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Health Education and Improvement Wales (HEIW)

Health Education and Improvement Wales
Community Pharmacy
'Ask the Workforce Survey'

1 Summary

Health Education and Improvement Wales (HEIW) hosted a Community Pharmacy 'Ask the Workforce' Survey in April 2022 to capture the changes that the community pharmacy workforce want implemented urgently to bring about tangible improvements to their workplace pressures. The survey forms part of a larger programme of work to define and deliver short, medium, and long-term solutions for a sustainable future Pharmacy Workforce Plan to meet the needs of the service and population.

A total of 240 responses were received, with responses from all sectors of the workforce (pharmacists, pharmacy technicians, and pharmacy assistants). Responses were thematically analysed; across the 240 responses, 376 separate issues were raised, comparative responses were consolidated into 69 specific topics, and 4 key themes were identified.

Survey respondents report that the single most urgent workplace pressure that they want addressed is staffing levels in the community pharmacy team. Requests for 'more', 'adequate' or 'more qualified staff' represented a fifth of all issues raised. Business models, including staffing levels in the community pharmacy team, skills mix, and public appointment systems are controlled by employers, overseen for public safety by General Pharmaceutical Council (GPhC) and influenced by unions and professional leadership bodies on behalf of their members wellbeing.

Respondents shared experiences of a range of inefficient systems and lack of co-operative working relationships across primary care services. Frustration with systems by service users can result in aggression towards pharmacy teams. The single biggest issue to address in relation to this is to improve communication with general practices. However, if taken together, all primary care operational issues represent 31% of issues raised. Some issues may need a national level approach, with access to good training materials and clear public messaging by organisations such as HEIW and Welsh Government. To secure a good user experience, all operational matters need to be worked on locally through Primary Care Clusters and Health Boards and community pharmacy teams. Firstly, this requires current system failings to be acknowledged.

There were two broad themes in equal third place for urgent attention. Respondents highlight a need for non-public facing time to be provided for essential development work, 9%, and also for digital resources to be improved, 9%.

Respondents called for their core work time to be arranged to provide time away from the public for meetings, training and development of staff, for working behind closed doors and implementation of change in working practices. This range of issues requires input from, Welsh Government, Employers, Health Boards, Clusters, Community Pharmacy Wales, General Pharmaceutical Council (GPhC), Unions, and Professional Leadership Bodies.

In relation to digital improvements, pharmacists want a more user friendly Choose Pharmacy platform and the introduction of e-prescribing. This requires input from Digital Health and Care Wales (DHCW), Health Boards and Welsh Government.

HEIW have begun conversations with organisations identified as being in a position to improve the reported workplace pressures of community pharmacy teams and we are collating details of a range of improvements, already underway, which will bring benefits to this part of the workforce. A separate update on those will be shared back with respondents this winter.

2 Introduction

Health Education and Improvement Wales (HEIW) is leading a collaborative programme of work during 2022-23 to define and deliver short, medium, and long-term solutions for a sustainable future Pharmacy Workforce Plan to meet the needs of the service and population. The goal is to co-ordinate actions between partners to relieve workforce pressures in the system to help provide stability for pharmacy services.

The benefit to NHS Wales will be a prudent integrated pharmacy workforce with the optimal skills to offer better patient services within a multi-disciplinary team.

In community pharmacy particularly, the current and worsening pharmacy workforce shortages have resulted in increasing numbers of temporary community pharmacy closures since 2019, which impact on local citizens access to medicines in their communities and further pressures on the community pharmacy network.

At the request of the HEIW 'Urgent Workforce Solutions' Short Life Working Group (SLWG), the first workforce engagement research had a community pharmacy focus.

3 Purpose

To capture the changes that the community pharmacy workforce want implemented urgently to bring about tangible improvements to their workplace pressures

4 Objectives

1. engage all job roles in the community pharmacy team,
2. identify the top priorities that respondents want addressed to reduce workplace pressures,
3. bring issues to the attention of any organisations with the power to implement change in the priority areas,
4. work with partners through to resolution.

5 Methods

As the SLWG had identified recruitment and retention challenges across the whole pharmacy team the first question of the bi-lingual e-survey required respondents to classify themselves as a pharmacist, pharmacy technician or pharmacy assistant, (the latter category covered all non-registrant roles). This informed whether the first objective was met.

By design, the second question was an open question, to avoid leading respondents in their answers.

Figure 1: Survey question

> ***If there was one thing that could be changed now, that would reduce pressure in your community pharmacy role on a day to day basis, what would it be?***

Microsoft Forms was used to create the survey and there was no character limit on the free-text question. There were no restrictions on the survey which would have prevented individuals responding more than once.

The survey link was circulated via three means. It was: -

- highlighted to community pharmacy contractors in the Community Pharmacy Wales (CPW) Newsletter (on a weekly basis) during April,
- circulated directly to community pharmacists and pharmacy technicians with an '@nhs.wales.uk' email address in primary care,
- posted on social media channels by HEIW

The survey was live between 1st to 30th April 2022 and monitored on a weekly basis by a researcher.

The focus of the CPW Newsletter and social media messaging was re-focused to encourage non-pharmacist engagement from the third week onwards.

An intervention was made in the last week of the survey, providing links to wellbeing support, following a reference to suicide being made by one respondent.

6 Results

There was a better response rate than anticipated with over 100 responses received in the first week and a total of 240 responses received by the close of the survey. The survey ran for the month of April which encompassed the Easter holiday, an exceptionally busy time for community pharmacy.

There was success in engaging all staff groups with responses recorded from 185 pharmacists, 23 pharmacy technicians and 32 pharmacy assistants.

Answers ranged from simple one or two-word comments, to much more lengthy responses where multiple different issues were raised, as shown in *Figure 2*. Three responses made no suggestion of anything that could be changed to reduce pressure in community pharmacy and so these responses were excluded. The comments were 'all good' and 'clarity' from two pharmacists, and 'no I am happy with my role' from a pharmacy assistant.

The result was that, from the 240 responses, a total of 376 separate issues were raised by individuals.

Five respondents included information that stated, or made them identifiable, as independent pharmacy contractors and 93 as community pharmacy employees. The latter included all pharmacy technicians and assistants. It was not possible, by the nature of the remaining 142 responses, to discern whether these had been made by employees or contractors.

Figure 2: Number of issues raised per response

No of issues raised per response	Frequency
Not coded	3
1 issue	150
2 issues	63
3 issues	13
4 issues	7
5 issues	1
6 issues	1
11 issues	2
Total	**240**

Advice was taken from an experienced academic at Cardiff University on how to theme responses. Thematic analysis was then undertaken by two HEIW researchers. Across the 240 responses, respondents raised a total of 376 issues. Some issues were only raised once, and other issues were raised multiple times. Researchers consolidated similar responses, resulting in 69 specific topics. A random sample of 12.5% of the responses were then validated by SLWG members.

Figure 3 provides a list of the 'Top 10' most frequently raised topics, from the 69 specific topics in the survey that respondents wanted to see changed to reduce pressure in their community pharmacy role. These accounted for 60% of all issues raised.

Figure 3: Top 10 most frequently raised issues

7 Analysis

To avoid an over simplified analysis restricted to the Top 10 specific topics, a broader analysis of themes across all issues raised was undertaken. This generated four top priority areas. The most frequently cited issues to be urgently addressed were in the area of Primary Care Operations, with a very close second being Staffing. There were two issues of equal priority for urgent attention in third place and they were Time for Non-Public Facing Activity and Digital Improvements. Each will be analysed in turn.

7.1 Theme 1: Primary Care Operations

The most frequently raised issues that community pharmacy teams urgently want to be addressed can be grouped and considered together as primary care operational issues. These account for a third (31%) of all issues raised by respondents in the survey (117/376).

A number of sub-themes have emerged which call for improved understanding as well as better communication and more collaborative working with the public and others responsible for, or working in, primary care services.

Figure 4: Primary Care Operational issues to be addressed to improve pressure in community pharmacy

Theme 1: Primary Care	Number of times raised	Number of times raised by specific staff groups		
		Pharmacists	Technicians	Support staff
Improve communication with general practice surgeries/primary care	30	20	6	4
Improve public awareness of community pharmacy	23	20	1	2
Increased collaborative working with general practice surgeries/primary care	23	16	1	6
Increase general practice surgery understanding of community pharmacy	16	14	1	1
Patient to order prescriptions direct from general practice	8	7	0	1
Increase access to GP appointments	5	5	0	0
General practice surgeries to re-open for all patients	5	5	0	0
Access to Designated Prescribing Practitioners	3	3	0	0
Less prescribing	2	2	0	0
Stop 14-day prescriptions when patient needs review	1	1	0	0
Access to general practice records	1	1	0	0
Totals	**117**	**94**	**9**	**14**

(n= 376)

7.1.1 Public Understanding

Respondents highlighted that a better understanding by the general public of pharmacy services was needed. These comments relate to how systems currently run, and the need for pharmacy teams to be afforded the time to complete their part of the repeat medicines process. This was highlighted as particularly relevant now pharmacists are increasingly engaged in non-dispensing services.

"The pressure from patients with regards to prescription turnaround time needs to change. The recent period over the Easter bank holiday has been absolutely horrific. The expectation for prescriptions to be ready in unreasonable timeframes has peaked."

"Educating patients about how much time is required to order and collect a repeat prescription. It is NOT 48 hours. They seem to accept 48 hours is fine for the surgery to print and sign a script but do not allow the pharmacy any time to complete the dispensing process and don't understand why it takes so long at the pharmacy. Education is key."

"I feel the needs to be a publicity campaign that shows what a pharmacist (and team) has to do, to safely supply medication in a prescription. In that publicity show the other things that are happening too. Service provision, phone queries, Medicines ordering, processing orders etc etc."

"An advertising campaign on behalf of pharmacies stressing the need for patients to order repeat prescriptions a week before they are needed, to allow GP surgeries and pharmacies time to process prescriptions. This will prevent pharmacy staff having to search through piles of prescriptions to look for patients prescriptions because they have left ordering too late."

"Work to remove the general expectation that services should be "immediate" in community pharmacies. In virtually every other medical or professional setting, a client/customer/patient would expect an appointment to be necessary and if not, a considerable wait time. Pharmacy is significantly different. We get regular abuse if patients are told to wait for 10-15 minutes to speak to a pharmacist. With the move towards more services, particularly I - I worry that the public expectations will lead to more friction in the workplace."

" in the majority of cases the patient wants their medicines at an Amazon Prime speed and do not allow any time for Pharmacy to process the scripts."

7.1.2 General Practice Understanding

Other comments related to the lack of perceived understanding of community pharmacy operations within general practices, with some suggesting there was misinformation and inappropriate referrals of service users. This appeared to have a negative impact on working relations across primary care with a view that the actions of practices are compounding the pressure on pharmacy teams.

"Education to gp surgery staff/patients so that patients do not have unreasonable expectations"

"Receptionists need to be trained to know what we can and can't do, this would divert patients to the correct healthcare provider and decrease foot flow"

"Too many patients coming to the pharmacy for issues that should be seen by a GP"

"Dealing with yet another customer who has been told to come in to us - because the surgery has run out of appointments, not because they have anything that is on CAS... while we process an adult's script for chloramphenicol eye drops".

"It's all well and good asking us to do Common ailments (which we are qualified to do and happy to do) but most people have the impressions that we can clinically assess them in the same way a GP can, and this is clearly not the case…Perhaps the LHB could speak to GPs and sort this out."

"At the moment all queries and requests for scripts are directed to us. However, I don't feel the gp surgeries in Wales understand the pressure we have"

"Our pharmacy has been continually shafted by the surgery who send huge amounts of prescriptions in and then tell patients that they are ready for collection in the pharmacy, often within minutes of us receiving them."

7.1.3 Community Pharmacy Understanding

However, there was also some evidence that the understanding and valuing of different primary care roles requires a two-way conversation:-

"This is the govt's fault for giving surgeries money to take pharmacists who do very little in the surgery"

7.1.4 General Lack of Understanding of the Community Pharmacists' Role

It is likely that any other pharmacists and professionals who do not work in community pharmacy have a lack of insight to the multitude of tasks now asked of those practising in the sector. Some respondents chose to list their responsibilities (see Appendix 1). For example: -

"Today I did dispensing and checking of walk ins and collect prescriptions, blister packs, methadone supervision, ehc, choose pharmacy, independent prescribing, smoking cessation, CD balances and patient returns, pre-reg supervision and training along with all the otc advice, supervision and patient interactions. We are spinning plates and eventually those plates will smash."

ehc = emergency hormonal contraception, CD = controlled drugs, pre-reg = pre-registration trainee pharmacist, otc = over the counter medicines

7.1.5 Public Messaging

Some concern was raised about the marketing messages that have already been sent out to the public on local health topics. There is an inference that marketing strategies have increased workplace pressure in community pharmacies or that messages are exacerbating unrealistic expectations amongst the public of community pharmacy capacity at the expense of the community pharmacy workforce.

"Having to explain to the public why Lateral flow tests are not available in the pharmacy when politicians and media say that they are/will be until June"

"GPs have no slots for immediate appointments yet the local health board are announcing on media promoting that you can see your pharmacist for Common ailments with no appointment"

"campaigns should emphasize "speak to your pharmacy TEAM" (as opposed to just the pharmacist).....and then it can be referred on to the pharmacist as appropriate."

"The media message is always go to pharmacies for everything. The surgeries when they run out of appointments are saying go to pharmacy. We are already struggling with our workload without adding this extra pressure on. We are discussing making pretty much all contact with the pharmacist by appointment only as we can not cope with the massive increase in queries"

7.1.6 Post-pandemic Service Accessibility

During the survey period in April 2022, not all surgeries had completely re-opened their doors following changes made during the pandemic. This led to specific comments about GP access.

"Stop GP's overloading us and sending us everything. They have locked the doors for 2 years and we can not cope anymore"

"Better access to GP services. Many surgeries are still operating a closed door policy meaning that patients are being asked to see pharmacies for services that we cannot provide."

7.1.7 Communication Between Primary Care Contractors

More direct communication with GP practices to resolve service user problems was rated a high priority by survey respondents.

"Direct numbers for the GP surgeries so you don't have to stay on hold and listen to the long messages at the start."

"Better access to surgeries for prescription/discharge queries."

"Get better cooperation between GPs and pharmacies - a direct number would be a start"

"A direct line [to GP surgeries] *would speed up queries and allow us to continue with other tasks."*

Respondents provided some insight to currently perceived barriers:-

"We would like to submit prescription requests electronically to GP practices rather than printing lots of requests and using a lot of paper."

"While I have enormous admiration for reception teams, and great sympathy for the pressures they face, I do feel that we need to remember that we are all on the same side and we are at our most effective when we can work together without unnecessary hindrance"

7.1.8 Collaborative Working Between Primary Care Contractors

A real desire for change and a more united team effort to providing medicines across the primary care space was requested by many respondents under this theme. Some comments were from a defensive position, referring to 'force' and 'blame', but there was insight that service users are suffering, as a result of current systems, with lack of effective interfaces between primary care service providers. There is recognition that service users need help.

"Needs to be improved joined up working between surgery and pharmacy, rather than batting the patient between each"

"Surgeries to be forced to take orders (by phone) directly from patients. By saying order from pharmacy it creates an unnecessary admin step and pharmacies get the blame when items are not received."

"surgeries being more accessible to patients and helping patients to reorder their medications at the surgery"

Concerns were raised about the consequences of inefficient systems in primary care.

Waste is astronomical plus as pressure has hit the amount of time spent with patients, MUR's been removed no one is checking and everyone is prescribing

One of the biggest pressures is endless queries about the availability of prescriptions often on the phone or in person. This is a huge time waster and headache

Pharmacy teams want to experience better working relationships and collaborative working with their surgeries in the future so that they can better serve communities.

"two way relationship with the local GP surgery"

"GP practices being more accessible and collaborative"

7.1.9 Increase Access to General Practictioner Appointments

Responses highlighted that community pharmacy consider that their workload is being impacted by a lack of general practitioner appointments and many have been thinking about how access to appointments could be improved by longer hours and weekend opening. Other comments were more holistic for example considering how general practitioner appointments might be freed-up for those that really need them.

"Longer opening hours for GPS including weekends"

7.1.10 Improve Consensus for Operating Core Services or Defining the 'Industry Standard'

Other comments in this area highlighted a lack of clarity and different opinions about what tasks were of value for pharmacy teams to be undertaking and suggestions for ways in which systems could be changed for the better were put forwards. There was some challenge around the sustainability of the 'walk-in' nature of community pharmacy, now there has been a switch in emphasis in the pharmacy contract to provision of more clinical services. In the absence of clarity or a national system a variety of opportunities were put forwards.

"If patients are expecting an emergency prescription the same day they should be told to collect after 5pm not after 2pm, prescriptions are not ready for pharmacies to pick up until 2pm"

"A communication platform between community pharmacies and GP surgeries to enable an electronic referral system for services such as CAS, EHC etc.... Something similar to AskMyGP, where

requests could be electronically referred, would be so useful for surgeries to communicate with us in the pharmacy"

"a cluster / LHB prescription ordering hub +/- effective use of batch repeat prescriptions"

"Integrated/Streamlined/non time consuming read only access to GP prescription records and notes relevant to the clinical checking process"

Results captured a strong desire for change across primary care operations to reduce the burden associated with ordering repeat medication for patients.

"Less onus with dealing in the ordering of prescriptions. Patients should take ownership of it. We end up daily running around wasting time chasing up rx for patients".*

(*rx = prescriptions)

"direct secure NHS email that can be used for ordering and queries."

"What is needed is an app based service for ordering prescriptions that links any GP surgery and a nominated Pharmacy."

7.1.11 Designated Prescribing Practitioners

There were requests for greater collaboration and support for the development of pharmacist skills to enable effective contribution in the primary care space.

GPs being prepared to be DMPs for those wanting to do prescribing courses

Lists of healthcare professionals and the areas in which they are qualified to be independent prescribers would be game changing in order to find a mentor.

7.1.12 Primary Secondary Care Interface

Improving the interface in primary care, between general practice and community pharmacy contractors was perceived to be of high priority. In addition to the this, and although it does not fit directly within the topics highlighted within Primary Care Operations, working to develop and improve interfaces with other sectors, for example secondary care, was also raised. There were three comments about the secondary to primary care interface which included:-

"Having to explain to a patient that their medication initiated in hospital will not be issued by surgery as the word ' ongoing' was not on the discharge notes and that the patient will have to contact the hospital specialist, to contact their GP to verify"

"Many patients do not recall the name of the Dr they saw so trying to identify a prescriber from a scrawled signature on a generic hospital script is time consuming and annoying. As we are over 1 hour to the nearest hospital, it seems wrong to send the patient back to get scripts corrected."

7.1.13 Primary Care Operations Summary

In summary, several topics were raised by respondents within the Primary Care Operations theme. As service provision by community pharmacy teams develops, in line with the new Community Pharmacy

Contractual Framework, the workforce has identified the need to improve, develop, and strengthen working relationships, collaboration, and communication pathways within and across the primary care space. The need to streamline systems to ensure efficiency is improved and waste is reduced, and to support the workforce to manage patient expectations in line with current capacity were key messages shared by survey respondents.

It is acknowledged that work to improve some of the frustrations outlined above requires two-way conversations between community pharmacy teams and primary care colleagues to ensure there is a shared understanding and insight into roles and services provided, and a united team effort and approach to delivering the best care services.

A range of partners need to be engaged to respond to the issues raised. These include:-

- Employers - e.g. policies for repeat prescription requests, appointment systems
- Welsh Government - e.g. public messaging/campaigns to increase public understanding of community pharmacy roles.
- HEIW - e.g. training packs for GP receptionists
- General practice managers - e.g. approach to managing interactions with community pharmacies and telephone systems,
- Primary Care Clusters and Health Boards - e.g. level of oversight of waste in primary care and quality of public service.

7.2 Theme 2: Staffing

A quarter (24%) of all issues raised related to community pharmacy staffing levels. The single most frequently mentioned issue in the survey, (raised 54 times), was 'more/adequate staffing'. When this is added to the more specific request of 'more qualified staff', (raised 22 times), this represents 20% of the total issues raised.

Figure 5: Staffing issues to be addressed to improve pressure in community pharmacy

Theme 2: Staffing	Number of times raised	Number of times raised by specific staff groups		
		Pharmacists	Technicians	Support staff
More or adequate staff	54	39	5	10
More qualified staff	22	21	1	0
Locums/relief	7	7	0	0
Define minimum staffing level	5	3	0	2
Retention	3	3	0	0
Reduce pharmacist movement into GP surgeries	1	1	0	0
Totals	**92**	**74**	**6**	**12**

(n=376)

7.2.1 Minimum Staffing Levels

Pharmacists (n=39), pharmacy technicians (n=5) and pharmacy assistants (n=10) all talked in general terms about needing 'more' or 'adequate' staff, with (10) respondents suggesting minimum staffing levels should be implemented, with patient safety cited as a key reason for this.

"I believe there should be minimum staffing levels for community pharmacies to reduce pressure and to improve patient safety"

"We are constantly multitasking too many tasks that it jeopardises safe practice"

"Pharmacist checking numbers have to be addressed….Its beyond time that the LHB, CPW and the GPhC put in place daily limits on how much one pharmacist can check. …it is not enough to do nothing and rely on pharmacists to say no or on the honesty of contractors. Contractors want to make money and do not care about pharmacist pressures. ..This is required to be manditory if we are ever to save community pharmacy and retain our pharmacists.

7.2.2 Employee Lack of Influence on Staffing Levels

Many comments indicated respondents were in an employee role with staffing levels outside of their personal control. Some frustration was expressed with specific references to 'large multiples', 'CCA companies' and a 'well known multiple', amongst these comments.

"More staff! It's ridiculous the amount we've been cut And support from higher up!! We do not have this."

"Staffing levels have been cut and cut over the last decade or so, to the bone"

"The amount of staff we are expected to function on. More hours are needed"

"Permission to recruit an extra staff member"

7.2.3 Increased Workload in Relation to Staffing

Where some of the quotes above suggest that staffing levels have been cut from a previously higher level, other comments call for more staff due to increasing workload, or to cover a combination of staff vacancies or absence.

"Better staff ratio to match workload"

"Script numbers have been rising"

"Illness and enforced absence due to self-isolation have taken staff … to unsustainable points at times"

"when staffing is at an all time low then one absence puts immense pressure on teams"

"This extra workload being pushed onto community pharmacists without taking away any of the current workload is beyond belief"

7.2.4 Lack of Understanding of Community Pharmacy Contract Changes

There may be a perception amongst some that pharmacy income is increasing without proper reinvestment in staff by their employer.

"Increase required staffing levels in each branch from the increased funding from the changes in the new contract"

7.2.5 Investment in Pharmacy Contract to Provide Adequate Staff

Other comments went beyond the employers' role in determining staffing levels and suggested that poor staffing levels are reflective of inadequate investment in the community pharmacy contract, creating a barrier to the employment of the staff needed to manage increasing workload and a feeling of the sector being undervalued.

"More funds within the contract so that more staff can be hired & up skilled."

"Enhance funding to allow pharmacies to employ more staff and pharmacists. Current contract does not seem to recognise that you need for more staff to deliver the increasing range of services."

"the money for dispensing has been cut … meaning the chances of extra staff being recruited in advance of services appearing to make up the shortfall are slim"

"I have two members of staff that I know are more than able to run a lot of services, such as the stop smoking etc, but because my pharmacy is not making enough money to train them to technician level, it all falls down on me"

"Community pharmacy needs to be treated like any other part of the health service and it's worth recognised and funded appropriately"

7.2.6 Prudent Staffing

An additional 21 pharmacists specifically raised the issue of needing more 'qualified' staff. Some responses indicate that pharmacists are undertaking roles that would be more prudently delivered by other staff roles.

"More better qualified support staff"

"have a full time checking assistant"

"I have staff in my pharmacy who won't provide any services other than dispensing, putting all burden on pharmacist"

"More trained staff - so that I didn't have to do so much other peoples work"

"More retail & dispensary support"

"…in my experience much of the pharmacist's time is taken up with issues that could/should be dealt with by other team members. For example, admin tasks, accuracy checking, providing basic healthcare/product advice to customers and general pharmacy day to day tasks."

7.2.7 National Workforce Issues

There was some insight that community was not the only sector experiencing challenges with staffing.

"*Overall, the problem everywhere is lack of staff in pharmacy. It's critical*"

"I think the workforce generally is critically low in the Country"

7.2.8 Staff Retention

Some pharmacists (n=4) were specifically concerned about retaining existing qualified staff and reducing movement into GP and hospital roles.

"Reduce pharmacist movement into GP surgeries"

"STOP pharmacists being recruited in Dr's surgeries. We need the workforce in community."

"ACTs often leave to work in hospital after being trained"

7.2.9 Locum Rates

All community pharmacy employers large and small are being affected by shortages of pharmacists with the national shortage recognised as driving up locum rates.

"The ridiculous extortionate locums are ruining our profession."

7.2.10 Locum Availability

In particular independent community pharmacists are having to work more than intended in their own businesses and some report challenge securing cover to develop skills for new services.

"The smaller independent pharmacy are unable to afford the limited available Locum hence work almost everyday of the week to keep the shop and services running"

"We are now at a critical position where contractors cannot take holidays because of locum shortages"

"Help with reliable locum cover. Being a single sole trading contractor this is what is preventing me from applying for PIP training and providing more clinical services."

7.2.11 Stressful Working Conditions

The stressful working conditions and lack of opportunity for rest and relaxation away from work in the community pharmacy sector are a problem. They were specifically cited as leading to staff loss or negatively affecting attraction and recruitment.

"…staff retention is a problem and we have lost most of our experienced staff due to the stressful working conditions"

"...there's a much higher level of background stress all the time. It's no wonder so many pharmacists are voting with their feet to head out of community..."

"It is very stressful for pharmacists and many are leaving the profession as a result."

"Community pharmacists are beginning to leave the profession in large numbers because we feel we have little support and unrealistic workloads."

"The amount of people leaving community has risen dramatically and will continue to do so - we are a finite resource and can not be given more and more to do"

"recruitment into community pharmacy has been terrible, leading to cancelled time off, no cover where needed, and a knock-on as those of us who remain open get more and more patients from pharmacies that are now regularly closed when they should be open"

"so we go home drained and shattered but knowing there are still piles of work remaining in the pharmacy. SOPs, IQT, Child/adult protection, risk assessments, H&S, NESA/competency declarations... the list of things that need to be completed and monitored as up-to-date is ever-growing…to make clear that no, there is no "one thing" I could possibly choose, except maybe to leave."

7.2.12 Negative Impact on Mental Health

In some cases respondents shared how stress levels are negatively affecting their mental health.

"This causes huge stress and, personally, has brought back anxiety and suicidal thoughts with regards to myself. Community pharmacy cannot be sustained at this current level. We are being expected to do so much more with so much less. Please help."

"It is leading to burnout and mental illness amongst community pharmacists. Personally, I suffered a breakdown because of the pressure and extra workload from services being heaped upon me."

7.2.13 Public Aggression

Additionally, 5 responses highlight abuse from services users as a problem. This could be linked to the impact that service and system pressures have on patients' experience, such as increased waiting times due to reduced staffing levels, or patients expectations based on messages they have received from other sectors of the primary care system, for example with regards to prescription collection times.

"Patients are abusive, entitled and ungrateful."
"Not having abusive patients."
"And the constant stream of abuse from patients. It doesn't help that there's so much of it now, all the staff are ready for an argument whereas previously we might have ignored or de-escalated the situation…"
"We get regular abuse if patients are told to wait for 10-15 minutes to speak to a pharmacist"

"People just walk in and demand to see us straight away and when we can't see them they get abusive."

7.2.14 Terms and Conditions of Employment

Other factors affecting attraction and recruitment e.g. pay and terms and conditions were mentioned.

"Increased salary for Technicians and Dispensers and all other pharmacy support staff that truly reflects the responsibility of the job which will therefore reduce staff turnover leading to improved working conditions for everyone and better patient services."

It was suggested that community pharmacy employers are not in a position to compete with the job package GP contractors are able to offer.

"We as a company have already trained two IPs by 2019 only for both to enter roles in GP Practices which seem to be offering better wages, conditions, holidays and pensions."

7.2.15 Staffing Summary

It is widely acknowledged that there is a workforce crisis across pharmacy, with pharmacists having been included on the Home Office Shortage Occupation List in 2020. The pressures of this are being felt across pharmacy teams.

A combination of understaffing, high workload, and inappropriate skills mix were reported to be contributing to a stressful workplace. Survey responses indicated that members of the public are becoming increasingly frustrated and, at times, aggressive towards staff. Respondents highlighted that to continue to develop services, sufficient staffing and ensuring access to qualified staff is essential. Additionally, support is required from locums, to enable the workforce to engage with and undertake training as well as take annual leave to ensure rest to improve wellbeing.

Further to the above, respondents reported: better terms and conditions for staff elsewhere; problems with attraction and recruitment; and reduced opportunities for some staff and independent contractors to get the necessary rest and relaxation required for their mental health.

Community pharmacy employers hold the key to staffing levels in their businesses and GPhC, through premises inspections, have responsibility for ensuring the Standards for Registered Pharmacies are met. Inspections focus on public safety, rather than the wellbeing of staff, which come into the remit of unions and professional leadership bodies.

Community Pharmacy Wales and Welsh Government negotiations determine remuneration via the community pharmacy contract and parties have insight to affordability of staff bills relative to pharmacy income.

7.3 Theme 3a: Non-public facing time

In equal third-place as the most urgent issue that respondents wanted to be addressed to reduce the workplace pressure, was time for non-public facing activities.

Figure 7: Time for Non-Public Facing activities that would reduce pressure in community pharmacy

Theme 3b: Non-public facing time	Number of times raised	Number of times raised by specific staff group		
		Pharmacists	Pharmacy Technicians	Support staff
Rest breaks	13	5	3	2
Non-public facing tasks	8	5	3	0
Training and change management	12	3	0	0
Total	**33**	**13**	**6**	**2**

(n=376)

7.3.1 Rest breaks

Time away from providing care was often requested for the most basic of reasons such as taking a lunch break, away from the general public, during the working day.

"Protected lunch break - Pharmacy to remain shut for 1 hour"

"protected lunch break. pharmacy is allowed to shut."

"branch should shut for one hour lunch"

7.3.2 Closing for Rest Breaks

The value of the pharmacy closing was articulated in relation to improving mental health, team morale and reducing the risk of aggression to staff as opposed to keeping the pharmacy open and having a rota for lunches.

"An hour closed for lunch so that all pharmacy team members can relax and recharge. There is a huge upshift in patient aggression when half the team is on lunch and waiting times are increased. This leads to increased stress on all team members. It is expected and regularly attempted to be enforced by employers for the pharmacist to be available throughout their lunch which is incredibly dangerous as they will not get to take a mental break. Closure of the pharmacy is the only way to allow all team members the much needed mental break."

"1 hour closed lunch break across every pharmacy. Would help with better team bonding and increase team spirit"

7.3.3 Working Behind Closed Doors

Working behind closed doors was implemented during the COVID-19 pandemic and a number of respondents highlighted that closing was valuable, not just for lunch, but to get on top of the workload without interruptions.

"Continuing to stay closed for the lunch hour, so much more can be done in that time when no patients in, and staff can split lunch breaks so everyone gets a rest time. carry on permanently provision for one hour working behind closed doors with the option to knock for emergencies"

"allowing closures to maintain control are vital."

7.3.4 Training and Change Management

Further reasons for needing non-public facing time in work for the community pharmacy team was to implement some of the changes in the new pharmacy contract and for staff development.

Respondents described the time community pharmacies are open being so busy that prioritising other essential non-patient facing activities becomes untenable. Systems that protect some time for non-public facing jobs and for training and implementing change would be highly valued as naturally there is some resentment when this spills into personal time when the pharmacy is closed. Failing to provide staff time to implement change was highlighted as being counterproductive in relation to providing consistent quality public services.

"Pharmacy is constantly and rapidly evolving and I don't feel that staff are given sufficient time or training to adapt to these changes. This often results in a messy/slow uptake of new services or processes which ultimately results in a lesser standard of patient care."

"It is very difficult even to have a team brief/patient safety review without being interrupted."

"Time to train and time to talk to staff about changes/updates/training (staff meetings) when the pharmacy is closed to the public so we can not be disturbed, but to not have to do it out of hours in our own time."

"…training but not out of hours."

The challenges to find time to change and develop are recognised by contractors as well as employees who have additional responsibilities as superintendent and responsibilities to employees:-

A reduction in the amount of paperwork/admin that we have to do. As a contractor I seem to be forever chasing documents that need to be submitted, searching for forms to reaccredit, reading and signing and sending PGDs and SLAs, completing submissions on NECAF, doing toolkits, doing questionnaires. There seems to be something every week that has to be submitted to maintain a payment, or so you can provide a service, or otherwise you would lose out. Keeping on top of it is very stressful, on top of business regulatory issues, professional issues with the GPhC, Human Resources issues relating to staff which seem to increase day by day as well.

Some respondents perceived other primary care contractors, specifically GP practices to have a 'better deal' with regards to the acceptability of non-patient facing time.

Better training for staff - GPs have one afternoon per month where they are allowed to close for training time. I feel that this should be something that community pharmacies are able to do in order to more effectively up-skill the workforce.

7.3.5 Non-Public Facing Time Summary

Respondents indicated a desire within the workforce to maintain or facilitate protected time for a number of reasons. As discussed throughout this report, stress levels within the workforce are perceptibly increased at present and this is reported to be impacting mental health and wellbeing. Protected time for lunch breaks has been identified as a means to improving staff mental health and wellbeing whilst also providing the opportunity to boost team morale. Moreover, respondents highlighted that having protected time to complete non-public facing tasks would enable the workforce to implement the changes required within the new Community Pharmacy Contractual Framework, thereby improving the efficiency in uptake of new services across the community pharmacy sector.

Pharmacies in Wales are contracted to provided core hours (normally 40 hours per week). Core hours are agreed between the Health Board and the employer, including closing for rest breaks. Core hours are times where the public can access pharmaceutical services and does not include any time for the premises to be closed for staff meetings or training.

The number of hours provided over and above the core hours is determined by the employer. To change non-core hours, employers must provide the Health Board with 90 days notice.

The Health Board may refuse to change the core hours if for example they deem this to reduce public access to services e.g. closing on a Saturday and opening longer days.

Health Boards, Welsh Government and employers hold the power to protect time for staff development and to implement changes, but this may require additional resources. The GPhC regulations determine the tasks that can be carried out behind closed doors with or without a pharmacist.

7.4 Theme 3b: Digital

An equally important issue to the non-public facing time requested by respondents (9%), was for digital improvements. Issues relating to day-to-day technology made up 9% of all comments (32/376). All of the comments made on this topic were by pharmacists, who until 2022 were the only healthcare professional in the pharmacy to be able to log-in and use the Choose Pharmacy platform.

Figure 6: Digital improvements to be made to reduce pressure in community pharmacy

Theme 3a: Digital	Number of times raised	Number of times raised by specific staff group		
		Pharmacists	Technicians	Support staff
Digital intervention	17	1	0	0
Improve Choose Pharmacy	10	17	0	0
Improve access to emails	3	1	0	0
Training on IT systems	1	1	0	0
HEIW website	1	3	0	0
Training on IT systems	1	1	0	0
Totals	**33**	**24**	**0**	**0**

(n=376)

7.4.1 General Digital Issues

Some comments were extremely general and may relate to a local employer system or national systems:-

"Improved more efficient IT in practice and more training on it"

Others highlighted a myriad of digital issues which add to the daily workplace pressures.

"one frustration i have is logging into so many systems to perform my role. Necaf, choose pharmacy (double log in), email (with … authenticator), neo360 - and all before I even turn the pharmacy system on! plus the WCPPE/HEIW site is completely non-user friendly! Navigation is dreadful!"

7.4.2 Choose Pharmacy Platform

Specifically in relation to Choose Pharmacy which is a national system used for recording all clinical services there were multiple calls for improvement around the balance of security and usability to ensure it is a service enabler.

"Choose Pharmacy far too slow and entries too time consuming."

"The Choose Pharmacy platform to be more slick and faster . It takes ages to log in (twice !)"

"Choose Pharmacy platform is very slow…a flu jab in Wales requires far more input …than the system in England"

"The choose pharmacy login system. We have to currently login twice, state our location every time we log in. After 5 minutes of inactivity it logs you out so we need to restart the process again. "

"We should, in these modern times, login once in the morning, then after 5 min of inactivity- it becomes password protected- but retains all the other details. After 3 to 4 hours of inactivity it then logs you out completely would be fair enough, or alternatively you log out at the end of the day."

"I understand the need for security of the data but it just takes too long …. with the new CCPS... I'm carrying out about 4-6 EMS and CAS a day…this is going to increase… without the time it takes for the consultation itself , each transaction takes about 15 minutes"

7.4.3 Outdated Manual Systems

Where digital systems are not in place, inefficiencies in relation to time sorting out queries was highlighted and theses related to prescribed items.

"Hand-written prescriptions account for about 5% or less of our prescription numbers but over 50% of time spent trying to resolve problems. Despite attempts to remedy the situation, the NHS has repeatedly failed to train Dr's (especially)"

"Every surgery to be able to accept fax/email prescription requests and to not refuse to fax/email them back if requested. Bizzarely some will only accept in person requests from pharmacy!"

"A communication platform between community pharmacies and GP surgeries to enable an electronic referral system for services such as CAS, EHC etc...."

7.4.4 Electronic Prescribing

There were multiple calls for electronic prescribing:-

"Prescription moved from Paper to an online system. While our work load is dependent on what time the GP's are signing prescriptions on that day we will never truly be able to move to a service led contract."

"Electronic transfer of Prescriptions"

"Electronic prescription management so that we didn't need to manage patient prescription orders or arrange collection and delivery of physical prescriptions from the surgery. This would enable a smoother workflow as prescriptions wouldn't be coming in bulk with a delivery driver. Another advantage would be that acute prescriptions could be sent to us immediately rather that us chasing them."

7.4.5 Digital Summary

The most commonly raised digital issues related to usability of the Choose Pharmacy platform, specifically relating to required speeds to support service delivery, and a desire to move to e-prescribing. It was also acknowledged that streamlining digital processes would improve efficiency for the workforce. These issues are owned by Digital Health and Care Wales and Welsh Government.

8.0 Summary of Categories

The 4 categories above incorporate 73% of all issues raised. Other categories and themes that were highlighted in the survey included the need for external support; communication within the community pharmacy workforce; and funding.

Some less frequent comments put forward alternative solutions to managing workload and also highlighted gaps in services.

Longstanding supply problems clearly cause a great deal of frustration in community pharmacy for example pricing, generics, and remuneration, but no common perspective emerged around how to resolve the total number of queries pharmacies have to deal with.

"having a regular patient population 'registered' with the pharmacy would allow us to plan and prep for 'our' patient list."

"support for those on NOMADS"

"Enable pharmacists to substitute alternative generic when brands are unavailable (where clinically appropriate)"

"I would like to see prescription quantities being in line with original pack sizes so I don't have to open tamper proof boxes and 'cut' or 'add' a couple of tablets/capsules to a box that can not then be resealed. Alternatively, prescriptions could be automatically priced and reimbursed on the original pack size rather than the actually quantity prescribed."

9.0 Limitations

The study captured the views of 240 community pharmacy respondents, which is small considering the whole workforce who could have responded. The workforce is likely to have reduced in number since the last workforce survey in 2019[1] , but this provided a total headcount of 6607 including everyone from self-employed pharmacists to delivery drivers. It is likely that around 20% of the pharmacist workforce responded and these results may not represent the majority of views. However, results do align with the recent RPS wellbeing survey [2] and outcomes forecast in the 2019 GPhC registrant survey [3] about people being likely to leave the sector in the next 3 years.

There were no limitations placed on the number of times an individual could respond to the survey, so it is not possible to guarantee that 240 individual responses were received. Some individuals may have responded more than once. As the responses were received anonymously the researchers were unable to determine if this had occurred.

It is not possible to guarantee that the whole community pharmacy workforce saw the promotion of or was made aware of the survey. Three methods of communication (CPW newsletter, NHS email, HEIW social media channels) were utilised to attempt to share the survey with as many individuals as possible. However, it is acknowledged that none of these communication channels encompass or ensure contact with the whole workforce and therefore some individuals may not have had the opportunity to contribute.

Interpretation bias during the thematic analysis cannot be excluded. Interpretation bias is the tendency to inappropriately analyse ambiguous information. To reduce the risk of this occurring, after the responses had been coded by two researchers, 12.5% of the responses, and the codes assigned to them, were validated by SLWG members. Reviewers identified three coding issues. This was identification of one additional issue and two suggested coding change, one of which was actioned. The whole dataset was reviewed again by the original researchers as a result of the advice.

Four key themes within the responses were identified during the analysis. The key themes emerged from issues that were most frequently cited. Whilst it may be true that the key themes are representative of the most pressing concerns for the workforce, there is the possibility that the importance of themes raised less frequently may have been missed.

10.0 Conclusion

The Community Pharmacy Workforce Survey received good engagement and response from the community pharmacy workforce and was successful in capturing and prioritising changes that respondents want implemented urgently to bring about a tangible improvement in their workplace pressures. There was creativity and resilience shown as individuals continue to generate ideas which could improve their current lot.

Four key themes were identified by respondents as being priority areas for the workforce: Primary Care Operations, Staffing, Non-Public Facing Time and Digital. Although 'staffing' was the theme of second highest priority, it must be noted that 'more staff' was the single most urgent workplace pressure raised by survey respondents.

Wales has arrived at a particular 'pinch point' where there is pressure to deliver clinical services, but the dispensing workload is not reducing. Staff are 'burning out' and leaving the sector. Issues about a prudent workforce were raised with lack of clarity amongst respondents as to whether the pharmacy

contract is adequately resourced or if employers are underinvesting in the workforce. A misconception that the new community pharmacy contract is generating new income for community pharmacies may increase frustrations amongst employees. Changes in remuneration related to the new contract may not be well understood.

The range of issues identified requires collaborative discussion and engagement with a number of stakeholders, including Digital Health and Care Wales (DHCW), Welsh Government, Employers, Health Boards, Clusters, Community Pharmacy Wales, General Pharmaceutical Council (GPhC), Unions, and Professional Leadership Bodies.

HEIW have begun conversations with organisations identified as being in a position to improve the reported workplace pressures of community pharmacy teams and we at HEIW are collating details of a range of improvements, already underway, which will bring benefits to this part of the workforce. The responses collated from this survey will also contribute towards the development of the Pharmacy Workforce Plan for Wales, due to be published at the end of this financial year.

11.0 References

(1) Health Education and Improvement Wales. 2020. Wales Community Pharmacy Workforce Survey 2019. Available at https://heiw.nhs.wales/files/pharmacy-report-final/

(2) RPS and Pharmacist Support. 2021. Mental Health and Wellbeing Survey 2021. Available at https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Workforce%20Wellbeing/Mental%20Health%20and%20Wellbeing%20Survey%202021-211207-C.pdf?ver=-ridjQdJxkWQG6MMNvSNaw%3d%3d

(3) General Pharmaceutical Council. 2019. Survey of registered pharmacy professionals 2019. Available at General Pharmaceutical Council – Survey of registered pharmacy professionals 2019 – Main Report (pharmacyregulation.org)

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12.0 Appendix 1 - Respondent testimonies

"Let me list some activities that take pharmacists time.

1. Checking walk in prescriptions on average some pharmacies do 700 items per day, single handed pharmacist no ACT available

2. Checking dossett trays average of 5-20 minutes per tray depending on how complex the tray is

3. Choose pharmacy consultations, patients just walk in for these average of 10-15 minutes per consultation

A wide range of patients come in for

Minor ailments

Emergency supply

EHC

Treat and Triage

Smoking level 1 and 2

BP checks

UTI PGDs

IP services

3. Paperwork

Eg LHB patient satisfaction Surveys

Clinical governance paperwork

4. Training time

No protected training time. GP surgery next door shuts for half a day for staff training."

"What should happen is The Prescriber should decide what medication a patient is on and how long they are able to have this medication before they need to be seen again for a consultation or monitoring such as blood tests. Then the community pharmacist should be responsible for deciding when that medication should be issued. The argument against a paper system for this (such as the RA/RD) is that it is to difficult to make changes if something needs to change mid cycle. An up-to-date online system would negate this, it would be safer for patients, Greener for the environment and save masses of time for the GP and the community pharmacy. "