

HEIW Integrated Pharmacy Workforce Plan

Technical Document



November 2022

HEIW Integrated Pharmacy Workforce Plan Technical Document January 2022 – November 2023

What We Did	<p>The need for this work emerged via stakeholders at the end of the 2021 with engagement officially commencing in January 2022 to address the following action:</p> <p>HEIW Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of ‘A Healthier Wales’</p> <p>Specifically:</p> <p>Strategic Objective 1.4: Support the modernisation of the pharmacy workforce, through finding workforce solutions and planning for the future workforce.</p> <p>This technical document sets out engagement completed to date. Clearly COVID has affected both the way in which we engaged at the end of 2021 and early 2022. It also affected the capacity of our partners to participate at various stages, along with the acutely worsening workforce issues early in 2022. As a result, we took these actions to minimise disruption and maximise engagement:-</p> <ol style="list-style-type: none">1. To generate some short-term solutions the multi-sector, ‘Urgent Workforce Solutions Short Life Working Group’ was formed as a 3 month Task and Finish Group. The group met 4 times generating a Catalogue of Workforce Solutions and commissioned HEIW to undertake workforce engagement surveys of the workforce at the front line of care.2. We aligned with similar work being undertaken by Royal Pharmaceutical Society Wales, who were refreshing the pharmacy goals in Pharmacy Delivering a Healthier Wales, so stakeholders could feed into both pieces of work simultaneously. This involved 6 virtual Regional Engagement Events and 2 Staff Group Sessions (pharmacy technicians, and MPharm students). HEIW pharmacy team lead the conversation and captured key points from the Workforce discussions.3. Individual meetings and discussions with a wide range of stakeholder groups including profession specific bodies (Royal Pharmaceutical Society Wales, Association of Pharmacy Technicians UK, Community Pharmacy Wales, National Pharmacy Association, 3 large community employers)4. Commissioning of an externally facilitated programme for the Chief Pharmacists Peer Group to support development of their future service and workforce vision to inform the plan.5. Routine attendance at key national forums including the Welsh Pharmaceutical Committee, HEIW Pharmacy Advisory Board, Wales Community Pharmacy Development Group.6. A special Rural Pharmacy Workforce exploratory meeting confirmed that there were specific needs in rural areas that warrant a targeted approach.7. Drawing together profession specific reports relevant to workforce and wellbeing from Royal Pharmaceutical Society, Community Pharmacy Wales and Pharmacy Education and Training Leads in Health Boards relating to training capacity.8. The three sector-specific ‘Ask the Workforce Surveys,’ were promoted through email cascades and social media campaign resulting in 240 community pharmacy team responses, 302 NHS employed and 103 GP employed responses.9. Material generated during engagement for HEIW Strategic Objective 2.5 (pharmacy technician career frameworks), that was outside the scope of the work has been incorporated.10. Involving senior leaders from our key stakeholder groups in our ‘writing group’, reviewing the whole workforce feedback and inputting directly into the wording of the plan11. A Pharmacy Workforce Summit at the end of the consultation period in early 2022 will gather commitments from partners around implementation of their part of the plan and complete a well-rounded engagement as signed off by our Steering Group.
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The work has been overseen by a Steering Group for the Pharmacy Integrated Workforce Plan which has met 2 monthly from June 2020 and includes representation from Schools of Pharmacy, Strategic Programme for Primary Care, Chief Pharmacists Group, GP Practice Managers, Company Chemists Association, Community Pharmacy Workforce Development Group (Wales), Community Pharmacy Wales, Royal Pharmaceutical Society Wales, Association of Pharmacy Technicians Wales, Welsh Government, Lay Representative, Pharmacists Defence Association, Unison, Employment Services and Workforce Information NHS Wales Shared Services Partnership, General Pharmaceutical Council Wales, Pharmacy Delivering a Healthier Wales Board.

In summary:

- Including input to our pharmacy workforce surveys, around 900 external stakeholders have directly input to the production of the pharmacy workforce plan
- Towards the end of 2021, stakeholders raised worsening workforce issues as they impacted on HEIW’s programme of work, specifically delivering implementation of GPhC Initial Education and Training of Pharmacists due to
 - challenges with training capacity in Health Boards
 - Pharmacists added to the Home Office Shortage Occupation list in 2020
 - increase in emergency closures in community pharmacy reported by CPW
- As a system leaders for workforce planning, HEIW included a strategic objective in the Integrated Medium Term Plan 2022-23, with Phase 1 being engagement and production of an integrated plan by the end of the financial year 2023.
- There has been over 40 hours of F2F or virtual engagement with stakeholders in more than 30 events in preparation of the pharmacy workforce plan which commenced as early as January 2022 with the 3 month Urgent Workforce Solutions Short Life Working Group, prior to the strategic steering group directing the programme of work for medium to long term solutions.

Pre consultation we have also had the opportunity to test emerging actions with a number of partners including RPS, Welsh Government and CPW as part of the writing group.

Overview of KEY MESSAGES

**Theme 1:
An Engaged,
Motivated and
Healthy
Workforce**

- Mental Health and Wellbeing in the workforce is currently poor and does not appear to be getting better
- Morale is low and this is an issue across all sectors
- There are high workload pressures
- Issues include working hours, long working weeks, poor job satisfaction, lack of opportunities for career development
- Professionals consider too much administration work is falling to them
- What the workforce wants has changed in the last 12-18months
- A more in depth understanding why qualified staff are leaving pharmacy is needed
- Staff need time away from public facing roles to undertake other essential tasks like team meetings, change implementation and personal development
- In the NHS a surge in retirements and maternity, the attraction of roles in other sectors, request for secondments across NHS Wales organisations and other recruitment challenges have contributed to increased vacancies.
- Senior roles are considered stressful, inflexible and the additional pay is not considered worth the additional responsibility
- There was representation that funding does not support remuneration of pharmacy support staff about the national minimum wage
- The most frequently raised issue that could quickly relieve workplace pressures in community pharmacy teams was more qualified staff 76/376

	<ul style="list-style-type: none"> ▪ Frustration with health systems by service users can result in aggression towards pharmacy teams.
<p>Theme 2: Attraction and Recruitment</p>	<ul style="list-style-type: none"> • Employers are struggling to fill vacant posts, this is not just issues with pharmacists, but all job roles • Salary discrepancy across sectors • Concern regarding future retention (particularly post COVID) as number of staff considering part-time working, requesting flexible working, early retirements • Perception that secondary care is a more clinical or academic options • Loss of hospital professionals to GP practice and HEIW in the short term are having an impact • Increase marketability of Pharmacy Technician role, community pharmacy role and pharmacy assistant role • Work with schools of pharmacy to change mindsets about a career in each sector • There has been a decline in applications for support staff posts • Disparity across the workforce of flexible working for some but very structured patient facing roles are causing contention between staff • Explore if more flexible working patterns would attract more staff • Need to act to retain current staff and to attract new workforce to the area of pharmacy • A long-term staffing plan specifically for rural areas needed • Cluster intelligence can inform GP practices about availability of pharmacists • A barrier to recruiting pharmacy professionals in GP practice includes lack of space • Short term, specific messaging on the unique offer in rural areas which will attract trainees who are a good match and retain them via clear post-reg pathways
<p>Theme 3: Seamless Workforce Models</p>	<ul style="list-style-type: none"> • Planning is happening in silos • Departments in hospital have rigid ward cover times which are top down • There are frustrations across primary care with a plethora of operational issues. Primary care operational issues represent 31% (117/376) of issues raised in our community pharmacy workforce survey. Teams want improved communication with GPs as a priority 30/117 • Educate the public on pharmacy services and manage expectation about access • Lack of primary care medicines management team mapping to benchmark against other primary care teams • Pharmacy teams in hospitals should be ward based, present at the same time as the consultant. • Funding for pharmacy teams is in the wrong place and should be with clinical teams • When people work across sectors, they see the problems. There needs to be more integration across sectors with inspirational professionals inputting to multiple sectors • Identify and articulate benefits of multi-sector working to employers
<p>Theme 4: Building a Digitally Ready Workforce</p>	<ul style="list-style-type: none"> • Workforce information is predominantly anecdotal - very little profession specific evidence or data to work from • Supporting more robust data and outcomes collection is a key priority • We need to ensure we all look at the bigger picture and understand more of the issues affecting all sectors • No significant national picture available this needs to be clearer • Some employers apply modelling formulas to determine staffing levels, they are not specific to Welsh contract • Community pharmacists are handwriting prescriptions



	<ul style="list-style-type: none"> • Invest in digital infrastructure and resources to help deliver training and continue to use virtual options supporting workflow around training events • Digital systems that the workforce use need to be fit for purpose. The Choose Pharmacy platform and HEIW website were highlighted for improvement • When Electronic Prescribing comes to Wales, support with implementation will be needed including a troubleshooting helpline
<p>Theme 5: Excellent Education and Learning</p>	<ul style="list-style-type: none"> • MPharm need to know about roles in different sectors from year 1 – year 3 is too late • Good or poor training experiences in undergraduate will influence future preferencing of sector • There are more opportunities for funded developments but difficulty for staff to take them up There is lack of awareness of HEIW development funding • There is increased complexity with multi-sector training programmes • Lack of locum availability and DPPs has prevented pharmacists taking up Independent Prescribing training at universities, despite backfill being offered • Staff unable to take up funded training due to workplace service demands • Lack of built in time for leadership, development and research in practice or in job descriptions • Time and capacity to train has reduced further in pandemic • Need to have a multi-sector training for pharmacy technicians • More standardised training post-reg for pharmacy technicians • Ensure capacity in the system to train others • Increase supervisor and mentor numbers • Need protected time to develop • Professional development time should not just be e-learning but mentorship and support We should use the skills of other HCPs much more • GP time to train community pharmacists in advanced practice is constrained by GP clinical work and training doctors. • Remove unnecessary accreditations • Need reciprocation of pharmacy training provided by pharmacy with training returned by medics and others • Need to ensure there are opportunities for personal development and progression. • Need to develop clear pathways which have a goal at the end. • Need to ensure Pharmacy workforce is aware that their role is able to diversify during their career and for there to be pathways available to enable this
<p>Theme 6: Leadership and Succession</p>	<ul style="list-style-type: none"> • Demand for advanced and extended roles currently exceeds supply. • Agenda for Change Pharmacist Band 8a and pharmacy technician Band 5 and 6 clinical roles are expanding • Everybody in profession to be a leader • Leaders need time to lead and backfill for managerial time or other roles to do that • Pharmacists to lead on medicines issues • Time to do some of the higher level task which are essential for a consultant level portfolio • need to develop advanced practice technicians • needs to be more opportunity to progress in community pharmacy for technicians









<p>Theme 7: Workforce Supply and Shape</p>	<ul style="list-style-type: none"> • Uncertainty what the workforce needs to look like • There are issues with skill mix within teams, particularly support roles • Staff are not being used prudently • Share clear career pathways early with professionals • Loss of staff to mass vaccination centres • CPW report: post Covid-19, pharmacists are leaving community and a survey showed 70% employers were having problems securing cover which was worse than in previous years • Experiencing last minute cancellations by locums • Difficulties to secure locums due to competitive salaries paid in community pharmacy. • Concern multi-sector placements are limiting overall numbers of trainee pharmacists • Need to release pharmacists to run clinics, need to relocate where clinics are run into primary and community if long term care • Pharmacy professionals need to be built into the wider multi-disciplinary team e.g. community resource teams to prevent readmissions • Need a new type of counter staff who are enthusiastic, confident, competent, and engaged with a need to create a career pathway vision that people can aspire to other roles. • Need engagement with the local population to recruit and develop local workforce • Demand for pharmacists in GP practice will continue to increase. They enhance care and reduce GP workload • Pipeline from junior to senior pharmacist posts restricted with long vacancy periods due to training/qualification cycles. • Consider having managers in team – like practice managers so pharmacists are not organizing rotas • Concerns that constraints in hospitals are restricting capacity for trainee pharmacists pipeline
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WHO WE HAVE ENGAGED WITH?

This list illustrates the breadth of engagement and involvement that has taken place in developing the HEIW Integrated Pharmacy Workforce Plan. We are keen to ensure an even wider range of representatives, non-pharmacy groups and individuals have the opportunity to contribute therefore we will continue to engage throughout the consultation period and beyond. We would like to thank everyone that has supported the work and taken time to share their views and ideas, particularly while mental health services remained essential and in full operation during the covid pandemic.

<p>HEIW groups including (but not limited to): Executive Team Pharmacy Senior Team Digital and Data Analytics Workforce and Organisational Development Team Train Work Live Team</p> <p>Government groups including (but not limited to): Chief Pharmaceutical Officers Office, Pharmacy Policy Welsh Pharmaceutical Committee NHS Workforce team</p>	<p>A variety of service areas and other groups including (but not limited to): NHS Wales Shared Services Partnership, Employment Services NHS Wales Shared Services Partnership, Primary Care Services NHS Wales Shared Services Partnership, ESR Projects</p>	<p>External organisations/groups/forums including (but not limited to): Unison Pharmacists Defence Association Pharmacy Delivering a Healthier Wales Board Chief Pharmacists Group Strategic Programme for Primary Care Workforce Planning Network</p>
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<p>Royal Colleges, Associations and Registered Bodies including (but not limited to): Royal Pharmaceutical Society Association of Pharmacy Technicians UK National Pharmacy Association GPC Wales GPhC</p>		
<p><u>Specific Pharmacy Workforce Reports</u></p>	<p>Workforce Pressures (Pharmacist Shortages) Community Pharmacy Wales, August 2021</p> <p> Workforce Pressures Report Sep</p> <hr/> <p>Wales Community Pharmacy Workforce Development Group Inaugural Forum October 2021</p> <p> Wales Community Pharmacy Workforce</p> <hr/> <p>Training Capacity in the Managed Sector Stakeholder Event November 2021</p> <p> Training Capacity Managed Sector Eve</p> <hr/> <p>Urgent Workforce Solutions Short Life Working Group Report and Themes January 2022</p> <p> SLWG Report_.pdf  SLWG Themed Workforce Issues.pc</p> <hr/> <p>Rural Welsh Hospitals</p> <p> Oriel and Rural Welsh Hospitals Auç</p>	

	Ask the Community Pharmacy Workforce Survey https://heiw.nhs.wales/files/heiw-community-pharmacy-ask-the-workforce-survey-report/
	Ask the NHS Employed Pharmacy Workforce Survey Report to be completed
	Ask the GP Practice Pharmacy Workforce Survey Report to be completed
	Chief Pharmacist Vision Work June 2022  Chief Pharmacists Future Service Visior

