ROYAL PHARMACEUTICAL SOCIETY
Scotland

Holyrood Park House
106 Holyrood Road
Edinburgh EH8 8AS

T 0131 556 4386
E scotinfo@rpharms.com
W www.rpharms.com

Response to Scottish Labour NHS and Social Care Workforce Commission

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists and the only body that represents all sectors of pharmacy in Great Britain. The RPS leads and supports the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders across a number of different forums.

RPS welcomes the opportunity to be able to contribute to the work of the Commission which is very timely with many changes to the role of pharmacists across the NHS. We have not answered all the questions in the consultation document but have focused on those areas which are particularly relevant to the pharmacy profession as part of the wider multidisciplinary team delivering patient care.

Consultation Responses

It became clear from the earliest discussions among Commissioners that consideration on how best to decide the appropriate number of training places for health and social care workers was a crucial issue.

We would, therefore, welcome your views, among other issues, on training place numbers and, particularly, how you believe the number of training places should be decided.

Considering your own sector or area of expertise, what do you consider to be the adequate level of education training places for individual health and social care workers?

The healthcare workforce must evolve to one that can adapt its core roles and responsibilities to meet the new and emerging needs of patients and the public. The number of education and training places should reflect this, taking into account changing demographics.

New pharmacy roles are evolving as we move towards integrated care, a wider primary care team and seven day working in hospitals. Workforce planning needs to consider these new models of care.

Placements and clinical posts should be resourced to follow care pathways and patient journeys rather than providers working within the artificial boundaries of primary and secondary care.

Work should be undertaken to produce a revised model for the supply and demand within the pharmacy workforce. Accurate workforce intelligence is necessary if future patient needs are to be met. A long term workforce strategy with clear goals and action to identify patient care requirements is required.

What analysis and evidence did you use to come to this conclusion?

New roles are being created e.g. more pharmacists are working in GP practices and there is the introduction of seven day working in secondary care with no added resource. Both of these developments have potential to impact on workforce availability across all sectors of the profession. Our members report high levels of vacancies in some areas and sectors with a substantial movement of hospital pharmacy technicians, junior and senior grade pharmacists and community pharmacists moving to GP practice posts. Locum rates are rising for the first time in many years due to local shortage of availability of pharmacists.

In a survey of our members for our 2016 manifesto one of the major concerns was a shortage of pharmacy technicians. Qualified support staff are essential to facilitate the changes required to current models of care to improve patient health outcomes.

We have anecdotal evidence from our members of considerable geographical variation in availability of pharmacists and pharmacy technicians. Over the last few years some areas have had a surplus of pharmacists but we now hear of instances of shortages of both pharmacists and pharmacy technicians in some locations. This has resulted in some issues in adhering to the contracted opening hours in some community pharmacies.

How do you expect this trend to change over the coming years, thinking over the next decade and beyond?

The increasingly ageing population and rise in number of people living with long term conditions will increase demand in all areas of the health and social care workforce. For example there is currently minimal clinical pharmacist input to care homes and nursing homes where residents have considerably more complex needs and are closer to the end of their lives than was the case 20 years ago.

England has addressed the pharmaceutical needs of this group by creating new dedicated roles for pharmacists in care homes, but Scotland has not yet fully considered this option which RPS recommended in 2012. There are a wide range of patient benefits when pharmacists carry out medication reviews as part of the multidisciplinary team in care homes have. By addressing inappropriate polypharmacy they can improve quality of life, contribute to reduced hospital admissions, improve cognitive function and reduce falls. In addition this can

reduce the time taken to administer medication, freeing up nursing time to care, and making cost savings to the NHS[1]

Unplanned admissions to hospital, attributed to medicines related incidents, ranges between 6 and 17% rising to 27%[2] [3] in our frail elderly where more is spent on this than on social care. This is an unacceptable burden of preventable harm impacting both on patients' quality of life and financially on the NHS which could be addressed by improving pharmaceutical care. Medicines play an important role in the treatment and prevention of long term conditions. Where there are medicines there should be access to pharmacist expertise.

The volume of prescriptions has increased over the last ten years by 33%[4] with minimal changes to models of care or to ways of working.

There have been many positive changes in service delivery and patient care, however in community the primary focus remains on payment for supply, rather than the care which should accompany it to ensure patients obtain maximum benefit and minimum harm from their medicines. Our members report that, due to the volume of work and staffing levels in some areas, they are not always enabled to provide pharmaceutical care as they would wish. There are no minimum staffing requirements, correlating with workload to ensure safe running of pharmacies or to always adequately deliver the level of pharmaceutical care the profession considers appropriate. Where a community pharmacy has more than one pharmacist there is more flexibility but this is not the norm.

The pharmacy regulator, the General Pharmaceutical Council has recently stated that inadequate staffing levels are now one of the top five issues which fail their inspection reports.[5]

The recent increase of 30 more pre-reg places will partially alleviate the current shortage of places. This brings the total to 200 in Scotland but does not yet provide a trainee post for all pharmacy graduates from the two schools of pharmacy in Scotland. Scottish graduates are still exported to England with potential longer term loss to the workforce in their home country.

The Scottish Government has now begun work to move to a five year integrated degree course for pharmacists i.e. the pre-registration year will be integrated into the undergraduate course. This will address some of the challenges new graduates currently have in obtaining pre-registration training in Scotland. Restructuring to accommodate this change is not without its challenges. It will be 2025 before the new graduates join the workforce and the long term

---

[1] https://www.health.org.uk/sites/health/files/Shine2012_NorthumbriaHealthcareNHSFoundationTrust_report.pdf
[2] Pirmohamed M, James S, Meakin S, Green C, Scott AK, Walley TJ et al. Adverse drug reactions as cause of admission to hospital: prospective analysis of 18 820 patients. BMJ. 2004; 329: 15-19.
[3] Howard RL, Avery AJ et al, British Journal of Clinical Pharmacology, Vol 63, Issue 2, Feb 2007, 136-47.
[4] NHS in Scotland 2016, Audit Scotland, October 2016
[5] https://www.pharmacyregulation.org/sites/default/files/document/2018-06-07_combined_papers_for_website_2_0.pdf

outcome is difficult to predict without a strategic plan and understanding of the workforce requirements which links to the number of education places in the pipeline.

For which professions and roles do you believe the Scottish Government should have direct control on the number of training places?

For all health and social care professions in order to have a multidisciplinary approach to workforce planning.

What additional data do you believe the Scottish Government should collect to better inform them of training places needs?

A clear picture of the current workforce is required to support effective decision making, particularly in the number and skills of the community pharmacy workforce, though some work is now underway to address this through the National Health and Social Care Workforce Plan as a first step towards workforce planning .

What agreements do you believe the Scottish Government should have with further and higher educational institutions in relation to (a) direct commissioning (b) funding?

See above regarding the requirement for more linked planning on forecasting of requirements for roles required to deliver the NHS services across all sectors.

How can employers and other stakeholders in the health and social care sector work together to better identify and resolve recruitment and retention issues?

Integrated Joint Boards should consider their local population health needs and commission services accordingly using continual quality improvement methodology to improve patient care and outcomes. This would help to prevent workforce gaps in essential services.

There has been movement of pharmacists and pharmacy technicians from established services to new roles in GP practice where they see they can deliver more pharmaceutical care and influence prescribing.

Without more strategic workforce planning for pharmacists and technicians there will be challenges in managing the expectations of GP practices who are increasingly aware of the added value a practice pharmacist can deliver but the proposals outlined in the new GMS contract are not feasible with the current workforce.

It is encouraging that there is now a recognition of the value pharmacists bring to improve patient care wherever there are medicines. Work will be required over the next three years to implement the GMS contract to ensure ongoing stability across the pharmacy workforce and ensure optimum patient care. This will facilitate better integration across secondary, primary and community care.

Do you have any further proposals which you believe the Commission should give consideration to?

Creating a set of workforce development goals similar to those created by the World Health Organisation[6] (and for pharmacy, those created by both the International Pharmaceutical Federation[7] and the RPS[8]) would set a direction and give a purpose towards a vision of a high quality workforce. Evidence is emerging that investment in the healthcare workforce has a positive impact on a nation's economy.

Workforce planning needs to be conducted in a multidisciplinary approach considering both the NHS managed service requirements and that of other organisations providing NHS services, including independent contractors and the third sector.

We believe there are a number of barriers in the way of attracting and retaining health and social care staff. These include pay, in light of the pay cap, and a lack of clear career pathways.

We would therefore welcome your views on what you consider are the barriers to a successful recruitment and retention strategy.

What barriers do you think currently exist for individuals considering applying (a) to study a course relating to health or social care (b) to work in health and social care in Scotland?

What impact do you believe that 7 years of pay restraint has had on attracting and retaining the NHS workforce?

Starting salaries in community pharmacy are generally considerably higher than NHS equivalents, which can contribute to shortages in hospital workforce depending on the overall ratio of newly qualified pharmacists to available employment. However, in the longer term, lack of career structure in the community sector can drive recruitment to the NHS where there are more opportunities for promoted posts.

While remuneration is always a factor, recent pay restraint in general is not the main driver for changes in recruitment and retention. For the pharmacy sector this is more dependent on roles which provide the opportunity to provide clinical care.

What additional incentives, excluding pay, could be introduced to encourage more individuals to apply for a health or social care role? Would that also help to address the challenges around retention? If not what else could be done to increase staff retention?

A combination of factors will attract people into the NHS - pay, professional/personal development opportunities, flexible working arrangements, strong multidisciplinary teams and the provision of supportive environments where staff are not overwhelmed by workplace

---

[6] http://www.who.int/hrh/resources/globstrathrh-2030/en/
[7] https://fip.org/files/fip/PharmacyEducation/2016_report/2016-11-Education-workforce-development-goals.pdf
[8] https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Publications/Transforming%20the%20pharmacy%20workforce%20in%20GB.pdf

pressure. In some geographical areas additional support needs to be provided with affordable housing, transport, amenities and social aspects in order to recruit and retain staff. The balance of family friendly employment conditions, pay and non-financial incentives needs to be set at the right level to attract and retain staff. Flexible part time working and portfolio options with a variety of job roles are becoming increasingly popular, rather than full time posts in one sector.

Anecdotally, we hear of newly qualified pharmacists leaving the profession after a very short time as they realise that they cannot make full use of their clinical skills. Where community pharmacists are delivering new services including more use of their prescribing and clinical skills, there is evidence of increased personal job satisfaction.

Much more could be done to harness these clinical skills, including integrating community pharmacists with secondary and GP Practice colleagues to provide seamless care for patients with robust clinical handover all along the patient journey and a team approach to person centred care. This would help build capacity across the NHS addressing some of the demographic challenges outlined above.

For patients this means improved access to medicines and healthcare in a timely manner, with resulting reductions in GP appointments, out of hours appointments and unplanned hospital admissions.

Supporting staff are essential to enable health professionals to focus on delivering patient care. Research for our 2016 manifesto[9] indicated that over a third of members surveyed had to spend the equivalent of one day a week in administrative / technical tasks rather than direct patient care.

What impact could Brexit and International recruitment restrictions have on the health and social care workforce?

Our response to the Health and Sport Committee enquiry into Brexit outlines implications for the pharmacy profession.[10]

What do you consider are the barriers to creating and/or retaining posts to meet needs in health and social care?

It is essential that that the future workforce is secured by educating and training for careers rather than roles or jobs which have been created to cover imbalances in other professions.

- GP Practice pharmacists require professional autonomy to deliver the improvements to patient care that their expertise provides. Managing expectations of GPs within the

[9] https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/News/rps-scotland-manifesto-2016.pdf

[10] https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Consultations/January%202018/180129%20Impact%20of%20leaving%20the%20EU%20on%20health%20and%20social%20care%20in%20Scotland.pdf?ver=2018-01-30-150428-113

new GMS contract in the new practice pharmacist roles will be essential for the long term success of this initiative.
- Community pharmacists require access to health records, and to be further enabled to use their clinical skills, fully integrated into the wide primary care team.
- Hospital pharmacy requires further resourcing to implement the new initiatives of seven day working. In addition, strategic planning is required to fully utilise the pharmacist's expertise to improve patient flow and hospital discharge.

What support needs to be available to promote health and well-being of staff?

Health worker safety and the occupational health and wellbeing of the workforce needs greater attention.

Working environments should make the best use of technology, contain adequate facilities, equipment and other resources to enable a workforce that is productive and motivated to deliver high quality care for patients and public.

Discrimination, bullying and harassment should be eliminated from work. Reflective spaces such as Schwartz rounds (a forum for health and social care staff from all backgrounds to discuss the emotional and social challenges of caring for patients) should also be supported by employers.

Pharmacists should have equitable access to workforce development opportunities regardless of sector. These include opportunities for funded professional development.

Protected learning time is essential for the pharmacy profession to participate in professional development and to facilitate integration with other members of the health care team. There is currently no parity with other professions in this respect. Funding must be made available for continual professional development that is focused on patient needs.

Rest and lunch breaks are not always allowed / made available in some areas which contributes to workplace stress.

There are no minimum staffing requirements, correlating with workload to ensure safe running of pharmacies, or to always deliver the level of pharmaceutical care the profession considers appropriate.

The pharmacy regulator, the General Pharmaceutical Council has recently stated that inadequate staffing levels are now one of the top five issues which fail their inspection reports.[11]

[11] https://www.pharmacyregulation.org/sites/default/files/document/2018-06-07_combined_papers_for_website_2_0.pdf

Our report on *"Reducing workplace pressure through professional empowerment"*[12] gives guidance and recommendations covering many of these aspects mentioned above which contribute to workforce pressures.

What do we need to do to support the retention of expertise across health and social care roles, including improved career pathways?

A modern, model employer should understand the concepts of system leadership and adopt evidence-based management techniques. Employers should provide clear roles, effective work processes, 2-way communication, manageable workload and supportive supervision. Creating opportunities and time for professional and career development will support recruitment and retention of staff. The system needs to take into account the expectations of generations and how these can be realistically managed – there will need to be trade-offs. There is evidence that younger generations do not want to follow the traditional career pathways that older generations have followed and would like 'stepping-on' and 'stepping-off' points in their career with training delivered on a more modular basis.

In our 2016 manifesto we advocated that a more modular system should be explored for foundation level pharmacists to build capability and capacity across the sectors and facilitate long term integration. This is not without its challenges but the concept has been well received by undergraduates. There is a move to a modular system in the pre-registration year but this is patchy across the country and could be considerably expanded on.

In addition, concerns have been raised by the Third Sector that they face similar issues when it comes to the recruitment and retention of staff. This problem can be magnified due to the nature of Scottish and Local Government funding cycles, particularly yearly funding awards.

What evidence do you have to support the concern that current funding models are making it difficult to recruit and retain staff?

Sustainability of initiatives and short term funding for posts is always a challenge. Projects for one year can make recruitment difficult and do not align with business models and forward planning. Pilots are not always translated to national services even with positive evaluations.

How would changing the funding cycle make a difference to your organisation and the services it can deliver?

Annual negotiations with individual Integration Joint Boards is resource heavy. Three year cycles allow for improved planning and continuity of care. Recruitment becomes easier, there is time to fully test and evaluate the impact of projects with a view to ongoing funding (including national roll out) if evaluations prove positive.

---

[12]https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/64585_Reducing%20Workplace%20Pressure%20through%20professional%20empowerment%20-%20FINAL.PDF?ver=2017-05-16-133221-170

Supporting students entering a career in the Health or Social Care is, we believe, important to the recruitment of students. We would welcome your views on funding models, for example, what can be done to better support students to ensure that they are able to finish their studies.

The change to a five year integrated MPharm degree will prove challenging but will address the current concerns where graduates cannot always obtain a funded pre-registration place in Scotland (see above).

Demographic changes are going to have an impact on future workforce requirements. We are seeking your views on this issue and whether the current workforce planning arrangements take this sufficiently into account and what more could be done to plan for this.

Do you believe the current workforce planning frameworks are fit for purpose?

There are no current frameworks for pharmacy. Medicines are already one of the most common interventions in the NHS and this will increase as people live longer with long term conditions. The pharmacy workforce is integral to ensuring safe and effective care wherever medicines are involved.

We commend the work being undertaken through the new National Health and Social Care Workforce Plan to address the requirement for more data and planning around pharmacy workforce requirements. The outcomes of this should be used to inform future workforce planning for pharmacists and technicians. Work is required to define the number pf pharmacists and pharmacy technicians required for the successful implementation of the new Scottish Government strategy “Achieving Excellence in Pharmaceutical care “Scotland.

It is our understanding that the Safe Staffing Bill proposed by Scottish Government will initially look at nursing requirements but should then facilitate similar work for the other health professions. As the professional body for all sectors of the pharmacy profession we would expect to be consulted on this when work commences.

We are keen to understand what you consider could be additional frameworks, regulations or legislation that would best support the health and social care workforce.

Since the publication of “*The Right Medicine, a strategy for pharmaceutical care*”[13] in 2002, there has been a recommendation that the primary care GP and community pharmacy contracts be aligned to provide a synergy from the complimentary skills of both GPs and pharmacists. This has not happened.

The principle has been partially addressed by the funding for pharmacists working in GP practices but it is now important that the potential for community pharmacy to contribute to the

[13] The Right Medicine: A Strategy for Pharmaceutical Care in Scotland. Scottish Government 2002

wider primary care team is realised. Pharmacy First[14] has started the process of realising this but national frameworks are required to ensure there is equitable patient care across Scotland. New regulations or legislation must facilitate full integration across all pharmacy sectors and implementation of the new Scottish Government strategy "*Achieving Excellence in Pharmaceutical Care*"[15]

Do you believe that more health care worker roles should be included on the Shortage Occupancy List for immigration purposes?

The shortage list looks at the overall numbers in a profession. It does not provide the flexibility required to address temporary changes in the required workforce or the challenges of recruitment to remote and rural areas.

What should the Safe Staffing legislation contain to ensure it has an impact on safe effective care?

This should examine the numbers required in the overall workforce to ensure safe and efficient levels of service and to facilitate the protected learning time and essential work breaks necessary for a healthy and resilient workforce.

[14] http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Forth_Valley/redesign/LNS/pharmacy_first.html
[15] Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland. Scottish Government