Written evidence submitted by the Company Chemists' Association (EPW0055)

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland, and Wales. The CCA membership includes ASDA, Boots, Lloyds Pharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 5,500 pharmacies, which represents nearly half of the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing almost 500 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients, and the public.

Our response

We welcome the opportunity to provide evidence to this call for evidence. We are mindful that the commitments outlined in the call for evidence are broad and in places not applicable to community pharmacy. Our response, therefore, provides commentary where possible and does not respond to all sections or questions. It focuses on commitment 1 and commitment 2, for which community pharmacy, although not directly referenced, are most relevant.

In our view this reflects a wider issue, and we would like to see inclusion of community pharmacy in commitments, particularly those related to workforce planning.

Section 1: Planning for the workforce

- **Commitment 1:** Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs. [Including evidence relating to medical students, nurses, nursing associates, GPs, primary care professionals].

The commitment listed in section 1 does not include specific reference to community pharmacy and as such the CCA is not able to pass comment on its progress or funding. We can however, comment on the impact of the commitment.

Is the commitment specific enough?

The CCA welcomes efforts to ensure the wider health care system has sufficiently trained staff. However, we have concerns that community pharmacy is not recognised within the commitment. Community pharmacy plays a vital role in the delivery of healthcare services, and we welcome efforts to enable pharmacists to deliver more clinical services.

However, contractors and businesses from across the community pharmacy sector report a workforce crisis. We are concerned that the unprecedented challenges that community pharmacies face are not well understood or appreciated by national policymakers.

- A survey published by Health Education England in 2022 found that pharmacist vacancy rates doubled between 2017 and 2021.[1]
- The survey also found high rates of vacancy among pharmacy support staff. The accuracy checking role, is particularly affected, with an average vacancy rate of 20% which peaks at 35% in the East of England. [2]

- This crisis is particularly apparent in certain regions and the HEE survey found 80% of pharmacy managers in the South-West reported difficulties in recruiting pharmacists.[3]
- CCA analysis published in January 2022 found a shortfall of over 3,000 community pharmacists has developed in England over the last five years.[4]
- Furthermore, we know that pharmacists continue to be listed on the Shortage Occupation List, which lists occupations where employers face a shortage of suitable labour and where it is sensible to fill those shortages with migrant workers"[5]

We would like to see a holistic workforce plan for the entirety of primary care, and this must include community pharmacy.

Has the commitment had unintended consequences?

Whilst the CCA supports efforts to strengthen the primary care workforce, we do have concerns about the unintended consequences of the Additional Roles Reimbursement Scheme (ARRS) which supports Primary Care Networks to recruit an additional 26,000 primary care professionals.

Among the 26,000 health care professionals funded via ARRS, the 2020 GP contract set out intentions to recruit 6 FTE “clinical” pharmacists per Primary Care Network. [6] This equates to approximately 6,000-7,500 pharmacists.

This policy was not matched by corresponding efforts to train more pharmacists and inevitably PCN pharmacists have been drawn from the existing pool of pharmacists.

In December 2021 NHS E/I confirmed that roughly 3,500 pharmacists had been recruited into PCNs, we estimated around 2,400 of these have come from community settings. Based on these numbers we expect at least a further 2,500 pharmacists to be recruited into PCNs, of which we expect 1,700 to be drawn directly from community settings.

Whilst we acknowledge the overall number of pharmacists on the GPhC register has increased year on year,[7] this does not reflect the full picture, which is affected by changing work pattens and changing levels of demand. As highlighted by the CCA analysis referred to above, the demand for pharmacists is outstripping supply and community pharmacy sector is facing an unprecedented workforce crisis, exacerbated by PCN recruitment.[8]

This was highlighted at a recent discussion at the All Party Pharmacy Group where frontline staff spoke of recruitment challenges and personal sacrifices to ensure pharmacies remain open, with one independent pharmacy owner noting recruitment challenges are unlike anything he had experienced in 15 years.[9] Regulations state that a pharmacy cannot open unless there is a responsible pharmacist onsite. Shortages of pharmacists can, therefore, result in temporary closures of pharmacies and consequential restricted access to medicines and services.

Is the target contained in the commitment an effective measure of policy success (if applicable)?

With regards specifically to the recruitment of pharmacists into Primary Care Networks we are not convinced that the target to recruit 6 pharmacist into each PCN is an effective measure of overall policy success.

Prior to their recruitment into PCNs these individuals were working in other parts of the system (namely community and secondary care). Their recruitment, therefore, reflects a re-distribution or reallocation of resource, rather than an increase of resource.

It is particularly concerning that this comes at a time when services are increasingly being moved into the community sector. The CCA would urge a joined-up approach to the delivery of primary care services which takes capacity across the whole system, into account.

In addition to this, there is some evidence that clinical pharmacists are struggling to integrate into PCNs. Clinical pharmacists providing evidence to a recent report commissioned by DHSC and undertaken by the Kings Fund, reported that there were spread so thinly they "*can't do big pieces of work*" due to capacity. Another said "*I've found myself to be incredibly lonely. It's been really hard to feel like part of the team but not feel like part of the team."*[10]

How has working to those commitments affected other aspects of care?

Have some staff, patients and service users been adversely impacted by the commitment and its implementation?

As highlighted above community pharmacy is facing a workforce crisis.

Regulations state that a pharmacy cannot open unless there is a responsible pharmacist onsite. The increasing challenges pharmacies are facing in finding pharmacists are leading to rising numbers of temporary closures, restricting patient access to care and medicines.

Worryingly, there were an estimated 2,000 temporary closures per month at the height of the 2021/22 winter pressures. [11]

Section 2: Building a skilled workforce

- **Commitment 2:** Help the million and more NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead.
- **Commitment 3:** £1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.
- **Commitment 4:** Over the next three years we want all staff working in the community to have access to mobile digital services, including the patient's care record and plan, that will help them to perform their role. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see. Ambulance services will also have access to the digital tools that they need to reduce avoidable conveyance to A&E

The commitments outlined above are extremely broad and lack specific detail. They also relate to multiple sectors, as such it is difficult to assess whether activity to upskill the community pharmacy workforce can be attributed to them or to answer the questions posed.

The most relevant to community pharmacy is commitment 1 pertaining to supporting staff to "develop the skills they need", although this does refer to NHS Clinicians.

Previously we have raised concerns that training and 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 and professional development, compounding issues with job satisfaction and retention.

More recently we are aware of activities to upskill the community pharmacy workforce, which are welcome. We have summarised details of these below, which provide details pertaining to the different categories of questions.

Independent prescribing training and clinical skills training

- **Funding:** We are aware of programmes (inc. independent prescribing training and clinical skills training) to upskill the community pharmacy workforce being funded via the Pharmacy Integration Fund (PhIF).[12] It is worth noting that this funding only covers fees for the training and does not cover time to complete training, necessary to cover backfill – there are discrepancies here with other health care professions.
- **Timescale:** Whilst the majority of training provision is still in procurement stage, we welcome efforts to enhance the clinical skills of community pharmacists via these routes.
- **Impact:** Pharmacists already offer a range of clinical services, however there is potential to do more and the training outlined above supports this.
- This, however, must be matched by a commitment to allow upskilled pharmacists to use enhanced skills in community settings and an ongoing commitment to the remaining workforce. Training of the existing workforce in particular is now a risk for achieving the long term ambitions for the community pharmacy sector through a clinical service led contract.
- There are roughly 2,800 training Independent Prescribing (IP) places available via this route, we estimate the demand for training to be much greater than this, with around 5% of community pharmacists currently trained as an IP.

Undergraduate placements for pharmacy students

- **Funding:** The CCA welcomes the confirmation of funding via the education and training tariff to support pharmacy students undertake clinical placements, which will fund an increase in the number of placements.[13]
- We are aware of discrepancies between funding in England compared with Scotland and Wales. We understand that the scale of the project in in the respective nations was an important influencing factor in this decision, however concerns have been raised about the impact this will have on provision.
- **Timing and impact:** Whilst we cannot comment on meaningful improvements in outcomes, as placements are yet to be rolled out and as such the outcomes are not yet clear, we support the principle of experiential learning and welcomes the aim of enhancing the clinical skills of future pharmacist – to support the increasingly clinical direction of community pharmacy.
- As well as having an impact on patients and the NHS the expansion of opportunities and skills also plays an important part in increasing the attractiveness of pharmacy careers.
- In the short term there is, however, a risk that the sector will be stretched to meet the large numbers of placements days which placement providers (i.e. employers) will be expected to provide.

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[1] HEE, Workforce survey 2021, 2022
[2] HEE, Workforce survey 2021, 2022
[3] HEE, Workforce survey 2021, 2022
[4] CCA, National Pharmacist Shortfall of over 3,000 poses significant risk to local pharmacies, February 2022.
[5] UK Visa and Immigration, Skilled Worker visa: shortage occupations for healthcare and education, April 2021
[6] BMA and NHS E, Update to the GP contract agreement 2020-2021-2023/24, February 2020
[7] CCA, National Pharmacist Shortfall of over 3,000 poses significant risk to local pharmacies,
[8] CCA, National Pharmacist Shortfall of over 3,000 poses significant risk to local pharmacies, February 2022.
[9] APPG on Pharmacy, Empowering the Pharmacy Workforce: Recruitment, Retention and Professional Development, February 2022
[10] The Kings Fund, Integrating additional roles into primary care networks, 2022
[11] Telegraph, Staff shortages will force thousands of pharmacies to cut opening hours, January 2022

[12] PhiF, Pharmacy Integration Programme, Dec 2021
[13] DHSC/HEE. Healthcare education and training tariff: 2022 to 2023, March 2022