
Pharmacy Workforce Pressures in the NHS

RPSGB and Pharmacy Practice Research Trust – Joint Symposium
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Susan Sanders

NHS Pharmacy Education & Development Committee

Director, London Pharmacy Education & Training

NHS Pharmacy Education & Development Committee

Who are we?

- Network of ‘regional’ NHS pharmacy staff involved in education & training and pharmacy workforce development
- A range of posts and perspectives

What do we do?

- Ensure development of a competent pharmacy workforce to deliver NHS priorities
- Contribute to national policy on pharmacy workforce development and education & training
- Workforce Planning
- NHS Pharmacy Staffing Establishment & Vacancy Survey 31 May
- Recruitment & Retention of Pharmacists Band 6 & 7 (2009)

Workload Pressure & the Pharmacy Workforce

- from an NHS management perspective

“Liz Kay, clinical director for medicines management and pharmacy at Leeds Teaching Hospitals, says

recruitment and retention of pharmaceutical staff is the most serious issue she faces, and the one which most significantly contributes to her workplace stress”.

Pharmaceutical Journal, 7 March 2009

NHS jargon

Agenda for Change (AfC)

- NHS pay system – staff are ‘banded’ Bands 1-9
- Band 5 Pre-registration Trainee Pharmacist
- Band 6 Pharmacist (newly qualified) 2-3 years
- Band 7 Pharmacist
- Bands 8a - 8c
- Band 8d – 9 Chief Pharmacist

NHS jargon

Agenda for Change (AfC)

- Band 4 (70 or 75%) Pre-registration Trainee Pharmacy Technician
- Band 4 Pharmacy Technician (newly qualified) 2-3 years
- Bands 5 & 6
- Band 7 Senior / Chief Pharmacy Technician

NHS jargon

Whole Time Equivalents (WTEs)

- Numbers of staff in terms of blocks of whole time (37.5 hours per week)
- There are more people – part-time workers

Staffing establishment

- The numbers of WTEs at each band / professional group agreed with your NHS trust to deliver the services required

Grade drift

- AfC Bands of similar posts drift upwards to recruit and retain staff e.g. Band 6 leaves, can't recruit at Band 6, review post and make a Band 7 post
 - more attractive, but more expensive

NHS Pharmacy Staffing Establishment & Vacancy Survey 2008

NHS acute & mental health trust
Vacancy rates (%) and establishment (WTEs)

	May 2007 England & Wales	May 2008 England, Wales & NI
All pharmacists	12.0% 5,243 WTEs	13.2% 6,253 WTEs
Band 6 pharmacists (newly-qualified)	17.2% 1,303 WTEs	22.1% 1,413 WTEs
Band 7 pharmacists	8.0% 1,230 WTEs	15.9% 1,573 WTEs

NHS Pharmacy Staffing Establishment & Vacancy Survey 2008

NHS acute & mental health trust

Vacancy rates (%) and establishment (WTEs)

	May 2007 England & Wales	May 2008 England, Wales & NI
All pharmacy technicians	9.8% 5,210 WTEs	9.0% 6,084 WTE
Band 4 pharmacy technicians (newly-qualified)	10.9% 1,603 WTEs	13.8% 1,742 WTEs
Band 5 pharmacy technicians	9.4% 2,283 WTEs	8.5% 2,804 WTEs

Other issues

- **Not training enough**
 - If a newly-qualified Band 6 pharmacist stays 3 years
 - 1,425 WTEs
 - need to train & retain 475 each year to main *status quo*
 - Currently retain ~ 56% of NHS-employed pre-registration trainee pharmacists
 - Need 848 each year – 536 May 2008
 - 312 vacant posts at Band 6

Other issues

- **Not training enough**
 - If a newly-qualified Band 4 pharmacy technician stays 3 years
 - 1,769 WTEs
 - need to recruit & retain 589 Yr 1 pre-registration trainee pharmacy technicians each year to main *status quo*
 - (In London) currently retain 97% of NHS employed pre-registration trainee pharmacy technicians
 - Need 608 Yr 1 starters each year – ~ 305 May 2008
 - 241 vacant posts at Band 4

Other issues

These models do not allow for:

- a less than 100% participation rate (part-time working, M/L),
- currency vacancies
- recruitment from outside the NHS
- service developments to implement Pharmacy White Paper, NHS Next Stage Review, Responsible Pharmacist, etc., etc..

Restricted funding

- At NHS organisation level
- At SHA level

Other issues

- Significant vacancy rates at higher bands too: unable to recruit to Band 8a and above as applicants have insufficient experience / expertise for role
- Increasingly difficult to recruit Chief Pharmacists
- PCTs / LHBs increasing recruitment of pharmacists and pharmacy technicians

Other issues

- PCTs do not contribute significantly to training future workforce
- community pharmacy dependence on locum staff restricts ability to train future pharmacist workforce
- ageing workforce in senior posts

Workforce Planning

- Notoriously difficult
- Notoriously poor!

- Community Pharmacy staff deliver NHS services and workforce planning needs to include them

- **A need to better co-ordinate workforce planning and training across the whole NHS**
 - Community pharmacy
 - Primary care (PCTs) / LHBs
 - Secondary/Tertiary care
 - HM Prisons, etc

- To include whole pharmacy workforce and skill mix issues
- To consider delivery of all NHS pharmacy & medicines management services in all settings

Recruitment & Retention of Band 6 & 7 Pharmacists in the NHS

- **Supply issues**
 - New schools of pharmacy
 - Have to recruit Band 6 pharmacists in summer
 - Attracting locum pharmacists at all bands in increasingly difficult / impossible
- **Inconsistent AfC banding**
- **Band 6 move to Band 7 very quickly**
- **‘Grade drift’**

Recruitment & Retention of Band 6 & 7 Pharmacists in the NHS

- **Inability of the trust to provide the infrastructure to provide training, either through**
 - lack of human resource (vacancies at Bands 6, 7 & 8) or
 - financial resource to fund places / training infrastructure
- **Attractiveness of trust/its location**
 - e.g. mental health
- **Salary issues**
 - High Cost Area (HCA) allowance
 - Market forces – restricted to AfC paycales

Why do Band 6 & 7 pharmacists leave the hospital service?

- Desire for part-time working, flexible working or good work-life balance
- Dissatisfaction with long hours and weekend work
- Maternity leave
- Lack of job satisfaction (e.g. if covering less experienced post / workload too great) – although desire for a satisfying career is often a reason for staying within the NHS
- Lack of support / opportunity to continue to develop
- Desire to have a break from study / stressful job
- Availability of higher-paid jobs in community pharmacy – or within the NHS as a locum rather than an employee
- Travelling / working overseas

Impact on service if vacancies not filled

- Reduction in ward coverage and direct patient care
- Stressed and overworked staff
- Locum staff
 - have led to longer waiting times for patients
 - unable/unwilling to cover weekend extended services
 - lack of continuity
 - costly (less staff time affordable)
- There are serious concerns about lack of prescription monitoring and the pressure staff are under at all times

Impact on service if vacancies not filled

- The Trust would like us to extend our services. However, there is a limit to the number of hours staff can be expected to work safely. Morale is very low. Pharmacists are describing their role as 'TTO' machines!!
- Skill mix poor - senior staff covering lower grade posts
- Reduced ability to offer rotations for junior staff, more frequent on-call, weekends and late duties, extra pressure on existing staff and sections leading to dissatisfaction and low morale amongst junior staff
- Not able to deliver savings target and have to prioritise work the team are able to support
- Struggling to cope

Other Stress Inducers for Senior Pharmacy Managers in the NHS

Big Picture

Pressure to deliver

- savings / Cost Improvement Programmes (CIPs)
- mandatory activity – NPSA alerts
- performance targets, e.g. 18-week waits, discharge targets, Care Quality Commission requirements, etc., etc.

Annual budget / funding / planning cycle – little longer-term planning

Pressure to develop services – lack of resource (£ and human) to do so

Stress Inducers for Senior Pharmacy Managers in the NHS

Day to day

- Will I have enough staff today to carry out the service or will I be on the wards myself / in the dispensary?
- Is the service safe today ?
- Thank goodness I have dedicated staff prepared to work extra hours to ensure patient safety - for no pay!
- Time Management

Susan Sanders

Director, London Pharmacy Education & Training

susan.sanders@chelwest.nhs.uk

020 7725 2724 or 07788 418621

www.nhspedc.nhs.uk