community pharmacy workforce, June 2021
[5] HEE News, Pharmacy Integration Programme invests £15.9 million in pharmacy professional career development, November 2021
[6] RPS and Pharmacist Support, RPS and Pharmacist Support Mental Health and Wellbeing Survey 2021, December 2021
[7] BMA and NHS, Update to the GP contract agreement 2020/21 -2023/24v, February 2020
[8] NHS Our plan for improving access for patients and supporting general practice, October 2021
[9] GPhC, Survey of registered pharmacy professional, 2019
[10] For the five years prior to the pandemic (March 2014-March 2019) we estimate that around 2,775 new pharmacists joined the GPhC register each year. This estimate is based on the average number who pass the annual GPhC registration assessments which takes place in June and September. A GPhC survey of registered

pharmacy professionals from 2019 found that 82% of pharmacists are based in England and 62% are based in community settings. This calculation has been applied to the estimated 2775 who join the GPhC register annually.

- GPhC, GPhC announces results for the first-ever online registration assessment, April 2021 (see for June assessment results 2014-2019)
- GPhC: GPhC announces results for September 2019 registration assessment, October 2019
- GPhC: GPhC announces results from the September 2018 registration assessment, October 2018
- GPhC: Results from September registration assessment announced, October 2017
- GPhC: Results of September 2016 registration assessment, October 2016
- GPhC: GPhC announces results of September 2015 registration assessment, October 2015

[11] CPWDG, A review of the community pharmacy workforce, June 2021
[12] CPWDG, A review of the community pharmacy workforce, June 2021
[13] HEE news, HEE call for Community Pharmacies to take part in national workforce survey, May 2021