

Supplementary written evidence submitted by the Royal Pharmaceutical Society (RTR0159)

Dear Mr Hunt,

Workforce inquiry: Additional information

Thank you for the opportunity to give evidence to the committee on 24 May as part of its inquiry on workforce: recruitment, retention and training.

We were asked to write to the committee about three questions:

- Is there a shortage of pharmacists?
- Are pharmacies across the country being closed unilaterally due to a shortage of pharmacists?
- Currently, there are no structures in place to withhold payments from pharmacy companies who choose to close a pharmacy. Due to the impact this is having on patients, would we benefit from moving to a GP model, under which when a GP surgery shuts, then the GP surgery can be taken over?

There was also discussion in our session about the growing role of Pharmacist Independent Prescribers and I have included some illustrative examples of how they can support patient care.

Is there a shortage of pharmacists?

The pharmacy workforce is under significant pressure in every sector across Great Britain, with inadequate staffing cited as the leading factor for poor mental health in the pharmacy workforce (70%).ⁱ

Health Education England's Community Pharmacy Workforce Survey 2021 showed a vacancy rate of 8% in community pharmacy in England.ⁱⁱ The latest workforce survey for NHS Education for Scotland (NES) showed a pharmacist vacancy rate of 7.6% for NHS employees and 11.6% for community pharmacy in Scotland.

We need more robust data to inform workforce planning, especially in England where data for the overall vacancy rate for NHS pharmacist roles in is limited. The return rate for the community pharmacy survey for in Scotland was 99%. In England it was 47%, with some community pharmacies unable to provide vacancy rates or data on independent prescribers, locum and relief pharmacists, and other staff.

There are more than 61,000 pharmacists on the General Pharmaceutical Council register in Great Britain. This includes pharmacists who were provisionally registered during the pandemic and have now joined the main register, and were not included in the figure from GPhC's 2021 annual report cited in our previous written evidence.

The number of EU/EEA qualified pharmacists on the register is broadly the same as in 2015 (approximately 3,100), with a growing proportion of pharmacists qualifying in the UK.

Approximately 18% of pharmacists are independent prescribers.ⁱⁱⁱ Reforms to pharmacy education mean that from 2025/26, all newly qualified pharmacists will be independent prescribers at the

point of registration. Given the shift towards pharmacists providing more clinical services, there is a clear imperative to enable more of the existing workforce to become independent prescribers. This will require long-term investment in training, including backfill, as well as an expanded pool of Designated Prescribing Practitioners to support educational supervision.

We are seeing growing demand for pharmacists' expertise, supporting medicines safety as well as an increasing clinical role, and this could transform further in future as we see greater use of personalised medicines in the health service.

Pharmacists are increasingly being employed as part of the general practice multidisciplinary team. NHS England also set out the ambition for a typical PCN of 50,000 patients to be able to have its own team of approximately six whole-time equivalent clinical pharmacists.^{iv} This would equate to more than 7,000 pharmacist roles across 1,250 PCNs. Approximately half of those posts have been recruited to date.^v

There remains regional variation in workforce numbers, including in community pharmacy, with some parts of the country struggling to fill vacancies.^{vi} The Government and NHS should re-energise investment in hospitals to implement the Carter Review recommendations^{vii}, creating capacity for hospital pharmacists to spend more time on clinical services, patient safety and supporting colleagues in primary care and other settings. The Fuller Stocktake report, published shortly after our evidence session, noted the potential of innovative employment models "such as joint appointments and rotational models that promote collaboration rather than competition between employers".^{viii}

Alongside our call for a workforce strategy, our written evidence highlighted a number of issues to support recruitment and retention, including: flexible working and portfolio careers; protected time for rest breaks and learning; measures to support staff wellbeing; opportunities for career progression across care settings; and pay and recognition.

Are pharmacies across the country being closed unilaterally due to a shortage of pharmacists?

A briefing from the Pharmaceutical Services Negotiating Committee^{ix}, which negotiates the contractual terms for the provision of NHS community pharmacy services, notes that:

"In broad terms, if contractors do not want to breach the terms of service for unplanned temporary closures of pharmacies, they should:

- *only close for staff illness or other reasonable cause – that is a reason beyond their control;*
- *notify NHS England and NHS Improvement (NHSE&I) of the closure/unplanned temporary suspension as soon as practicable;*
- *update their Directory of Service (DoS) and NHS website entry;*
- *make arrangements with one or more NHS community pharmacies in the same area for the continued provision of pharmaceutical services, if this is practical; and*
- *use all reasonable endeavours to resume the provision of pharmaceutical services as soon as practicable.*

"The current guidance suggests that NHSE&I do not consider that pharmacy staffing is beyond the control of contractors.

“NHS Resolution has taken the view that a problem with the staffing of a pharmacy is not a reason beyond the control of the contractor as to why the contractor is not able to provide pharmaceutical services during its core or supplementary hours.”

Currently, there are no structures in place to withhold payments from pharmacy companies who choose to close a pharmacy. Due to the impact this is having on patients, would we benefit from moving to a GP model, under which when a GP surgery shuts, then the GP surgery can be taken over?

PSNC continues:

“Closure of the pharmacy during its core or supplementary opening hours without reasonable cause or without complying with the requirements of the NHS Regulations, is a breach of the terms of service.

“If NHSE&I considers issuing a breach notice, it may also decide to withhold remuneration – withhold payment of fees and allowances.”

It should be noted that:

“PSNC is seeking amendments to the Pharmacy Manual to recognise in the guidance that in some circumstances securing a locum/a staffing problem can be a reason to close that is beyond the control of a contractor.”

The community pharmacy network offered a lifeline during the COVID-19 pandemic, with pharmacists able to provide the public with rapid access to health and care advice at a time of intense pressure on the wider NHS. With sustainable funding, community pharmacy will continue to play a key role in supporting patient access to care. Alongside further analysis of the factors behind vacancy rates and future demand for pharmacists, the Government and NHS should engage with stakeholders and carefully consider whether it would be appropriate to amend relevant guidance on staffing issues, the implications of temporary closures potentially becoming more commonplace, and the potential impact on patient care.

Pharmacist independent prescribers

I highlighted in the session the increasing role of pharmacist independent prescribers to support patient care and ensure they get the best use from their medicines. Examples include:

- Pharmacist-led clinics, such as for warfarin, to help patient manage their treatment closer to home rather than having to travel to hospital.
- ‘Pharmacy First Plus’, a pharmacist independent prescriber-led service in community pharmacies in Scotland, which includes the assessment and treatment of acute common clinical conditions.
- Pharmacists working across Primary Care Networks to review people’s medicines, support people in care homes, carry out home visits, and manage long-term conditions.
- An integrated pharmacy service at Northumbria Healthcare NHS Foundation Trust, which allows for pharmacists in a range of care settings to autonomously prescribe (or deprescribe), increasing quality, stopping unnecessary medicines use, and improving patient safety.

Our written evidence noted key steps to harness the skills of pharmacist independent prescribers, including:

- Investment in training, both for new and existing workforce.
- Access to supervisors.
- Protected learning and development time.
- Commissioning of services to make best use of independent prescribers across care settings, supported by appropriate prescribing budgets in community pharmacy.

Further information is on our website.^x

Yours sincerely,



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ⁱ <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>

ⁱⁱ https://www.hee.nhs.uk/sites/default/files/documents/TheCommunityPharmacyWorkforceinEngland2021-Surveyreport_0.pdf

ⁱⁱⁱ <https://pharmaceutical-journal.com/article/news/dip-in-number-of-pharmacists-who-prescribe-daily>.

^{iv} www.england.nhs.uk/wp-content/uploads/2019/06/pcn-briefing-for-pharmacy-teams.pdf

^v www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf

^{vi} www.lasepharmacy.hee.nhs.uk/dyn/_assets/_folder4/community-pharmacy/thecomunitypharmacyworkforceinengland2017-surveyreport.pdf

^{vii} www.gov.uk/government/publications/productivity-in-nhs-hospitals

^{viii} www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

^{ix} <https://psnc.org.uk/wp-content/uploads/2022/04/PSNC-Briefing-011.22-Temporary-closures-of-community-pharmacies.pdf>

^x www.rpharms.com/recognition/all-our-campaigns/policy-a-z/pharmacist-independent-prescribers

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