

Written evidence submitted by The Royal Pharmaceutical Society (WBR0050)

1. The Royal Pharmaceutical Society is the professional body for pharmacists and pharmacy in Great Britain, representing pharmacists working in all sectors.
2. Even before COVID-19, pharmacists had been warning how rising pressures at work were affecting their health and wellbeing, undermining staff retention and putting the ambition of improved patient care at risk. In October 2019 we conducted a GB-wide survey of pharmacists, in association with the independent charity Pharmacist Support, to explore some of these issues, including burnout, the impact of workplace pressures and the availability of support.
3. A number of respondents said they were concerned about the impact of workload, and some said they had not been offered help by employers when they had asked for it, including those working in the NHS. Half of those experiencing mental health problems said they were reconsidering their careers.
4. The challenge of creating a workplace that encourages staff retention is shared across the health professions and one that must be addressed to maintain standards of care for patients. COVID-19 has made the issue even more acute and, as doctors, nurses, pharmacists and other staff moved between roles to support the health service, highlights why health professionals must have equal access to support, regardless of the care setting in which they work.
5. Following widespread engagement with the pharmacy profession and stakeholders, in July we published a set of principles based on experiences from the pandemic response, including the importance of staff health and wellbeing to support safe patient care.¹ This submission has also been informed by the ongoing feedback from pharmacists on challenges during the height of the pandemic. We will be repeating our workforce wellbeing survey in the autumn and can provide further data from that in due course.

Key issues

- An RPS survey of pharmacists showed that 80% were at high/very high risk of burnout, even before COVID-19.²
- Additional pressures and concerns during COVID-19 included: increased demand from the public, managing medicines shortages, support to deliver safe and effective care, problems with access to PPE, risks assessments, and funding.
- The Government and NHS must support equal access to health and wellbeing support for all health professions across all care settings.
- Pharmacists should be able to work in a 'just culture' and continue to feel supported by the regulator to do the right thing for patients.
- The Government and NHS must take steps to retain the current workforce and encourage new students into the profession to meet demand.

¹ www.rpharms.com/recognition/all-our-campaigns/policy-a-z/future-of-pharmacy

² www.rpharms.com/about-us/news/details/Pharmacists-suffer-the-mental-health-consequences-of-workplace-pressure

The current scale of workforce burnout

6. Our GB-wide survey in October 2019 received 1,324 responses, 89% of which were from pharmacists working in roles across primary and secondary care, including community, hospital, GP practices and NHS commissioning. 11% of respondents were students, academics or in other roles. Key findings included:
 - 80% of respondents were at high/very high risk of burnout. (Oldenburg Burnout Inventory)
 - 20% of respondents had been diagnosed with a mental health condition within the past 12 months.
 - 74% said their current working, training or studying environment had contributed negatively to their mental health and wellbeing a significant or partial extent.
 - The most common impacts of mental health problems included:
 - Concern about making mistakes at work (69%).
 - Feeling less able to take on additional responsibilities (57%).
 - Worry about not spending enough time with family and friends (54%).
 - Reconsidering career plans (52%).
 - Feeling less able to complete all their work during the day (47%).
 - Concern about offering a poor quality of service (44%).
 - Respondents cited the primary reasons for poor mental health as:
 - A lack of support staff to help in the role (19%).
 - Unrealistic expectations from managers or their organisation (19%).
 - Unrealistic expectations from patients and the public (14%).
 - Targets set by employer (14%).
 - Workplace culture (14%).
7. With continued pressures, these survey results show how government and the NHS must take steps to retain the current workforce and encourage new students into the profession to meet demand. This must include equitable support for pharmacists' health and wellbeing.

Impact of the COVID-19 pandemic on resilience, levels of workforce stress, and burnout

8. We are incredibly proud of the resilience of the pharmacy profession in responding to the COVID-19 pandemic. Almost 3,500 pharmacists and 3,000 pharmacy technicians returned to the register to support the health service.³ Pharmacists were also redeployed to offer specialist support in medicines at the Nightingale sites. We are concerned however about the immediate and longer-term impact on the profession's mental health and wellbeing from coping with such unprecedented pressures.
9. At the height of pandemic, pharmacists remained one of the few healthcare professionals readily available to the public for face-to-face advice. They faced increased demand from patients at the same time as coping with a unique and changing working environment, as national policy and guidance evolved. This and a number of other challenges were included in our previous submission to the committee's inquiry on *Delivering Core NHS and Care Services during the Pandemic and Beyond*.⁴

³ www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-21/38649/

10. We saw a huge spike in demand from pharmacists for support and guidance. Traffic to the RPS website in April this year more than doubled compared with the previous month, with more visitors to our COVID-19 hub page than even our home page. There was a nearly 25% increase in enquiries to our Professional Support Service in April and May, compared with 2019.
11. The independent charity Pharmacist Support provides a wide variety of support services to pharmacists and their families, former pharmacists and pharmacy students.⁵ Employment-related issues are the biggest area of enquiry to its support and advice service. These enquiries normally relate to staffing levels, high workloads and unrealistic targets. The period March to July saw a 20% increase in enquiries compared with last year, and COVID-19 saw this expand to include issues around lack of PPE and inability to socially distance.
12. Feedback from pharmacists during the pandemic noted a significant increase in demand on community pharmacies, particularly in the early phase of the lockdown, with reduced access to GP surgeries, an increase in medicines and healthcare queries (as patients did not want to access emergency care services, and a rise in the volume of prescriptions. Flexibility to ensure adequate rest breaks and reduce opening hours was seen as essential to support staff morale and wellbeing, plan and manage workflow, and clean premises. At the same time, last-minute communication about national policy decisions on opening hours, including on bank holidays, gave limited time for teams to prepare and roster staff accordingly.
13. Despite advice to stay at home, some members of the public with COVID-19 symptoms or living with someone who had symptoms, were still going to their local pharmacy. While the public were not initially required to wear face coverings in pharmacies, unlike when visiting hospitals, this would later change.⁶ We heard of cases where community pharmacists and their teams contracted the virus and had to self-isolate, highlighting the urgent need to protect all those working on the frontline, including through access to appropriate PPE and COVID-19 testing.
14. Sustainable access to adequate PPE was a significant issue for pharmacy, wider health professions and beyond. 34% of pharmacists responding to an RPS survey said they were unable to source continuous supplies of PPE.⁷ Pharmacists were left out the initial phase of the Government's 'PPE Portal' at the height of the pandemic.⁸ They were later included at the start of August.
15. COVID-19 saw pharmacists faced with exceptional circumstances across care settings which tested individual resilience, such as deaths of long-standing patients, higher demand on intensive care, or managing medicines shortages. The RPS published guidance for pharmacists and pharmacy technicians to support ethical, professional decision-making during COVID-19, with the General Pharmaceutical Council, the Pharmaceutical Society NI and the Association of Pharmacy Technicians UK. It sought to reassure pharmacists and pharmacy technicians that should decisions be called into question at a later date, they should be judged according to the circumstances at the time of the decision, not with the benefit of hindsight. Pharmacists, as with all health professionals, also faced personal challenges, including with family members directly affected by COVID-19.

⁴ committees.parliament.uk/writtenevidence/4816/pdf

⁵ pharmacistsupport.org

⁶ www.rpharms.com/about-us/news/details/RPS-calls-for-face-covering-measures-to-be-extended-across-all-healthcare-settings

⁷ www.rpharms.com/about-us/news/details/Pharmacists-unable-to-maintain-social-distancing-at-work-and-risk-infection

⁸ www.rpharms.com/about-us/news/details/pharmacists-must-have-access-to-ppe-portal

16. While the rapid increase in remote working and virtual consultations in some cases improved communication with patients, improved wait times and service delivery, this also provided a challenge around maintaining normal workflow while demand for virtual consultations increased. From 1 September, the New Medicines Service and Medicines Use Reviews may now be conducted by telephone or video consultation.⁹ With virtual consultations likely to become more common in a 'new normal' of COVID-19, funding for additional training and equipment must be made available across the health professions to ensure patients. This must also be supported with flexibility to enable the right mix of face-to-face and virtual consultations, so patients can receive care most appropriate for them and to avoid potentially widening health inequalities.
17. Results from a survey from the RPS and the UK Black Pharmacists Association in June found that more than two-thirds of Black, Asian and Minority Ethnic (BAME) pharmacists and pre-registration pharmacists across primary and secondary care had not yet had access to COVID-19 risk assessments, nearly two months after the NHS said they should take place.¹⁰ The NHS subsequently called for employers to urgently take measures to conduct risk assessments.¹¹ While we saw some progress subsequently, a follow-up survey by RPS in July showed that nearly a quarter a quarter of pharmacists were still waiting.¹²
18. The COVID-19 pandemic has illustrated the crucial role of pharmacists during a national public health emergency. With this in mind, many across the profession were disappointed by the occasions that pharmacy, particularly community pharmacy, was seemingly an afterthought in Government planning, policy and communications. The RPS and others in the profession have consistently called for pharmacists on the frontline to receive the recognition they deserve, seeking clarifications on key worker status, visa extensions¹³ and calling for equal inclusion in mental health support for staff. Despite some welcome progress and support from health ministers and NHS leaders, the whole profession was dismayed at initial reports that pharmacists would only be considered by the new life assurance scheme "in exceptional circumstances".¹⁴ Pharmacists were also excluded from the public sector pay rise announced in July.¹⁵ Efforts to boost staff morale and support retention must be consistent across the health professions.
19. Pharmacists have also faced financial pressures during COVID-19. We continue to support calls for fair funding for community pharmacy to help keep their doors open to the public and support teams working on the frontline. There is also a need for additional funding and infrastructure to support the transition to any new ways of working combined with winter pressures, alongside coping with potential local outbreaks and restrictions.

Reducing the risk of burnout

20. Patients will need the government, NHS, employers and the wider profession to work together so that pharmacists feel supported to deliver the best patient care. We have welcomed moves to widen NHS occupational health support for some health professionals, but this is not yet available to all staff delivering NHS services. In October 2019, the Department of Health and Social Care announced that the NHS Practitioner Health service would be expanded to include

⁹ psnc.org.uk/our-news/advanced-services-changes-to-consent-and-other-rules/

¹⁰ www.rpharms.com/about-us/news/details/Urgent-action-needed-on-BAME-risk-assessments

¹¹ www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0625-risk-assessments-for-at-risk-staff-groups-letter.pdf

¹² www.rpharms.com/about-us/news/details/More-action-needed-on-pharmacy-risk-assessments

¹³ www.rpharms.com/about-us/news/details/rps-and-bpsa-welcome-visa-extensions-for-pharmacists

¹⁴ www.pharmaceutical-journal.com/news-and-analysis/news/pharmacists-will-not-be-automatically-included-in-government-covid-19-life-assurance-scheme/20207937.article

¹⁵ www.rpharms.com/about-us/news/details/pay-rise-omission-kick-in-the-teeth

dentists as well as doctors.¹⁶ This was sadly a missed opportunity to create a level playing field for all health professionals, including pharmacists. The Department has acknowledged that “the health and wellbeing of all those working on the front line, including pharmacy teams, is paramount”.¹⁷

21. We welcomed the focus on health and wellbeing in the latest update on the NHS People Plan¹⁸, but many staff still face a two-tier system where those employed directly by the NHS can access support, but those delivering NHS services in other settings cannot. COVID-19 has highlighted the real need for pharmacy to be integrated as part of the NHS family, so pharmacists and staff delivering NHS services must be able to access the right support wherever they might work. It is vital this is taken forwards as part of the NHS People Plan and we continue to engage with NHS England and Improvement on this issue. We had previously sought reassurances that the new mental health ‘hotline’ announced during COVID-19 would be available to all pharmacists and this access should continue.¹⁹ We have also welcomed discussions on the new Mental Health Resilience Hubs and look forward to these being made available to all healthcare staff.
22. Feedback from our survey and ongoing engagement with the profession has shown the importance of all pharmacy workplaces supporting a culture that is conducive to positive wellbeing including:
 - Employers must give pharmacists access to the breaks they need.
 - Having the right level of skilled support staff to help pharmacists manage their workload.
 - All pharmacists must have access to protected time to support and enable their professional development.
 - All pharmacists must have equal access to NHS-funded occupational health services.
23. The RPS has long advocated for an emphasis on ‘just culture’ in pharmacy practice, which balances accountability and learning and leads to improved patient safety.²⁰ With increased strain on teams during COVID-19, we welcomed the joint statement by regulators of health and care professionals during which reconfirmed that “the first concern of the individuals on our registers will be the care of their patients”.²¹ It placed an emphasis on health and care professionals using their professional judgement to assess risk to deliver safe care informed by relevant guidance and the values and principles set out in professional standards.
24. The RPS supports pharmacists using professional judgment to put patients first. They play a key role in supporting patient access to medicines, especially in the event of potential shortages. Pharmacists and other health professionals should continue to feel supported by regulators to do the right thing for patients.

Workforce

25. Pharmacists are experts in medicines and play a key role in supporting antimicrobial stewardship and infection control, which have become increasingly important in light of COVID-19. They supported ongoing supply of medications for both COVID and non-COVID patients across primary and secondary care, with expertise in specialist areas such as for critical care and

¹⁶ www.gov.uk/government/news/dedicated-mental-health-support-for-all-nhs-doctors-and-dentists

¹⁷ <https://www.pharmaceutical-journal.com/news-and-analysis/news/government-has-no-plans-to-offer-nhs-staff-mental-health-support-to-pharmacists-it-says/20208289.article>

¹⁸ www.rpharms.com/about-us/news/details/RPS-England-responds-to-NHS-People-Plan

¹⁹ www.rpharms.com/about-us/news/details/RPS-gets-access-to-wellbeing-support-for-all-pharmacists-in-England

²⁰ www.rpharms.com/resources/quick-reference-guides/the-right-culture

²¹ www.pharmacyregulation.org/news/how-we-will-continue-regulate-light-novel-coronavirus-covid-19

respiratory health. They support clinical trials, help minimise medicines waste, and source alternatives when medicines are in short supply.

26. As demand for pharmacist expertise increases, the Government and NHS should re-energise investment in hospitals to implement the Carter Review recommendations²², creating capacity for hospital pharmacists to spend more time on clinical services, patient safety and supporting colleagues in primary care and other settings.
27. More widely, there is increased demand for pharmacists in primary care, including: undertaking structured medication reviews, improving medicines optimisation and safety, improving antimicrobial stewardship, supporting care homes, running practice clinics, and supporting an integrated approach to care with colleagues in other settings. The intention to support a typical Primary Care Network with approximately six whole-time equivalent clinical pharmacists requires recruitment of more than 7,000 pharmacists in the longer-term. There remains a regional variation in workforce numbers in community pharmacy, with some parts of the country still struggling to fill vacancies.²³
28. The NHS Long-Term Plan must be backed by a comprehensive and adequately-funded workforce strategy to support recruitment, training and education. This should include the development of a common post-registration career framework, that ensures that all pharmacists become independent prescribers on registration and provides competency-based mechanisms for those already on the register to become prescribers. The strategy must ensure that pharmacists in all settings can practice to the full extent of their education and training.²⁴
29. A nationally-funded foundation programme would have supported those pre-registration pharmacists unable to take their exam due to COVID-19 and who have been provisionally registered. The RPS is continuing to engage with Health Education England on its proposals for an interim foundation programme so these pharmacists can be best supported, as well as further plans for pre-registration to become foundation training next year. These proposals must be supported by appropriate funding in the next Spending Review.
30. As well as recruitment and supporting the workforce, reducing burnout also means managing demand across the health service. Our previous submission highlighted how a post COVID-19 world might require the health service doing things differently. Pharmacists and their teams will be central to managing demand, including through reducing medicines-related hospital admissions, supporting people with mental health problems, widening vaccination coverage, and public health measures such as NHS Health Checks, early detection and prevention of cardiovascular and respiratory disease.²⁵

The Royal Pharmaceutical Society

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²² www.gov.uk/government/publications/productivity-in-nhs-hospitals

²³ www.lasepharmacy.hee.nhs.uk/dyn/_assets/_folder4/community-pharmacy/thecomunitypharmacyworkforceinengland2017-surveyreport.pdf

²⁴ www.rpharms.com/recognition/all-our-campaigns/shaping-the-future-of-pharmacy-education/foundation

²⁵ data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/budget-and-nhs-longterm-plan/written/104632.pdf