

# Safe and effective pharmacy teams – meeting report

14 February 2019 meeting

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# Overview

In June 2018 we published new **guidance setting out what pharmacy owners are expected to do to ensure a safe and effective pharmacy team** and meet the standards set out under **Principle 2 of the standards for registered pharmacies**. We included guidance on setting staffing levels and responding to concerns about patient safety within the new guidance document, in response to feedback raised during the public consultation on the draft guidance.

We wrote to all pharmacy owners asking them to review the new guidance and take the necessary steps to make sure they are meeting the standards in this area. This has been a key area of focus for our inspections and other regulatory activities. In September, we also wrote to pharmacy trade associations asking these organisations to share feedback in relation to how their members were implementing the new guidance and any challenges that pharmacies are facing in relation to staffing.

In December 2018, we provided **an update to our Council** (see Paper 8) on responses from organisations setting out how they have acted on guidance to ensure a safe and effective pharmacy team and our learning from inspections in respect of sufficient staffing in pharmacies.

As a next step following this update, we organised a meeting with trade, trade union and professional bodies within pharmacy to discuss challenges that pharmacy professionals, pharmacy teams and pharmacy owners are experiencing that could increase the risk of our standards and guidance not being met.

The aim of the meeting was to identify further actions that could be taken by employers, professional bodies, trade associations, unions, regulators and other organisations to help ensure a safe and effective pharmacy team.

## Summary of the meeting:

### Welcome from Nigel Clarke, Chair, GPhC

In his opening remarks, Nigel emphasised that part of the GPhC's regulatory approach is to bring people together to discuss issues and challenges within pharmacy and to collectively develop ideas on what should be done in response.

Nigel talked about the important role the GPhC plays in seeking assurance that our standards and guidance are being met, including through our inspections, and how our inspections are seeking evidence that each pharmacy has a safe and effective pharmacy team.

Nigel said that there were no simple answers to resolve the issues relating to the pharmacy team due to be discussed at the meeting. He noted that the rapid pace of change within pharmacy, for example in relation to use of technology, was having a significant impact on pharmacy professionals and pharmacy teams, but also presented opportunities.

### Presentation from Mark Voce, Director of Education and Standards

Mark provided an overview of the expectations set out in our standards and guidance in relation to ensuring a safe and effective pharmacy team. Mark then summarised what we have seen through our inspections in relation to meeting standard 2.1 ('there are enough staff, suitably qualified and skilled, to ensure the safe and effective provision of the pharmacy services provided').

The presentation included examples of both pharmacies which had been rated 'good' in relation to this standard and those which had failed the standard. Mark then summarised the feedback we had heard from trade associations in relation to implementing the new guidance, in response to a letter that we sent to them in autumn 2018.

### **[View Mark's presentation](#)**

## **Table discussions**

We have summarised below the key points that were raised by external participants during the discussions. We have documented all of the key points made, even if they were only raised by one individual or other participants disagreed with them.

### **Session 1:**

In the first session, participants were asked to discuss at their tables what challenges were being experienced by pharmacy professionals, pharmacy teams and pharmacy owners that could increase the risk of the standards and guidance to ensure a safe and effective pharmacy team not being met.

Three key themes emerged from the discussions and the feedback from participants is summarised under each theme:

#### **1. Attracting, retaining and utilising members of the pharmacy team**

- Pharmacies are experiencing challenges with recruiting and retaining staff- particularly in some areas, such as rural districts, for roles with certain skills, or in settings where there are limited career opportunities. These challenges have an impact on making sure there is a safe and effective team within a pharmacy.
- The current recruitment drive across Great Britain for pharmacists and pharmacy technicians to move into roles in GP practices and other primary care settings was identified as having a particular impact within community pharmacy. This was part of a wider concern about a perceived lack of workforce planning.
- Questions were raised about whether pharmacy teams were being fully utilised, including in relation to whether pharmacists (and particularly locums) would be able to feel confident to delegate certain tasks to other members of the team.

#### **2. Work pressures within pharmacy**

- Workload for pharmacists, pharmacy technicians and support staff was reported to be increasing, with pharmacy teams being asked to do more within the same or smaller financial envelope, resources and staffing levels.
- Current environments in which pharmacies were operating increased these challenges; for example, current medicines shortages and pricing concessions were identified as significantly increasing workload. Cuts in funding in England were also identified as having a significant impact on the pharmacy team and pharmacy owners.
- Pharmacy professionals could be reluctant to raise concerns about workload pressures and potential impact on safety; as some had experienced their concerns not being acted on and the

fact they had raised concerns having a negative impact in terms of how they are treated by managers.

- Workloads for pharmacy owners were reported as also increasing, including new requirements such as the Falsified Medicines Directive, the General Data Protection Regulation, quality payments in England and Brexit uncertainty.
- These work pressures were said to be affecting the health and well-being of people working in pharmacies, and in pharmacy there was no equivalent to the GP Health Service which supports GPs with mental health concerns in England.
- The absence of specific staffing level formulas set by the regulator is believed to make it more difficult to hold employers to account.

### 3. Vision and leadership

- The absence of a pharmacy-specific long-term plan in some countries of Great Britain and the uncertainty about future contractual arrangements were highlighted as making planning much more difficult and reducing morale and investment across pharmacy.
- A need was identified for stronger, more consistent leadership across pharmacy to represent to governments, commissioners and the public what pharmacy can do and how this needed to be reflected in long-term plans and contracts.

### Session 2:

In the second session, participants were asked to discuss at their tables what each of the following groups need to do more of in order to address the challenges identified in the first discussion:

1. employers
2. professional bodies, trade associations and trade unions
3. regulators and others

It was recognised by participants that in many cases work was already under way in these areas, but participants often suggested that more work was needed, or the work under way needed to be done more quickly or consistently.

#### 1. Employers

##### ***Attracting, retaining and utilising staff***

- Continually review how staff could be most effectively and safely utilised; carry out detailed analysis and risk assessment of tasks within each pharmacy to identify and clarify what roles each member of the team could play.
- Improve support available in the workplace for all staff, including new locum and other temporary staff.
- Consider pay levels and opportunities for career progression to help attract and retain candidates.

##### ***Work pressures***

- Improve processes and systems in place to support staff to raise concerns, including about pressures in the workplace and/or potential safety issues. Offer staff the opportunity to receive support with raising concerns from an independent organisation or individual.
- Improve processes and put systems in place for documenting and acting on concerns. Make sure all staff have training on making and responding to protected disclosures.
- Invest in appropriate technology to increase capacity and reduce work pressures on staff.
- Make sure there are enough staff, suitably qualified and skilled, to deliver the services offered by the pharmacy safely and effectively; and that Responsible Pharmacists are involved in the development of staffing plans.
- Improve information available for staff explaining how decisions about staffing levels and roles within individual pharmacies were made.
- Invest resources in supporting staff with their health and wellbeing.

### ***Vision and leadership***

- Invest in developing leadership skills among employees.
- Identify further ways to share good practice in relation to ensuring a safe and effective pharmacy team across the sector, in the interests of patient safety (while paying due regard to commercial confidentiality).

## **2. Professional bodies, trade associations and trade unions**

### ***Vision and leadership***

- Share a clear and consistent vision for the future of pharmacy, and the role it could play in supporting health and well-being, with governments and commissioners. Continue to collect, analyse and share evidence of the benefits of pharmacy services to help make this case.
- Negotiate pharmacy contracts that help to realise this vision for the future of pharmacy.
- Continue to raise issues and challenges within pharmacy with governments, parliamentarians, commissioners, the media and others and lobby for change to legislation, regulation or commissioning where appropriate.
- Build stronger networks at a local and national level that could participate in decision-making within health and social care and make the case for the role pharmacy can play.

### ***Sharing and promoting learning and best practice***

- Continue to produce professional or industry standards that complement and work alongside regulatory standards.
- Continue to produce charters or other resources to help improve the safety of pharmacy services and support the pharmacy team.
- Do more to support members directly through providing information and advice, representing them where appropriate and supporting people to remain in or return to practice.

### ***Improving public awareness of pharmacy***

- Help patients and the public to understand what services are available within pharmacies to help them to support their health and well-being.
- Support people returning to practice after a break and promote careers in pharmacy to help attract new people to the pharmacy workforce.

### **3. Regulators and others**

During the discussions about potential actions for the regulators in Great Britain and Northern Ireland, participants made a number of suggestions for actions for governments and commissioners of health services and education and training, which we have also outlined below:

#### **a. Regulators**

##### ***Attracting, retaining and utilising members of the pharmacy team***

- Ensure that education and training produces future pharmacy professionals who would be fit for future roles.

##### ***Work pressures***

- Act appropriately when concerns were raised by employees that a pharmacy had an unsafe level of staffing- for example by having an intelligence-led inspection, and taking regulatory action where appropriate.
- Ensure that inspectors continued to ask questions to identify any work pressures during an inspection; that this was done consistently and that appropriate action was taken when work pressures were identified.
- Provide specific guidance on minimum staffing levels (although there were mixed views on this point).
- Set out how decisions are made by inspectors when assessing staffing levels.

##### ***Sharing and promoting learning and best practice***

- Gather information and intelligence about issues and challenges in pharmacy and sharing with others (including governments and other decision-making bodies).
- Share examples of good and poor practice with the pharmacy sector, and regulate in a way which encouraged improvement in pharmacy.

##### ***Improving public awareness of pharmacy***

- Improve public confidence in pharmacy professionals and pharmacy services by sharing information about what the public could expect from pharmacy.

#### **b. Governments and commissioners**

##### ***Work pressures***

- Ensure that contracts, plans and commissioned services do not drive a culture of unhelpful targets that impacted on the health and wellbeing of pharmacy professionals.
- Consider what further support could be provided to pharmacy professionals for health and well-being (for example a service similar to the GP Health Service scheme in England).

### ***Vision and leadership***

- Set out a clear vision for pharmacy in each country and how pharmacy fitted into their wider vision for health and social care services.
- Negotiate and agree clear and workable contracts that brought long-term clarity.
- Develop workforce plans for pharmacy in each country.

### **c. Improving public awareness of pharmacy**

- Raise public awareness about what pharmacy professionals and pharmacies could offer to help patients and the public improve their health and well-being.

### **Closing remarks from Nigel Clarke, Chair**

Nigel thanked participants for their valuable contributions and said that it was clear that further discussions were needed on the issues raised during the meeting, and more evidence was required to build a greater understanding of these issues.

Nigel emphasised the importance of the pharmacy team being heard by employers, regulators, commissioners and the public when they are raising issues and challenges- as people working in the system know how to fix it.

Nigel argued that uncertainty could be corrosive, and we were currently in an uncertain time in pharmacy and in healthcare. He advocated for the need to talk now about what pharmacy would be like in 10 years, so we could all plan and prepare.

Nigel concluded that the GPhC and other regulators needed to become more vocal about the key issues and challenges within pharmacy and their impact on quality and safety, and that others within pharmacy needed to do the same.

### **Next steps**

We plan to share this report with our Council and discuss with the Council our response to the suggestions raised for actions we can take, at a public Council meeting in Summer 2019. We will set out in a public Council paper our detailed response to the suggestions made.

We will also seek opportunities to share what stakeholders have told us about current challenges and potential actions with ministers and other key stakeholders across Great Britain.

We will continue to work closely with the organisations represented at the event and other organisations and individuals to address the challenges raised.

We would encourage other organisations, including those represented at the event, to discuss with their leadership teams and boards what their response will be to the outcomes of this event and to share that response with us.

## Appendix: List of attendees

### External attendees

**Ravi Sharma**, Director for England, [Royal Pharmaceutical Society](#)

**Joanne Nevison**, Director for Professional Development, [Association of Pharmacy Technicians in the UK](#)

**Matt Barclay**, Director of Operations, [Community Pharmacy Scotland](#)

**Judy Thomas**, Director of Contractor Services, [Community Pharmacy Wales](#)

**Kate Livesey**, Policy and Programmes Manager, [Company Chemists' Association](#)

**Malcolm Clubb**, Deputy Superintendent, [Lindsay and Gilmour](#)

**Helga Mangion**, Policy Manager, [National Pharmacy Association](#)

**Christine Gilmour**, Chief Pharmacist, [NHS Lanarkshire](#)

**William Goh**, Regulatory Officer, [Pharmaceutical Services Negotiating Committee](#)

**Brendan Kerr**, Registrar, [Pharmaceutical Society of Northern Ireland](#)

**Greg Lawton**, Policy Manager and Patient Safety Lead, [Pharmacists' Defence Association](#)

### GPhC Council members

**Nigel Clarke**, Chair

**Elizabeth Mailey**, GPhC Council member

**Sam Quaye**, GPhC Council member

### GPhC staff

**Duncan Rudkin**, Chief Executive

**Mark Voce**, Director of Education and Standards

**Claire Bryce-Smith**, Director of Inspection, Insight and Intelligence

**Rachael Oliver**, Head of Communications

**Lynsey Cleland**, Director for Scotland

**Julian Graville**, Head of Inspection

**Laura Oakley**, Stakeholder Engagement Manager