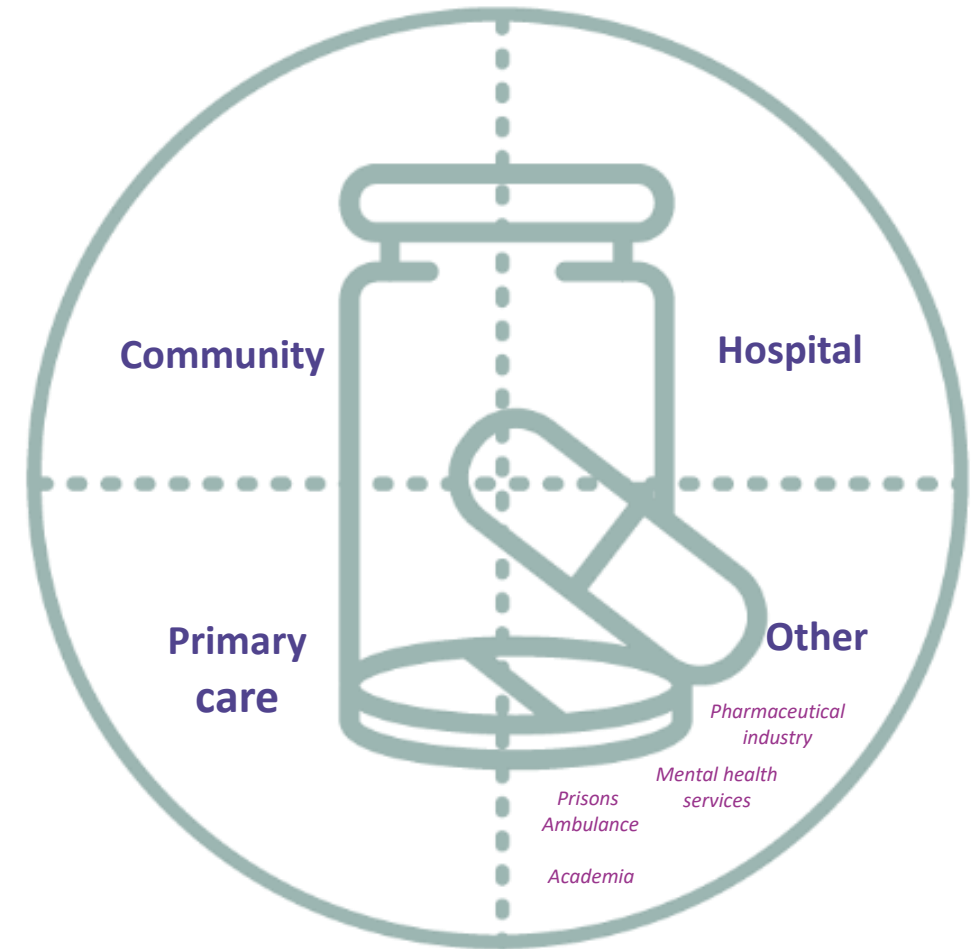


'Can Do' system Pharmacy Workforce Strategy 2022-2027

Developed by
SNEE Pharmacy Workforce Collaborative Group
Approved by People Board 19th October 2022



Contents

	Page
1. <u>Purpose of the SNEE system Pharmacy Workforce Strategy</u>	3
2. <u>Key issues impacting our pharmacy workforce capacity</u>	4
3. <u>Key risks to address within the strategy</u>	5
4. <u>Digital disruption and impact to the future of pharmacy</u>	6
5. <u>SNEE Pharmacy Workforce Strategy, Initiatives and Outcomes</u>	7
6. <u>Proposed timeline for pharmacy workforce strategy to deliver results</u>	8
7. <u>Recommendations and next steps</u>	9
8. <u>Appendix – workforce data</u>	
A. <u>System workforce data – Community Pharmacy using HEE survey data 2021</u>	11
B. <u>Secondary care pharmacist workforce data/info from HEE e-portal at March 2022</u>	12
C. <u>Secondary care pharmacy technicians workforce data/info from HEE e-portal at March 2022</u>	13



1. Purpose of the SNEE system Pharmacy Workforce Strategy

Why does SNEE need a pharmacy workforce strategy?

- Due to significant pressure around pharmacy (recruitment and retention difficulties, unprecedented levels of burnout of pharmacy workforce, pharmacy closures), key pharmacy stakeholders across the system agreed that a joined up approach was needed to address the current and future pharmacy workforce challenges impacting patient care and staff.
- At the same time there is an urgent need for pharmacy workforce and services to be transformed due to future professional changes expected 2025/26 when pharmacy undergraduate students will graduate as qualified Independent Prescribers (IP). Currently pharmacists need to undertake the IP course after qualifying and gain sufficient experience. This is dependent on securing funding and having designated supervisors in place.
- The system will be able to benefit and enhance patient care from this significant change but only if investment and support are secured and a collaborative approach is taken to transform services/patient pathways, update local commissioning arrangements and use innovative approaches to attract new pharmacy workforce including 'growing our own', retain and retrain our existing workforce, and upskill staff.

What are we trying to solve at system level to support the pharmacy workforce?

- Review current system level pharmacy workforce data across the different sectors, understand what this means now & impacts for the future.
- Understand the current workforce concerns and challenges across the main pharmacy sectors and how this is impacting current service delivery.
- At a system level agree what more can be done and prioritised to attract, recruit, develop and retain our pharmacy workforce.
- Agree the approaches that should be taken now and in the future to support the pharmacy workforce to be upskilled in a collaborative and consistent way, including reviewing and updating pharmacy professional roles, and upskilling pharmacy technicians to lead on medicines management processes including supply.
- Maximise the use of pharmacists as prescribers in new and existing NHS services to transform patient pathways, and services to ease NHS pressures. Support pharmacists with IP status to utilise their skills more effectively, train more pharmacists to be able to prescribe in more clinical areas.
- Understand the impact of the digital and technology advances will have on how pharmacy services will be delivered in future, including use of staff.

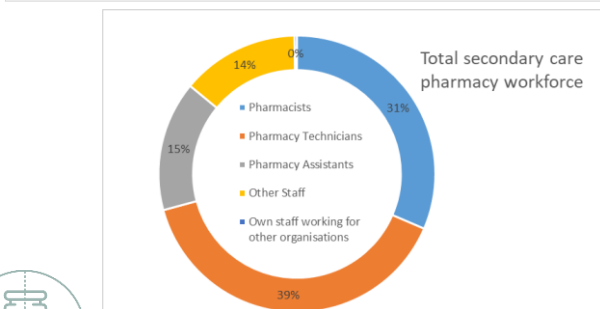
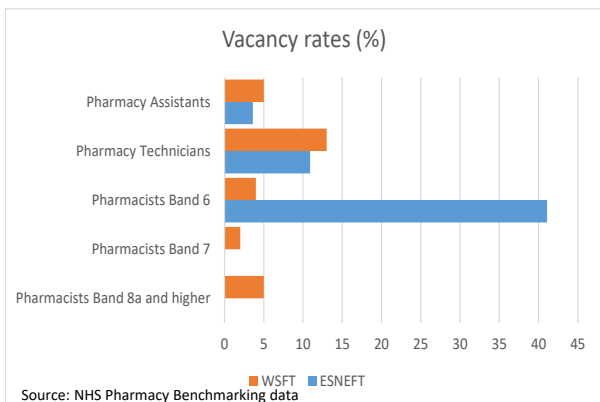
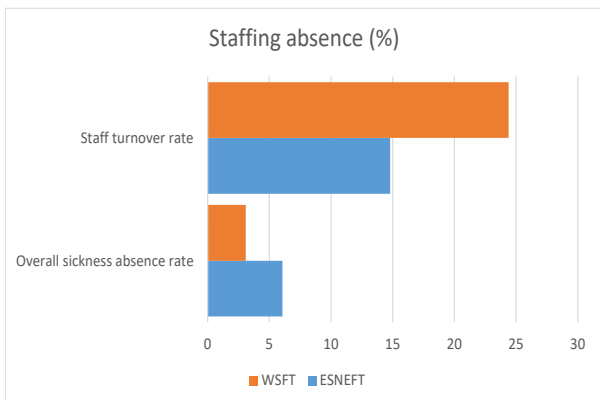
Activities undertaken and where are we now?

- SNEE Pharmacy Workforce Collaborative Group established March 2022, goal to develop a high level system pharmacy workforce strategy.
- System level review of the current pharmacy workforce challenges.
- Reviewed system pharmacy workforce data, identified areas of concern (e.g. shift of workforce to PCN leaving significant gaps) & data quality issues.
- Undertook a system level pharmacy workforce survey during May/June 2022 where over 120 staff actively engaged, sharing invaluable insight.
- A number of recommendations made e.g. acute sector rotational pharmacists and pharmacy technician roles across the three main hospitals, joint roles, summer placements for undergraduate pharmacy students. The urgent need to review and update skill mix of the pharmacy workforce.
- Developed a 'one pager SNEE Pharmacy Workforce Strategy' document. Implementation requires system level ownership, Senior Responsible Officer plus dedicated system level pharmacy workforce lead & investment. Recent changes in system pharmacy leadership has slowed down implementation.
- Current ICB Medicine Management structure is set up for Alliances, clarity required on newly recruited Pharmacy Integration Lead and support roles.

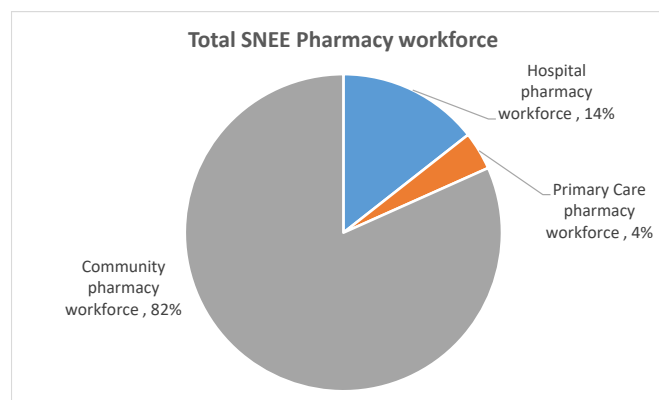


2. Key issues impacting our pharmacy workforce capacity

NHS absence & vacancy rates at July 2022



General pharmacy workforce data



Source: combination of NHS, HEE and local workforce data

Primary care –growing workforce area

- Total number of **pharmacists WTE required** in primary by 2023/24 **125-150**
- Total number **pharmacy technicians WTE required 25 to 50**
- West Suffolk Alliance** has the lowest number of pharmacists working in PCNs

Alliance	PCN	Clinical Pharmacists	Pharmacy Technicians	No of practices	No of training practices	% of practices as training	Average pharmacists per practice
IES	8	35.01	20.21	34	22	65%	1.0
NEE	11	27.64	5.80	36	9	25%	0.8
WS	6	5.08	2.28	23	12	52%	0.2
Total	25	67.73	28.29	93	43	46%	0.7

Summary of pharmacy workforce

- The pharmacy workforce has a significant influence on how medicines are used, and is **the third largest workforce group in the NHS**, with some 150,000 staff working in hospitals, community pharmacy, primary care and other settings e.g. academia.
- Total pharmacy workforce across SNEE, excluding EPUT, CCG and specialist services (e.g. ambulance, UUC) is estimated as 2,457 WTE:

Community Pharmacy	2,007 WTE
Hospital Pharmacy	354 WTE
Primary Care Pharmacy	96 WTE

- There are significant secondary care workforce shortages across SNEE (esp. pharmacy technicians, band 6 pharmacists) impacting pharmacy service transformation.
- Issues around training capacity for the future upskilling of the workforce, including supervision and ensuring sufficient designated supervisors to support increasing independent prescribers across all sectors.
- Impacts of Independent Prescribing and Accredited Checking Technician qualifications for service transformation, plus additional clinical qualifications
- Staff turnover rate for WSFT at 24.4% and ESNEFT 14.8%.
- Agreement had been made to develop rotational pharmacists (band 6) and pharmacy technician roles using existing vacancies. 2 posts from WSH, 2 from Colchester and 2 from Ipswich hospital sites. However no progress made. Goal to have 3 rotational pharmacists and 3 rotational pharmacy technician roles and expand other cross sector roles to support pharmacy workforce integration agenda .



3. Key risks to address within the strategy

- Significant recruitment issues across the pharmacy workforce, in particular newly qualified pharmacists (Band 6 posts) and pharmacy technician roles, there seems less attraction for these roles across the system.
- National drive to increase the pharmacy workforce in primary care working in PCNs, expectation of 5 to 6 clinical pharmacists per Primary Care Network (PCN) by 2023/24 and pharmacy technicians 1 to 2 per PCN.
- A number of community pharmacies have reduced their hours of work or closed completely due to significant workforce issues.
- SNEE generally appears to have a younger workforce working in secondary and primary care and currently the career pathways can be limiting so staff move for career progression.
- Staff shared the need to innovate and prepare for the future. The system pharmacy workforce survey had good engagement with rich feedback on what is working well and areas that need to change to support the current and future pharmacy workforce. This information has been used to develop the high level pharmacy workforce strategy.
- In the next 3-5 years some of the biggest challenges perceived are around the ability to translate, embrace and embed the new roles across the emerging ICS/ICB boundaries, how we recruit, retain and motivate the pharmacy workforce and our ability to transform service delivery to make the best use of resources.
- Significant changes in technology and clinical advances over the next 3 years plus will disrupt how pharmacy operates, there is an urgent need to upskill our pharmacy workforce. Currently there are highly trained pharmacy workforce who are spending disproportionate amount of time counting tablets and addressing clinical prescribing errors, rather than operating at the top of their License and obtaining the relevant skills required in future e.g. IP and ACT.



Vacancies



Turnover



Movement of pharmacists & pharmacy technicians from hospital and community pharmacy to primary care (PCNs)



Number of community pharmacies closing or reducing working hours due to workforce shortages

Significant shortage of pharmacists and pharmacy technicians across all sectors, both are registered professional roles. Hospital and community pharmacy experiencing the biggest impact on service delivery.



Role of pharmacists changing from checking other professional prescribing practices & supply to clinically leading safe and effective prescribing in all care settings.



Role of pharmacy technicians changing, will lead and be the experts in medicine supply, dispensing and take on more patient facing clinical roles.

Acceleration of current and future clinical and technology breakthroughs will transform the future of pharmacy.

Currently at SNEE we are not preparing our pharmacy workforce to upskill and obtain the relevant skills, inc prescribing qualifications, digital, due to current workforce pressures which will impact patient care.



4. Digital disruption and impact to the future of pharmacy

Perspective from the USA



<https://www.youtube.com/watch?v=fVYZfhmCBKw>



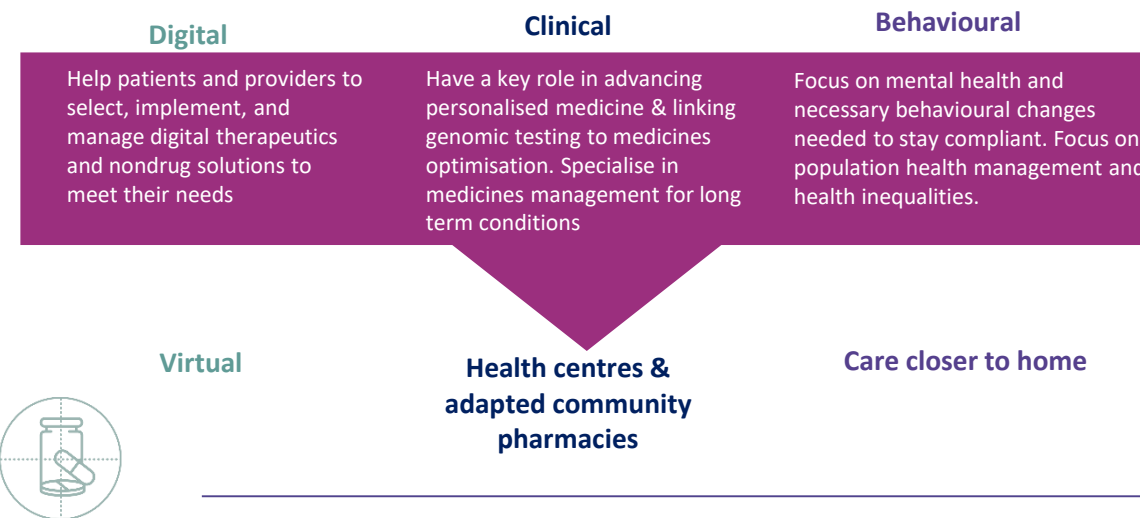
Click this link to watch the video 'Pharmacy of the Future USA'

*Source: The future of pharmacy | Disruption creates transformative opportunities and challenges available at: <https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/future-of-pharmacy-disruption-opportunities-challenges.html>

Future of the pharmacist in the UK

- Definition of a pharmacist now: *a person who is trained to prepare and give out medicines in a hospital or shop.* Anticipate this will be very different in future.
- Pharmacists are seen as underutilised resource and not always able to work to the top of their licence. With technology and clinical advances taking place over the next few years, some of which were accelerated during COVID, the future role of the pharmacist may become unclear.
- Scotland and Wales have already published their pharmacy vision for 2030, and currently The Royal Pharmaceutical Society are developing theirs and undertaking a large engagement programme 'Vision for Pharmacy Practice In England'. Document to published later this year.
- The key change required to secure the future is to **grow the role, scope and value of the pharmacist**. A similar change is also required for pharmacy technicians, both professions are regulated by the General Pharmaceutical Council and frameworks are being developed to support changes to the scope of practice.
- In the future robots will likely dispense medications (already happening in hospital pharmacies) to patients, 3D printers may print combination therapies, and algorithms may address most clinical prescribing errors. When combined with technology like smart contact lenses that use augmented reality (AR), it is possible that other skilled staff, such as pharmacy technicians, may be able to conduct basic tasks like visual verification* and medicine reconciliation practices.
- Due to ongoing increasing demand for health and care professionals, combined with projections about people living longer, impact of COVID, backlog of NHS elective care, this will create opportunities for pharmacists to evolve and expand their role supported by the changes in education and training. In future, all pharmacists will be qualified to prescribe once they complete their training. The current working environment is not ready to embrace this change.
- Prescribing pharmacists across all sectors will be able to treat patients with acute illnesses and manage chronic conditions like diabetes, hypertension, and asthma. This will require regulatory changes which are currently being reviewed.

Evolving role of the pharmacist to meet patient needs and support increasing health and care demands



5. SNEE Pharmacy Workforce Strategy, Initiatives and Outcomes

Overall vision: provide seamless patient care by delivering dynamic pharmacy services that are flexible, innovative and adapt as new digital and technology developments are introduced in health and care settings across SNEE. Making SNEE a place where the pharmacy workforce are able to flourish and continually develop their careers.

SNEE Pharmacy Strategy: Accelerate education and training capacity to drive an increase in practising prescribing pharmacists across all pharmacy sectors. Establish new and refined patient pathways where pharmacists are routinely utilising their advanced skills, knowledge and expertise. Pharmacists to take leadership roles for prescribing in all care settings and optimising therapeutic outcomes for patients. Develop the wider pharmacy workforce where pharmacy technicians will lead on medicines management processes, working together with pharmacy support staff.

Modernise approach to education & training delivery	Innovate clinical placements to improve trainee experience	Introduce skill mix to release capacity & innovate role of registrants	Lead & influence digital & technology advances impacting pharmacy services	Attract new & grow your own pharmacy workforce at all levels across all sectors	Expand at scale and pace cross sector & rotational pharmacy roles
<ul style="list-style-type: none"> Review & update pharmacy professional roles and pharmaceutical scientist roles Collaboration of E&T functions for pharmacy across organisations Build capacity for Designated Prescribing Pharmacists Open E&T events to the wider pharmacy workforce Expand at scale & pace specific courses e.g. IP, ACT & leadership programmes Educational institutes to support future changes 	<ul style="list-style-type: none"> Regularly use feedback to improve placement experiences Introduce cross sector placements, internal & external to pharmacy services Use legacy pharmacy roles to support new staff Introduce early career coaching conversations System mentoring arrangements developed Include multidisciplinary placements 	<ul style="list-style-type: none"> Adopt new models for registrant staff e.g. 50:30:20 where larger proportion of time is spent educating, supervising, coaching and mentoring staff, remainder on complex care and own development Review & rationalise core pharmacy functions to release capacity inc utilising foreign trained pharmacy staff Review & adapt pharmacy services to improve skill mix 	<ul style="list-style-type: none"> Scope the current and future digital and technology advances that will impact pharmacy services over the next 5 years Develop system pharmacy D&T lead Secure D&T & estate investments for community pharmacy to support future model of services e.g. hub and spoke dispensing, clinical services Pilot new services in community pharmacies 	<ul style="list-style-type: none"> Improve remuneration offers to attract new pharmacy staff including international recruitment Implement initiatives to attract younger people to pharmacy careers e.g. developing taster opportunities targeting school leavers, students Develop options for second careers in pharmacy Grow associate pharmacy roles Update image of pharmacy careers 	<ul style="list-style-type: none"> Rapidly expand joint roles across acute, community pharmacy and community services, primary care and other settings Support pharmacy staff working across sectors e.g. travel options Develop advanced specialist and advanced generalist roles for pharmacists and pharmacy technicians Develop system level support e.g. coaching

Outcomes: support the current and future pharmacy workforce, able to actively adapt and innovate as national, system and local place based health and care changes are introduced. Pharmacy workforce will work together across the system, alliances and at local neighbourhood levels with patients and the multidisciplinary teams, and be the experts on the best use of medicines. Developing a positive & inclusive culture supporting retention, developing our current pharmacy workforce, and attracting new staff wishing to work across SNEE to make and further develop their pharmacy careers over the next 10 years and beyond.

6. Proposed timeline for pharmacy workforce strategy to deliver results

Key focus areas

1. Modernise approach to education & training delivery
2. Innovate clinical placements to improve trainee experience
3. Introduce skill mix to release capacity & innovate role of registrants
4. Lead & influence digital & technology advances impacting pharmacy services
5. Attract new & grow your own pharmacy workforce at all levels across all sectors
6. Expand at scale and pace cross sector & rotational pharmacy roles

2022 to 2024

- Alignment of E&T teams, training events opened to all pharmacy workforce
- Increased number of rotational roles working across acute hospitals, including spilt roles between community pharmacy and PCNs, hospital and PCNs.
- Joint approach to recruitment across SNEE attracting new staff.
- Sufficient capacity built for Designated Supervisors
- Increased number of Community Pharmacists enrolled onto IP courses.
- Increased number of ACTs utilising their qualification in both community and hospital pharmacy settings.
- Increased number of clinical and summer placements across all sectors.
- New service working models implemented for pharmacy & pharmacy technicians.
- System D&T pharmacy role established.
- Established retention initiatives to support Pharmacy workforce.

2025 to 2027

- Increased number of existing patient facing pharmacists with IP & ACP skills supporting the new pharmacy graduates.
- New and existing NHS services adapted to include prescribing pharmacists.
- Specialist prescribing clinics delivered across PCNs delivered by hospital, PCN and community pharmacy workforce.
- Joint working between primary care pharmacists and other settings, stabilising workforce.
- Advanced specialist and advanced generalist roles for pharmacists and pharmacy technicians established.
- Foreign trained pharmacy staff supported and skills effectively utilised to support service delivery.
- New associate pharmacy roles developed across the system.
- Pharmacy workforce planning established at system level to achieve safer staffing levels.
- Collaborative approach to attract and grow new pharmacy staff.

2028 and beyond

- Pharmacy teams integrated into local clinical patient pathways with established roles and referral routes.
- Greater integration of medicine supply models between hospital and community pharmacies facilitated by technology and skill mix.
- Clear career development pathways established for pharmacists including pharmacy consultant and leadership roles.
- Clear career development pathways established for pharmacy technicians including clinical roles.
- Clear career progression pathways for pharmacy support roles.
- Adoption of AI and other technology and clinical advancements to transform the future of pharmacy.
- Electronic Prescribing systems and single Electronic Patient Records fully implemented in all pharmacy setting, pharmacists able to write onto records.



7. Recommendations and next steps

- Agree senior ownership of the SNEE Pharmacy Workforce Strategy
- Review and update the ICB medicines management workforce structure to support the ownership and implementation of the Pharmacy Workforce Strategy.
- To grow the pharmacy workforce more investment and planning is required to identify the variety of roles/services for growth including the training and development that needs to be in place to support this.
- Integration and improved communication is vital in underpinning the transformation needed. Integration of roles, boundaries for pharmacy will ensure that pharmaceutical knowledge and expertise can be readily utilised and accessed for the workforce developments.
- Extensive engagement plan for pharmacy workforce across the sectors to help with preparing our staff for the future changes in the profession and service transformation.
- Dedicated support for managers to understand how to release staff for training and development and still be able to deliver a seamless service.
- There needs to be consistency of pharmacy roles, responsibility and bandings within SNEE to enable our professionals to move across boundaries and support service developments where departments are coming together, this also includes the underpinning technology to support this e.g., electronic records/prescribing.
- Develop pilots and secure funding to test these locally and use Community of Practice approach to support on-going transformation for the pharmacy service and workforce.
- Retention initiatives developed to retain our pharmacy workforce e.g. coaching, mentoring, leadership development.
- World Pharmacists Day on September 25 2022, this is a celebration of every pharmacist, pharmaceutical scientist, and others who are part of this field. Develop a system celebration of pharmacy day – use this day to promote the profession and pharmacy workforce and also develop creative ways to attract new staff. This is to be both an internal and external promotion.
- Review local commissioning plans – new or existing NHS and Public Health services which include pharmacy.

Next steps:

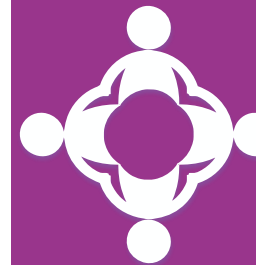
1. Urgent requirement for a Senior Responsible Officer to support implementation work.
2. Endorsement by the system pharmacy leaders across SNEE.
3. Endorsement by the People Board.



Attract & Grow pharmacy workforce: pharmacists, pharmacy technicians, & pharmacy assistant roles – dedicated support & system collaboration required



Expand at scale and pace rotational and cross sector pharmacy roles – future of pharmacy includes integrated roles working across sectors not current silo working practices



Education and training roles and departments for pharmacy to actively collaborate to upskill and train pharmacy workforce to prepare for future pharmacy roles. Innovative ways to build capacity of designated supervisions to support IP



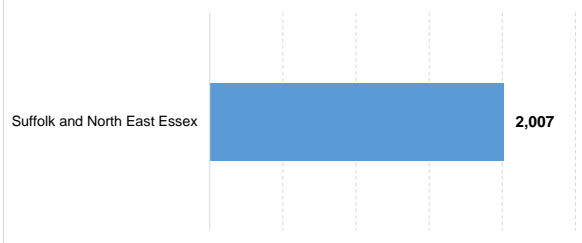
Further understand the system level digital & technology advances and how they will impact the future of pharmacy

7. Appendix – workforce data

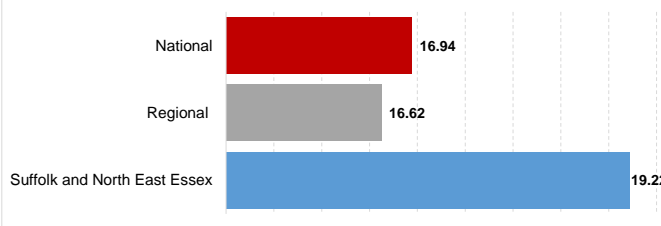


A. System workforce data – Community Pharmacy using HEE survey data 2021

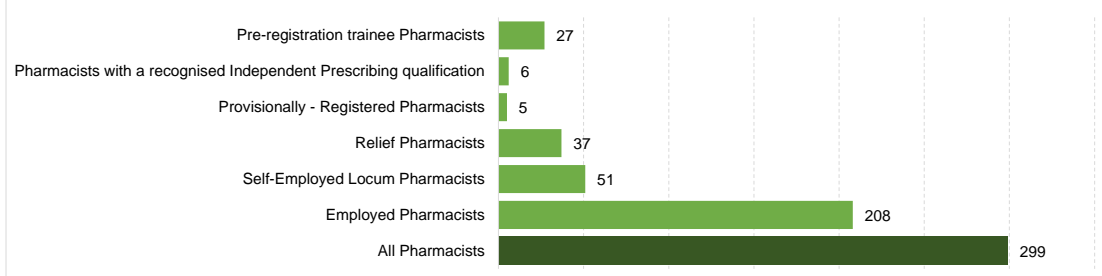
Community Pharmacy Workforce, FTE



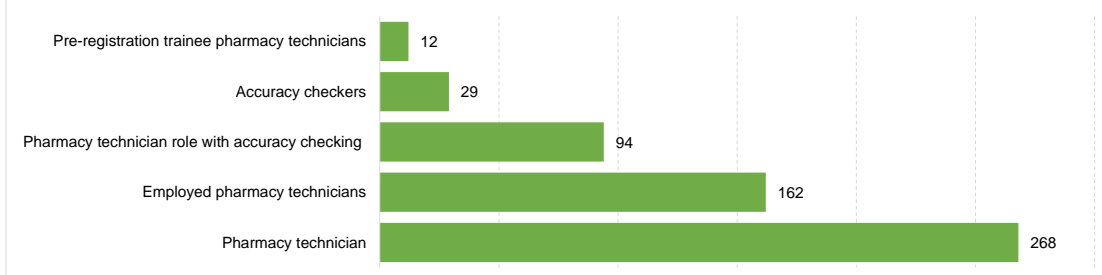
Community Pharmacy Workforce, FTE per 10,000 gp registered population



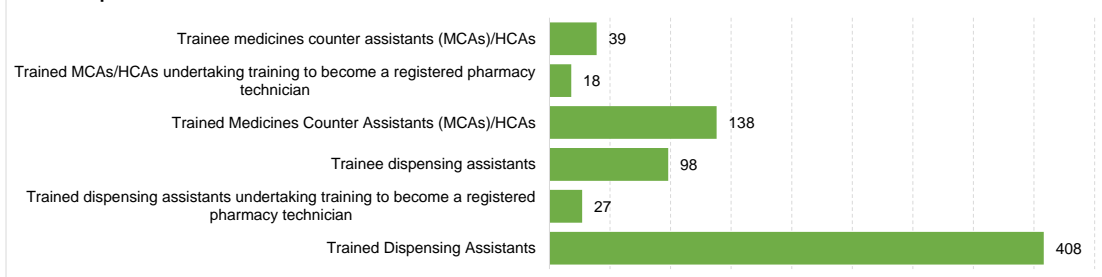
FTE - Pharmacist Roles



FTE - Technician Roles



FTE - Dispenser Roles



Summary of data

- Data source HEE community pharmacy workforce 2021 survey.
- 299 WTE total pharmacists - lowest number in EoE.
- 6 WTE Pharmacists with a recognised Independent Prescribing qualification, second lowest in region - N&W with 5, highest MSE with 21.
- Total WTE 268 pharmacy technicians, highest in region, second highest is HWE with 123. *Is this correct?* Is this linked to the lowest number of total pharmacists in community pharmacy? Note: N&W total pharmacists 307 WTE & pharmacy technicians 88 WTE. Update: LPC for Essex and Suffolk reviewed the community pharmacy survey data – agreed the 268 WTE most likely a data quality issue. There are 175 community pharmacies across SNEE.
- In SNEE 162 WTE pharmacy technicians directly employed and 94 WTE pharmacy technicians with accuracy checking roles.
- Pre-reg trainee pharmacists 27, pre-reg technicians 12.
- Of other staff, 408 WTE are trained dispensing assistants
- Limited info on vacancies, recruitment & retention for the community pharmacy sector. LPC for Suffolk and Essex share the ongoing significant workforce challenges. Over time if not addressed will result in a reduction in community pharmacies across the system.



B. Secondary care pharmacist workforce data/info from HEE e-portal at March 2022



- ### Observations
- Data was very close to NHS benchmarking data reviewed as part of this strategy development.
 - Ethnicity – Pharmacists show more variation than technicians
 - Staff aged 55 years and above at 6.3% of total – indicates retirement risk is relatively low.
 - Retention of staff dependent on career pathways being developed and other opportunities across the profession.

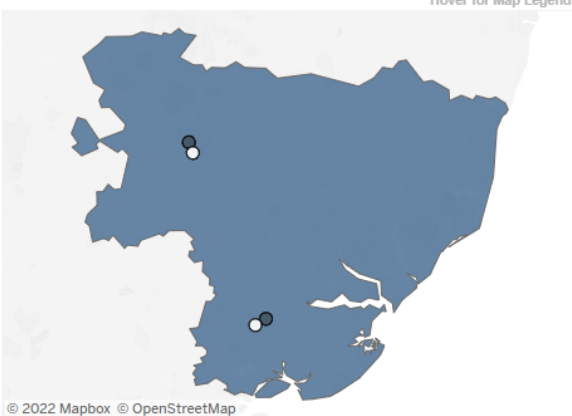


C. Secondary care pharmacy technicians workforce data/info from HEE e-portal at March 2022

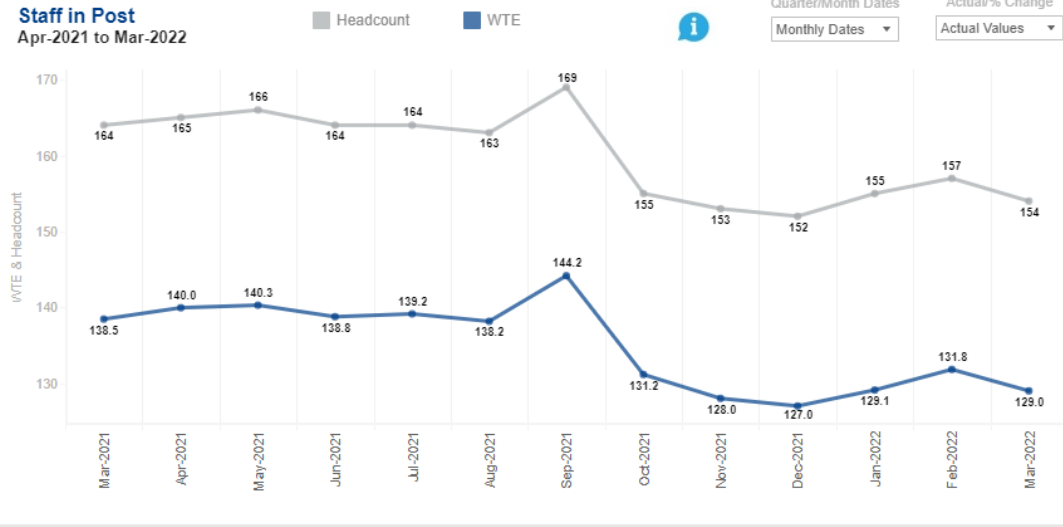
Workforce Profile : Mar-2022

WTE: **129.0** Headcount: **154** Avg WTE: **0.84**

Organisation Locations - WTE



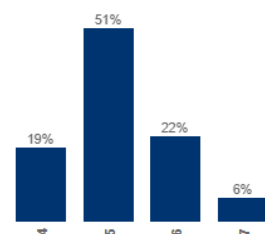
Staff in Post Apr-2021 to Mar-2022



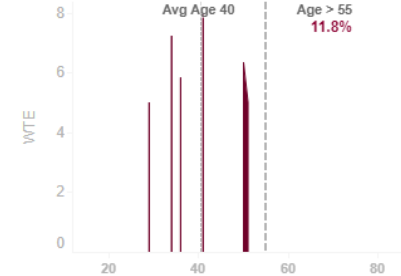
Staff Group

Pharmacy Technicians	91%
Pharmacy Technicians (Trainee)	9%

Grade Band



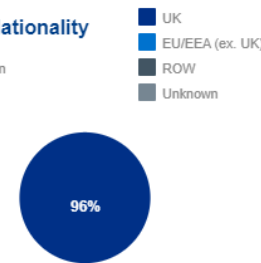
Age Distribution



Ethnicity



Nationality



NHS Health Education England

Region: East of England

ICS: SUFFOLK AND NORTH E...

Organisation Type: (All)

Organisation Name: (All)

Grade Band: (All)

Staff Group: Support to Clinical

Profession: (Multiple values)

Job Role: (Multiple values)

Start Date: Mar-2016

End Date: Mar-2022

Reset Filters (Except Region & Dates)

Observations

- Data was close to NHS benchmarking data of 139 WTE
- Ethnicity – Pharmacy technicians have no ethnic variation
- Staff aged 55 years and above at 11.8% of total – indicates there is a retirement risk and important given shortage of staff and demand for this role

