COMMUNITY PHARMACY WORKFORCE SURVEY REPORT

SEPTEMBER 2019

CPNI
COMMUNITY PHARMACY NI

Your Community Pharmacy

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1. Executive Summary

Turbulent times remain within the community pharmacy network in Northern Ireland with the long-standing issues of funding insufficiency and instability continuing to present a huge challenge to pharmacy owners. Temporary short-term solutions from Government have made it difficult for pharmacy owners to properly plan and invest for the future. The impact of this, alongside the introduction of new Government policy, has had a devasting impact on the community pharmacy workforce.

Community Pharmacy NI (CPNI), the representative body for community pharmacy owners, carried out this workforce survey to supplement a wider Pharmacy Workforce Review currently being undertaken by the Department of Health in Northern Ireland. Initial findings from the Department's Review confirmed that serious issues exist within the community pharmacy sector, compared to Trust or GP practice-based sectors. The purpose of the CPNI Workforce Survey was to delve deeper into community pharmacy-specific issues, to clearly identify current challenges and to inform potential solutions to address these.

The CPNI Workforce Survey was carried out in May/June 2019. The aim of the survey was to determine:

1. The number of pharmacists and pharmacy technicians currently working within the community pharmacy network
2. The proportion of pharmacists and pharmacy technicians lost from the community pharmacy sector over the last two years
3. The current deficit of pharmacists in the community pharmacy network
4. Action taken by contractors to address workforce issues
5. The impact of workforce issues on current practice

SURVEY FINDINGS

This survey uncovers the true impact of the severe and unprecedented workforce crisis currently facing the Northern Ireland community pharmacy network. Responses were received from contractors representing independents, small chains and multiples, across all geographies and localities. The results may therefore be interpreted as an accurate representation of the full network. CPNI would like to thank contractors for taking the time to complete the survey, their participation is greatly valued.

The **exceptionally high response rate** from contractors representing 409 pharmacies, 77% of the community pharmacy network in Northern Ireland (n=532) and provision of a large number (521) of detailed qualitative comments, **is indicative of a sector desperately in need of decisive, positive and urgent action by policy makers.**

The cumulative impact of the funding and workforce crisis is stark. Aside from those pharmacy staff leaving by choice, a significant proportion of pharmacy owners (39%) have been forced to reduce their workforce as they can no longer afford to cover the salary costs.

To try to compensate for staff losses, 95% of pharmacy owners have increased their own working hours, **some report regularly working up to 80-100 hours per week.** In addition, 93% of contractors report being forced to reduce the level of additional services they can offer, with 41% reducing, or applying to reduce their pharmacy opening hours.

"The stresses and strains have reached crisis level. We are very conscious of the dangers to patient safety."

"Patient safety is our primary concern. The GP roles have removed an entire level of post 3 years qualified pharmacists from community pharmacy."

Against this demonstrable crisis in workforce, core workload continues to increase. **Dispensing activity over the last 9 years has risen by around 40%** to a level of around 55 million dispensing episodes in 2018/19. **In the same period dispensing fees have reduced by around 30%.** This is an example of marked underinvestment in an essential service, where safety and accuracy are critical to the public and the health service.

Qualitative results obtained in survey responses demonstrate the level of overwhelming concern and despair within the community pharmacy network. The comments provided by contractors are heartfelt and real. (A sample can be found on pages 20-26 with further examples in Appendix 4).

Survey Figures

a) Pharmacists

- Approximately 1,250 pharmacists currently work in the community pharmacy network with 58% of pharmacists working full time; 30% part-time and 12% as regular locums
- Approx. 400 pharmacists have left the community pharmacy network over the last 2 years (n=397) with 83% of pharmacies having lost pharmacist(s)
- 94% of contractors report difficulties sourcing locums
- Of pharmacists lost from the community pharmacy network the majority (44%) have left to become practice-based pharmacists in GP Federations, with a further 18% recruited by Trusts and 17% re-locating to the Republic of Ireland or Great Britain
- The Northern Ireland community pharmacy network is currently operating at a deficit of 320 pharmacists from that necessary to provide safe services to patients

b) Pharmacy technicians

- Approximately 400 (n=399) pharmacy technicians are employed in community pharmacy
- 64% of pharmacy technicians are employed by independent contractors and small chains
- 94% of multiples have lost pharmacy technicians over the last two years, with the majority leaving for posts in Trusts (59%)

Conclusions and Recommendations

This survey report provides irrefutable evidence of the severe workforce crisis currently facing the community pharmacy sector in Northern Ireland. It is clear that the workforce crisis is a direct result of sustained Government underfunding, lack of a stable contract and the introduction of a Government policy which created a new sector of pharmacists located in GP practice, the latter being implemented without any form of impact assessment.

There is considerable evidence to demonstrate that a properly funded and fully utilised community pharmacy sector can have a significant and positive impact on the health and social well-being of the population that it serves. Over 15 million interventions take place in community pharmacies in Northern Ireland every year and of these 4.4 million are likely to prevent harm to patients.

A PwC (2016) report[1] in England, focusing on the value of only 12 services offered by community pharmacy, demonstrated the savings achieved through reducing the burden of long-term conditions on other parts of the NHS to be in the region of £3bn.

CPNI believes it is not too late to address the current workforce crisis, but it must be done quickly and creatively. The gravity of the current position must not be ignored.

Within this report CPNI has proposed a package of short, medium and longer-term solutions to address current challenges. CPNI asks for the Department to give these solutions urgent consideration. These solutions should be used to develop and implement a community pharmacy-specific workforce action and investment plan, linked with new service and workforce development opportunities. CPNI is willing to work as a key partner in this process.

New models of care that may come about in the future will not be deliverable without a fully supported and resourced community pharmacy sector. Failure to address community pharmacy workforce difficulties means the Department of Health (NI), is at significant risk of not delivering on policy and strategy objectives it has as a Government Department, set for the sector.

Transformation is possible, worthwhile, and will offer substantial and tangible benefits to public health and social wellbeing. It will require vision, commitment and investment.

[1] https://psnc.org.uk/derbyshire/wp-content/uploads/sites/8/2017/01/PAPER-H-PwC-summary-report-Sept-2016.pdf

Background

Community pharmacies will offer a first point of contact with the health care system, helping people to get well and stay well.

A) INTRODUCTION

Community Pharmacy NI (CPNI) represents community pharmacy contractors (owners) in negotiations on services, the pharmacy contract and remuneration and reimbursement with the Health and Social Care Board (HSCB) and the Department of Health (NI).

In January 2017, the Health Minister, announced the vision for a new community pharmacy contract in Northern Ireland which had been jointly agreed by the Department of Health (DoH), the Health and Social Care Board (HSCB) and CPNI[2].

"Our vision is to develop the role of community pharmacy as an integrated part of the health and social care system. Combining a safe dispensing service, underpinned with the provision of expert advice and information, with a range of services designed to improve the safe, effective use of medicines, support self-care, promote healthy lifestyles and prevent ill health. Community pharmacies will offer a first point of contact with the health care system, helping people to get well and stay well.

This contract will see the skilled community pharmacy workforce applying their clinical skills to a greater extent to help people achieve better health outcomes. Community pharmacies will also help to reduce demand on GP and other acute services by supporting unscheduled care and providing advice and treatment for common complaints, without the need for an appointment."

CPNI supports this vision and plans, through effective leadership, negotiation and service development, to deliver a stronger community pharmacy network, fully integrated into the health and social care system. However, today the Northern Ireland community pharmacy network finds itself in a precarious position. Sustained underfunding and lack of a stable contract, with no clear investment strategy from Government, creates an uncertain future for community pharmacy contractors and the public whom they serve.

Demographic trends

The Northern Ireland population is getting older; people are living longer, often with long-term health conditions; and having fewer children. Estimates indicate that by 2026, for the first time, there will be more over 65s than under 16s. An ageing population comes with increased healthcare needs; as we get older, the likelihood of having co-morbidities increases dramatically, and with that the care and treatment that we require becomes much more complex.

[2] https://www.health-ni.gov.uk/news/community-pharmacy-services-support-better-health-outcomes-medicines-and-prevent-illness-oneill

Population projection figures released in 2014 by the Northern Ireland Statistics and Research Agency (NISRA) are a stark reminder of the challenges our health system faces:

- The Northern Ireland population is projected to increase to 1.95 million in 2026 from 1.86 million in 2016, an average annual rate of growth of 0.5%;
- While the population aged under 65 is projected to increase by 1.1% (16,000 people) from 2016 to 2026, the population aged 65 or more will increase by 23% (69,000 people);
- The number of people aged 65 and over is projected to increase by 48% in the next sixteen years (2016-2032).

Over 40 million prescription items are safely dispensed annually by the NI community pharmacy network.

Largely due to these demographic changes, it is projected that future primary care activity and related medicines activity in particular, will continue to increase in spite of improvements in public health and interventions to influence behaviour such as stopping smoking and improving diet. Without fundamental change however, the Health and Social Care system will not be able to meet the demands placed on it by a population that is living longer and with more complex health issues.

Northern Ireland is sitting on a time bomb of long-term conditions, rising levels of obesity, hypertension and diabetes, which risk the health not only of people but also of communities. The impact of the increasing prevalence of long-term conditions will extend into employment, productivity, education and inequality and represents a range of long-term costs to our country.

Medicines use increases with age and 45% of medicines prescribed in the UK are for people aged over 65 years, and 36% of people aged over 75 years take four or more prescribed medicines. Furthermore, people's health and social care needs have changed, and their expectations are higher than at any other time.

Medicines are the most common intervention in the health service. At any one time, 70% of the population in Northern Ireland is taking prescribed medicines to treat or prevent ill health or to enhance well-being. The annual expenditure on medicines currently stands at £580m, representing 14% of the total HSC budget. Primary care accounts for £397.8m of the medicines spend with trends showing an annual growth rate of around 4%.

B) THE NORTHERN IRELAND COMMUNITY PHARMACY NETWORK

123,000 people visit the 532 community pharmacies in Northern Ireland every day, 37 million visits each year, compared to around 12 million visits to GP practice.

The Northern Ireland network of 532 community pharmacies are owned by around 200 contractors who employ over 1,250 community pharmacists and up to 10,000 support staff, including dispensing technicians, healthcare assistants, retail consultants, delivery drivers and administrative staff. Community pharmacy is embedded in almost every part of the country, including some of our most rural and deprived neighbourhoods, and is staffed by a network of clinically trained professionals who have the capacity to prevent or reduce the impact of long-term conditions that cost the taxpayer billions of pounds each year.

Community pharmacy owners are not only employers of over 10,000 staff across the Northern Ireland community pharmacy network, shouldering the burden of employment and pensions costs, they are also responsible for investment in premises, IT and governance.

Significantly they also carry the business risk of purchasing appropriate quantities of medicines to assure continuity of supply to patients, while minimising waste. Stockholdings of medicines, required to meet the demands of the £400m primary care medicine expenditure, for an average pharmacy this is around £60,000 per month. The operating costs required to provide HSC related services are quantified in detail in the 2017 PwC Northern Ireland Cost of Service Investigation.

Community pharmacists are responsible for the safe dispensing and supply of the majority of medicines prescribed across the Health Service. In addition to this core dispensing function, community pharmacists provide a number of patient-centred services including a range of public health and medicines optimisation services. Around 123,000 people, 9% of the population, visit the 532 community pharmacies in Northern Ireland every day equating to 37 million visits each year (compared to 12 million visits to GP practice).

It is evident that the public values this service highly, with a recent report commissioned by the HSCB confirming that 95% of respondents rated the quality of the advice and information provided by the community pharmacist as 'good' or 'excellent'. Pharmacy Survey, Millward Brown Ulster (December 2016)[3]

Every day across Northern Ireland community pharmacies carry out many valuable healthcare interventions which benefit both patients and the health service.

CPNI often refers to community pharmacy as the safety net of primary care and while policy makers and commissioners may not fully understand its role, there is no doubt that should this safety net be further diminished; patients will be put at risk. CPNI believes strongly that patients, particularly those who are older, vulnerable or socially isolated would face particular risks should our current dispersed network of community pharmacies become compromised.

[3] Millward Brown Ulster Pharmacies Survey (2016)
http://www.hscboard.hscni.net/download/PUBLICATIONS/pharmacy_and_medicines_management/reports-and-publications/Survey-of-Community-Pharmacies-December-2016.pdf

C) THE VALUE OF COMMUNITY PHARMACY IN NORTHERN IRELAND

- **Most productive community pharmacy dispensing service in UK**
  - Over 55 million dispensing episodes in 2018/19
  - 40% increase in activity over 9 years (with 30% reduction in fees)

- **Most successful UK pharmacy network at adopting new services**
  - In the first year 77% of the NI community pharmacy network took up the new Medicines Use Review service, compared to 38% in England and Wales
  - 96% of pharmacies were contracted to provide MURs in 2018/19
  - Over 26,000 initial MURs in 2018/19, with around 50% identifying significant issues
  - People with asthma, chronic obstructive airways disease (COPD), or diabetes are supported to take their medicines through the community pharmacy Medicines Use Review service every year

- Over 250,000 minor ailments consultations are undertaken annually as part of the community pharmacy Minor Ailments Scheme

- **Most successful Stop Smoking Service provider**
  - Highest community pharmacy quit rate in UK (57%)
  - Largest stop smoking provider in NI, consistently supporting almost 70% of quit attempts, over 55,000 people in total have successfully quit smoking through community pharmacies over the last 4 years

- All pharmacies also provide adherence support services, such as preparing reminder cards or compliance aids for an average of 100 people per pharmacy

- Highest patient satisfaction rates of all HSC service providers **(95%)**

- Best model for working with local communities, with the Northern Ireland flagship programme **"Building the Community Pharmacy Partnership"** (BCPP) now running for more than 15 years. This programme led by the Community Development and Health Network, involves a partnership between community pharmacists and local community groups, adopting a community development approach to target each project to meet specific local needs. This programme, which has recently celebrated the funding of its 800th partnership project, demonstrates perceived improvements in health, positive changes in how people use pharmacies and better relationships between pharmacists and communities. The 2016/17 evaluation of this programme demonstrated engagement with 1,500 core participants in one year across 66 community projects. 81% of participants in this programme said that they feel more in control of their health as a result of their participation [1]

[1] https://www.cdhn.org/download/bcpp-impact-report-2017

In addition to the activity reported in the previous table, many valuable interventions which take place in the community pharmacy network are not routinely recorded. A recent survey[4] (2016) by CPNI found:

- **Over 15 million interventions take place in community pharmacies in Northern Ireland every year and of these 4.4 million are likely to have prevented harm to patients**
- Almost 50,000 clinical interventions occur in community pharmacies in Northern Ireland every week and of these over 16,000 prevent patient harm, meaning around 850,000 cases of potential patient harm are prevented annually through a clinical intervention by a community pharmacist
- Over 2.5 million interventions for minor ailments or over the counter advice and support provided in community pharmacies across Northern Ireland every year
- An estimated 1.3 million public health-related interventions taking place in community pharmacies in Northern Ireland every year

There are various ways that the health service can benefit directly and indirectly from the services of community pharmacy.

The value of community pharmacy is typically measured in terms of its clinical benefits:

- A PwC (2016) report in England, focusing on the value of community pharmacy demonstrated the savings achieved when community pharmacy reduces the burden of long-term conditions on other parts of the NHS. The report estimated these savings to be around £3bn, breaking them down as follows: £1.3bn of cost efficiencies to the NHS; £1bn to other public sector bodies; and £600m to patients.[5] This report also found each community pharmacy to benefit local communities by £250,000. These savings/benefits are an underestimate given the report focuses only on 12 services and does not consider the community pharmacy as an employer nor in terms of its social capital as an anchor within local communities.

- The Murray Review of Community Pharmacy Clinical Services[6] recommends that **community pharmacy should be integrated into a long-term conditions' pathway** for patients in all community settings, and undertake case finding for undiagnosed conditions such as hypertension. This review identified access to information for clinical decision making as a critical barrier. The review concluded that "*It is in everybody's interest to ensure that the skills of community pharmacists and their staff are better deployed and used.*"

"It is in everybody's interest to ensure that the skills of community pharmacists and their staff are better deployed and used."

- The British Medical Association agrees that the effective use of medicines could be improved by regular reviews, involving a range of healthcare professionals in a multi-disciplinary setting. They point to the **value of pharmacists**, estimating that better medicine reviews with pharmacists can save £184 per person reviewed.[7]

[4] Community Pharmacy the best kept secret (Nov 2016) Community Pharmacy NI
[5] PricewaterhouseCoopers (2016), The Value of Community Pharmacy – Summary Report
[6] Murray R: Clinical Review of Community Pharmacy (2016) https://www.england.nhs.uk/commissioning/primary-care/pharmacy/ind-review-cpcs/
[7] BMA Effective use of NHS Funding case studies (2016)

- An economic evaluation of the New Medicines Service in England found it to increase patient adherence by 10%, and in its first five years it has saved the NHS £75.4m. **This service alone offers the HSC in Northern Ireland short-term savings of £3.4m and longer-term savings of £23.5m.**[8]

- An evaluation of the Welsh Common Ailments model demonstrated **a saving of £4 for every £1 invested**, successfully displacing GP consultations, this is a model CPNI would be keen to see adopted in Northern Ireland.[9]

- Similarly, Scotland's community pharmacy-based Chronic Medication Service offers a successful model of a long-term conditions service focusing on **prevention and management of patients with stable conditions.** Scotland's strategic vision with community pharmacy front and central of the provision of healthcare offers policy makers in Northern Ireland an excellent template for the way forward.[10]

- Evidence demonstrating prescribing efficiencies as a result of simple medicines optimisation interventions continues to grow, for example one simple scalable pilot involving medicines reconciliation and synchronisation in community pharmacy demonstrated **prescribing efficiencies equating to over £10m savings p.a. in Northern Ireland.**[11]

- The Public Accounts Committee Report[12] in 2015, found that had the Department been successful in agreeing implementation of the new community pharmacy contract in Northern Ireland in 2006, **£46 million would have been released to provide additional services**.

However, these savings are not limited to clinical outcomes.

- It is widely accepted that competitive purchasing and market forces generated by the **community pharmacy network drive drug prices down** (this is demonstrated by the year on year Category M adjustments, since the introduction of the new Drug Tariff). Unfortunately, in Northern Ireland these efficiencies fail to be attributed to community pharmacy procurement, but rather, tend to be captured as part of the DoH "Pharmaceutical Clinical Effectiveness Programme".[13] Furthermore there does not appear to have been any re-investment of efficiencies delivered by community pharmacy back into the sector to support service delivery and development.

- According to the HSCB, households in Northern Ireland returned almost 58 tonnes of unused or expired prescription medicines in 2014, the equivalent of five buses. These returned medicines had an estimated value of £6.6 million and were subsequently destroyed. It costs a further £420,000 for these medicines to be disposed of safely.[14] A key service identified for further development is the Medicines Use Review (MUR) service, with **non-adherence of medicine-taking, poor use and waste costing the HSC millions of pounds**[15].

[8] Andalo D (2017) New Medicines Service could save NHS £517.6m. The P Journal (Online)
[9] http://www.primarycareone.wales.nhs.uk/sitesplus/documents/1191/Evaluation%20of%20the%20Choose%20Pharmacy%20Common%20Ailments%20Service%20%28Final%20Report%202015%29.pdf
[10] Achieving Excellence in Pharmaceutical Care. Scottish Government (2017)
[11] https://psnc.org.uk/wp-content/uploads/2017/08/Bath-and-NE-Somerset-CCG-Medicines-Optimisation-Service.pdf
[12] Public Accounts Committee Report on Primary Care Prescribing (March 2015)
[13] https://www.health-ni.gov.uk/articles/pharmaceutical-clinical-effectiveness-programme
[14] http://www.hscboard.hscni.net/wasted-medicines-a-burden-to-the-health-service-2/
[15] http://www.hscbusiness.hscni.net/services/2427.htm.

Community pharmacy... it is clinical in its service; it is personal in its interaction and it is local in its network.

The benefits of community pharmacy also extend to social and economic issues including contributing to reductions in inequality and unemployment, increased productivity, and addressing mental health and exclusion issues.

A recent report by Respublica[16] summarised the value of community pharmacy in three ways. *"It is **clinical** in its service; it is **personal** in its interaction and it is **local** in its network."*

The report suggests that *"this blend of clinical, personal and local is at the heart of the "primary" element in primary care, and no model of primary care reform can function without it."*

The Respublica report suggested that social and economic issues should also be costed.
For example:

- The cost of unemployment to the Treasury can be calculated per unemployed person per year, by factoring lost tax revenues to Government as well as the direct costs of worklessness and other benefits
- Data from the Office for National Statistics and Bloomberg shows that the number of people in employment since 2010 has risen in correlation with levels of both GDP per head and the size of the UK economy.

Studies also show that poor population health has a negative impact on productivity. The World Health Organisation highlights the importance of investing in a healthy population as a mechanism for stimulating or sustaining economic growth. In England, data from the Treasury, the Department for Work and Pensions and the British Heart Foundation, research shows that 140 million days are lost to sickness every year[17], costing UK businesses an estimated £29bn[18]. The productivity loss as a direct cost of cardiovascular disease is £8bn per year[19].

By considering the wider impact, clinical savings of community pharmacy can become understood in terms of social and economic benefits, by contributing to levels of employment and productivity, Community pharmacy helps achieve a range of additional long-term savings for the public purse.

[16] Noyes J. Heartbeats on the High Street, Respublica (2017)
[17] Health at Work: Economic Evidence Report 2016
[18] PWC Research, The Rising Cost of Absence 2013
[19] European Cardiovascular Disease Statistics Nov 2012

D) COMMUNITY PHARMACY IN CRISIS

Policy Context

In March 2014 a five-year strategy for pharmacy in the community *(Making it Better*[20]*)* was launched by the Health Minister. This set the future direction of pharmacy services in the community not only in the dispensing and supply of medicines, but also in the provision of advice, information and services focused on helping people gain better outcomes from their medicines and thus living healthier lives.

Delivering Together[21] (October 2016) also placed community pharmacy at the heart of a much needed "move right" towards more integrated models of care that centre multidisciplinary teams on the patient; and breathe flexibility back into the system to help meet spiralling demand.

However, while in broad terms the policy context for the development of community pharmacy services is in place, the exceptional scope for expansion of roles is accepted and CPNI is working in partnership with HSCB and the Department on an ambitious service development plan, funding and associated issues have made the pace of change slow.

Funding

The Northern Ireland community pharmacy network has been underfunded and unstable since a new payment mechanism was introduced in April 2011. This situation has been further compounded by additional community pharmacy funding reductions which were introduced in 2017/18. Pharmacies here are also limited in the services they can provide to patients due to lack of progress on a new contract which was stalled due to the collapse of the Assembly and absence of a Minister for Health.

The escalating financial crisis has been exacerbated by worsening generic medicines shortages which in recent months has left community pharmacists with a daily struggle to find many of the medicines needed by their patients. When they do source the items required, they can find themselves paying more than ten times the usual price, with no assurance that they will be fully reimbursed. Some contractors have referred to it as *'financial suicide'*.

This situation is placing immense strain on many pharmacists as they continue to try to maintain high quality services to patients. Contractors from across Northern Ireland are telling CPNI; that these funding cuts - coupled with unsatisfactory reimbursement arrangements, which see them dispensing many medicines at a loss - have led them to question the viability of their pharmacy.

In stark contrast to the pace of change in community pharmacy, one Government policy which has progressed at pace is the recruitment of GP practice-based pharmacists, with around 300 recruited over the last 2 years funded through a Government investment of circa £15-20m. Unfortunately, the attractive salaries and benefits packages on offer, resulted in the majority of recruits to this new sector of pharmacy moving from the beleaguered community pharmacy network.

This has been the main precipitating factor for a catastrophic community pharmacy workforce crisis.

[20] Making it Better a Strategy for Pharmacy in the Community, DHSSPS (2014)
[21] Health and Wellbeing 2026 - Delivering Together DoH (NI) 2016

Workforce

Initial findings from the Department's Review have uncovered serious issues within the community pharmacy sector.

Government policy to recruit around 300 practice-based pharmacists without considering the impact this would have on the community pharmacy workforce, together with external factors such as higher salaries in Great Britain and the Republic of Ireland, has created a perfect storm which has left many community pharmacy owners in Northern Ireland struggling to remain open.

Over the last three months a significant number of community pharmacy owners have been forced to close for full or half-days on weekdays and weekends because they have been unable to get a pharmacist to cover their pharmacy.

This impacts negatively on both public accessibility and financial viability.

The Department of Health is aware of the issue and is in the process of carrying out its own Workforce Review of the entire pharmacy sector in Northern Ireland. Initial findings from the Department's Review have uncovered serious issues within the community pharmacy sector, compared to Trust or GP practice-based sectors.

CPNI has taken the opportunity to undertake its own workforce survey to supplement the Department's ongoing work, the purpose of which is to delve deeper into community pharmacy specific issues, to clearly identify current challenges and to inform potential solutions to address these.

CPNI Workforce Survey Results

CPNI carried out a community pharmacy workforce survey, to supplement the work of the wider Pharmacy Workforce Review being progressed by the Department of Health (NI).

The aim of the survey was to determine:

1. The number of pharmacists and pharmacy technicians currently working within the community pharmacy network
2. The proportion of pharmacists and pharmacy technicians lost from the community pharmacy sector over the last two years
3. The current deficit of pharmacists in the community pharmacy network
4. Action taken by contractors to address workforce issues
5. The impact of workforce issues on current practice

The survey period ran from 22nd May 2019 to 7th June 2019. A copy of the survey questionnaire may be found in Appendix 1.

Response rate

A high overall response rate was received from contractors representing 409 pharmacies, 77% of the community pharmacy network in Northern Ireland (n=532). Responses were received from contractors representing independents, small chains and multiples.

Responses were received from all five Local Commissioning Group (LCG) areas and from urban and rural locations.

Analysis of data at LCG and locality level are given in Appendices 2 and 3. This is considered to be a representative sample.

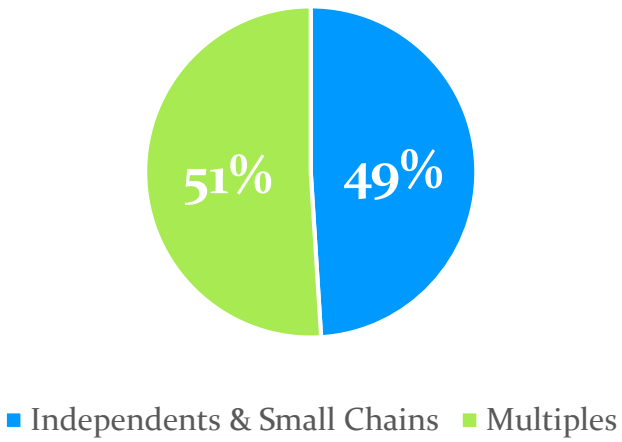


Figure 1. Breakdown of responses by contractor category

Quantitative Results

1. PHARMACISTS

Table 1: Distribution of pharmacist working patterns

PHARMACISTS	Multiples	Independents & Small Chains	Total	Network
Full time	293	269	562	**731**
Part time	166	114	280	**364**
Regular locum	34	85	119	**155**

A pool of approximately 1,250 pharmacists are currently available to the Northern Ireland community pharmacy network.

Of these 1,095 (88%) are employed on a full or part-time basis, equating to approximately 900 full time equivalents (FTE) i.e. **1.7 FTE pharmacists per pharmacy.**

Overall 731 pharmacists (58%) work full time (1.4 per pharmacy) with 30% working on a part-time basis and 12% as a regular locum.

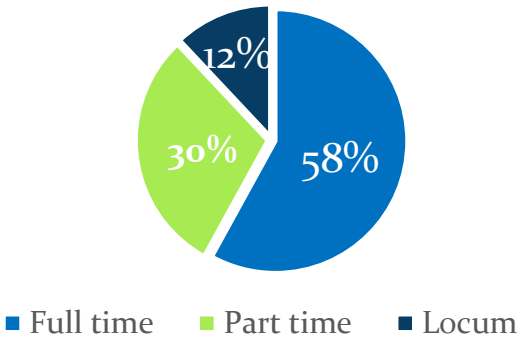


Figure 2. Working pattern of pharmacists

Change in pharmacist workforce

Table 2: Change in pharmacist workforce

PHARMACISTS		Multiples	Independents & Small Chains	Network
Left to work elsewhere	Yes	100%	66%	84%
	No	0%	34%	16%
Area of work (No. of Pharmacists)	GP practice	39	96	**397 Pharmacists**
	Trust	24	30	
	ROI/GB	18	34	
	Other	36	28	
Total		**117**	**188**	

In the last two years an estimated **398 employed community pharmacists have left the network, this represents a 36% loss** in the number of pharmacists currently employed (n= 1,095).

As illustrated in Figure 3 **the largest proportion of pharmacists leaving the community pharmacy sector (44%) left to take up new practice-based pharmacist posts in GP Federations**, 18% moved to work in Trusts and 17% relocated to practice in the Republic of Ireland or Great Britain.

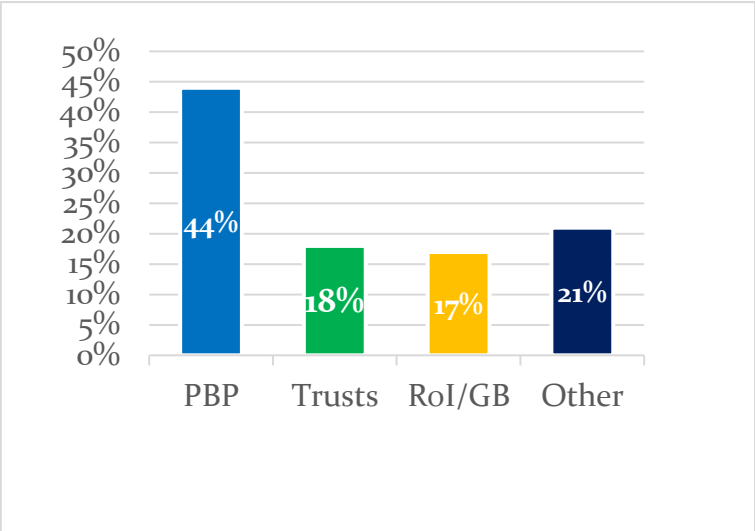


Figure 3: Sector attracting pharmacists from community pharmacy

Availability of locum pharmacists

Table 3: Locum availability

PHARMACISTS		Multiples	Independents & Small Chains	Network
Difficulty in sourcing locum pharmacists?	Yes	94%	94%	**94%**
	No	6%	6%	**6%**
Considered/amended your locum fees/ pharmacist pay	Yes	100%	85%	**93%**
	No	0%	15%	**7%**

Results show that **94% of the community pharmacy network have had difficulty sourcing locum pharmacists.**

93% of contractors have considered or amended locum fees and pharmacist wages. This issue was common to multiples, independents and small chains.

Deficit in number of pharmacists

Table 4: Pharmacist deficit

	Multiples	Independents & Small Chains	Network
Additional pharmacists required	92	154	**320**

An estimated 320 pharmacists are currently needed by the community pharmacy network to provide safe services to patients.

2. PHARMACY TECHNICIANS

Table 5: Pharmacy technicians employed in community pharmacy

PHARMACY TECHNICIANS		Multiples	Independents & Small Chains	Network
Pharmacy technicians currently employed	Yes	100%	73%	**87%**
	No	0%	27%	**13%**
No. of pharmacy technicians		109	198	**399**
Pharmacy technician(s) left	Yes	94%	29%	**62%**
	No	6%	71%	**38%**

Results indicate that approximately **399 qualified pharmacy technicians are currently employed by the community pharmacy network**. Contractors have accessed technician training via a number of providers with qualifications ranging from BTEC or NVQ Level 3, to NPA and Buttercup Pharmacy Technician accredited training courses.

62% of contractors report pharmacy technicians have left community pharmacy in the last two years.

3. ACTION TAKEN BY CONTRACTORS TO ADDRESS WORKFORCE ISSUES

Table 6: Action taken to address workforce issues

		Multiples	Independents & Small Chains	Network
Sought new staff	Yes	94%	75%	**85%**
	No	6%	25%	**15%**
Able to recruit all required staff	Yes	0%	70%	**30%**
	No	100%	30%	**70%**

85% of contractors have tried to recruit new staff, of those, only 30% were able to recruit the required staff members.

70% of the contractor base were unable to fill advertised workforce roles. This issue extends across all categories of pharmacies.

4. IMPACT OF FUNDING INSTABILITY ON WORKFORCE

Table 7: Impact of funding instability on workforce

		Multiples	Independents & Small Chains	Network
Staff redundancies/ reduced hours	Yes	31%	47%	**39%**
	No	69%	53%	**61%**

39% of contractors have been forced to reduce their pharmacy workforce through staff redundancies or a reduction in staff working hours, due to funding instability over recent years.

A higher proportion of owners of independents and small chains (47%) have reduced their pharmacy workforce due to lack of funding, compared to multiples (31%).

5. IMPACT OF WORKFORCE CRISIS ON SERVICE PROVISION

Table 8: Impact of workforce crisis

		Multiples	Independents & Small Chains	Network
Contractor working hours affected	Yes	94%	96%	**95%**
	No	6%	4%	**5%**
Adverse effect on services?	Yes	100%	85%	**93%**
	No	0%	15%	**7%**
Applied/ Reduced pharmacy opening hours	Yes	50%	32%	**41%**
	No	50%	68%	**59%**

Results indicate that 95% of contractors are now working longer hours due to the workforce crisis. **93% of the network describe that workforce limitations have had an adverse impact on the provision services such as MURs and Stop Smoking Service.** 4

41% of the community pharmacy network has reduced or applied to reduce their opening hours.

6. LEVEL OF CONCERN ABOUT WORKFORCE SITUATION

Table 9: Level of concern about future workforce situation

		Multiples	Independents & Small Chains	Network
How concerned are you about future workforce issues?	Extremely worried	94%	61%	**78%**
	Very worried	0%	26%	**12%**
	Quite worried	0%	12%	**6%**
	Not worried	6%	2%	**4%**

90% of contractors are "very" or "extremely" worried about future workforce issues.

Qualitative Results

INDEPENDENTS AND SMALL CHAIN PHARMACIES

A total of 521 individual comments were received from 115 respondents, representing 171 community pharmacies. This represents around 65% of the independent and small chain pharmacy category across the current Northern Ireland network.

Given the high proportion of contractors representing this category providing comments, the qualitative data can be considered to be representative of the views of the independent contractors and small chain pharmacies.

Number of comments per question

Table 10: Main questions with comments provided

	Main questions with comments provided	Number of comments	% of respondents providing comments
Q5	Issues noted due to lack of pharmacists	15	13%
Q6	Difficulties sourcing locums	53	46%
Q7	Increased locum fees/staff salaries	50	43%
Q10	Actively sought new staff	53	46%
Q11	Redundancies made and/or reduced staff hours	42	37%
Q12	Increased contractor hours/impact on leave	55	48%
Q13	Impact on service provision	55	48%
Q15	Reduced opening hours	33	29%
Q17	Changes in employment profile over last 5 years	92	80%

As shown in Table 10, comments provided by respondents largely related to 9 survey questions. Comments were provided most frequently in response to Question 17, relating to changes in the employment profile over the last 5 years with 80% of contractors providing qualitative data, responding to this question.

"There really is no future for pharmacy if the present situation continues."

More than 40% of respondents provided comments across Questions 6 (Difficulty sourcing locums), Question 7 (Increased locum/staff salaries), Question 10 (Actively sought new staff), Question 12 (Increased contractor hours/impact on leave) and Question 13 (Impact on service provision).

The results demonstrate a high level of consistency in terms of the questions commented upon by respondents.

Emergent Themes

Table 11: Emergent themes from qualitative data

Emergent Theme	Number of times referenced	% of respondents providing comments
High level of pressure/stress	107	93%
Difficulties in recruiting/retaining staff	105	91%
Underfunded for service provided	97	84%
Continual increase in core workload	88	77%
Increase in staff salary costs	82	71%
Unable to afford more staff or higher salaries	76	66%
Contractor working pattern min 50 hours per week and/or nights	63	55%
Contractor working 60-80 hours per week	25	22%
Impact on health/family/relationships	42	37%
Impact on level of service provision	37	32%
Lack of experienced staff	36	31%
Loss of experience/training investment	30	26%
Reduced opening hours/applied to reduce/considering	26	23%
Patient safety concerns	24	21%
Contractor cancelled/reduced own annual leave	22	19%
Model unsustainable	15	13%

A high level of consistency was observed across the 14 themes identified in Table 11.

Examples of comments made relating to each of these themes follow and further samples are available in appendix 4 (p46).

High level of pressure/stress

"This pharmacy has been in business since 1950. The stresses and strains have reached crisis level. We are very conscious of the dangers to patient safety. Recently we have had several near misses and mistakes in the dispensary."

"Experienced staff with 20+ years' experience are disillusioned, constantly stressed and under pressure. So much of our time is spent sourcing drugs, pricing drugs in such a volatile market plus supplying a complete MDS service that I am seriously concerned about, taking focus from providing a safe, effective, comprehensive pharmacy service."

"If I had of known the demands placed upon me and the workload, I would not have chosen Pharmacy for a career. I would not wish my children to have to work in this position. These pressures are unsustainable both professionally and personally."

"I can say with confidence my staff are at breaking point."

"Undergraduate numbers are falling, more GP pharmacists leaving to work in the Republic/ Mainland."

"Without additional funding to hire more staff, unreasonable and increased workload is creating a stressful and unsafe working environment. New campaigns and schemes cannot be implemented until excising pressures have been eased."

Difficulties in recruiting/retaining staff

"One left pharmacy altogether as was disillusioned by CP and the stress involved."

"Nobody wants to work in Community Pharmacy in NI. Need significant investment to attract and retain capable people into the profession."

"Morale is at rock bottom. Need to increase pharmacist workforce before anymore recruitment into GP practice."

"Had to ...close shop for half a day as could not get a locum."

Underfunded for service provided

"I have had to employ a second full-time pharmacist to cope with the increased workload, while simultaneously delivering pharmacy services of sufficient quality. This is against a backdrop of a reduction in funding."

"Can't afford to pay staff wages or pharmacist wages and constantly getting busier - higher script numbers and not enough help. The figures don't add up."

"We are getting busier and it's becoming increasingly difficult to have the right staffing structure for the demands of my business. This is due to higher rates of pay in the south, the GP pharmacist jobs and current funding issues in pharmacy."

"Cannot afford to increase staffing levels therefore current staffing is focused on dispensing, MDS, drug sourcing. MURs are a luxury! I wish I could afford time for."

Continual increase in core workload

"Costs have spiralled, but payments are slashed. I am 25 years qualified; when I started the dispensing fee was around £1.12 – I have never seen it increased. What other profession could say that they haven't seen a single increase to their core payment in over a quarter of a century?"

"In addition to the extra workload in the dispensary, GDPR and FMD, drug prices in DT vs concession prices are very concerning. Just about at breaking point!"

Increase in staff salary costs

"Salaries and locum fees have increased to try and eliminate turnover. Locum fee irrelevant though, not available at any price. Salary hasn't helped as pharmacist still leaving for role with lower pay in other sectors."

"Salary bill not in keeping with current funding levels but if I don't act I fear people will leave and will not be in a position to replace with anyone."

"Dispensing staff work extremely hard and have a lot of responsibility, but we are unable to pay them what they are worth. They could get paid more stacking shelves."

Unable to afford more staff or higher salaries

"The general working environment is abysmal. Our staff are demoralised and depressed yet I can do nothing for them. I wonder how much longer they will remain in pharmacy when they can get reimbursed better elsewhere with no responsibilities."

"Recruitment into GP practice/Trust has taken no account of community pharmacy. Pressures and funding cuts mean we cannot compete with them anyway. Things are definitely at breaking point."

Impact on contractor working pattern

"My average day involves being on premises from 8.30am to at earliest 7pm - home, spend 2 hours doing homework with my children, then 9pm-2am paperwork that can't get done during working hours. Average working day hours = 14 hours with 15min lunch break."

"Actually worked 99 hours in the last week including 3x17 hour days."

"Since one pharmacist left for a GP surgery in January, I've been working a 60+ hour week. I work 6 days per week, I come in to work at 6 am most days, then come home in time to get the kids out to school, before getting back to work for 9am. I often don't get home until 7pm. Help!!"

Impact on health/ family/ relationships

"I am currently working 50- 55 hours a week; I have had 5 days off in the last year. I have no further holidays planned. My family are suffering as I am unable to spend quality time with them or go on holidays with them. I feel very tired a lot of the time and I am constantly worried about money. Personal relationships are suffering. It would be illegal to make any employee work such hours and under such pressure."

"I now cover most leave myself. The worst was a Monday I needed to work to cover staff leave even though I spent the weekend in hospital and was discharged (but still unwell) at 6pm Sunday evening, the day before."

Impact on level of service provision

"How can we provide services when we struggle to manage the most basic tasks? Money and staff are required in the system."

"MURs have decreased from 120 to approx. 30 per annum. We can no longer engage in so many community outreach projects."

"We're a heart attack or a stroke away from implementing a contingency plan."

"At the moment I fill the gap however if I was to become ill, I would struggle to operate my pharmacy."

Lack of experienced staff

"Decreasing numbers applying to study pharmacy, many older pharmacists leaving the register, pharmacists reducing their hours due to stress and new areas of work (GP) are the perfect catastrophe for pharmacist employment."

"Two reasons: pharmacists are very thin on the ground and any that are available are opting for the less stressful environment... not community pharmacy due to the extremely heavy workload. Secondly due to the financial constraints it is not possible to have a comfortable level of staff in the pharmacies so it will inevitably lead to existing staff leaving for less stressful jobs in different sectors paying more money. Dispensing staff work extremely hard and have a lot of responsibility, but we are unable to pay them what they are worth. They could get paid more stacking shelves."

Loss of experience/training investment

"One full time pharmacist with twelve community pharmacy years' experience in this pharmacy, including dispensing, service provision (such as MAS and MUR) and pre-registration tutor accreditation left to join GP practice. Current part time (pharmacist with 25 years community experience in this pharmacy, will leave at the end of August with a view to entering GP practice in the next 'intake."

"The loss of 'institutional knowledge' (patient knowledge and relationships, system operation, dispensing workflows, expert knowledge of processes such as coding of prescription and sourcing of medicines) associated with long serving and experience members of staff is one of the most challenging issues to deal with when staff leave service. The input (in terms of training) required to rebuild this knowledge is challenging and time consuming."

Impact on opening hours

"It is only because existing pharmacists are prepared to work six-day weeks, that we have avoided closure on several occasions."

"Extended early morning opening hours (outside of contracted working hours) have been suspended following the loss of the second pharmacy technician. If I am unable to recruit a second pharmacist in the upcoming three months, consideration will be given to closing at lunchtime in order to maintain a safe and efficient pharmacy service."

Patient safety concerns

"My staff are working harder than ever and because of the increased workload, mistakes begin to happen."

"The stresses and strains have reached crisis level. We are very conscious of the dangers to patient safety. Recently we have had several near misses and mistakes in the dispensary."

"We have lost staff and some hours have been replaced, but not all. As a pharmacist, I feel I'm doing too much - going to cause dispensing incidents."

Impact on annual leave

"Holidays cancelled or postponed due to lack of locums causing extra stress and extended working hours"

"There really is no future for pharmacy if the present situation continues."

"Annual leave doesn't exist. I currently work 50-60 hours per week and this has a serious impact on my home life and three young children"

"Working all hours to minimise stress on colleagues to detriment of my health, poor sleep, increased BP, no quality time with my family"

Unsustainable model

"In 2011 I was concerned but hopeful that there would be a resolution to pharmacy funding. Eight years on I am despairing. I ask myself how much longer can my business survive, how much longer can I maintain good health? Is there any future for community pharmacy? I have been working in my pharmacy for 37 years am I to see all the time and energy I have invested in building up my business disappear? It is a matter of extreme urgency that we see a fair contract with proper sustained funding to community pharmacy."

"Our last two sets of accounts have shown a disturbing trend. My brother and I now take minimum wage."

"There have been brief periods like this over the past 20 years but the current situation is worryingly unrelenting…."

"Every year the workload seems to be increasing with less remuneration. Contractors having to work extra hours over and above the contracted hours to ensure the running of the business. There are constant shortfalls and the business is losing money with nothing available to update/modernise the business."

MULTIPLES

A total of 29 individual comments were received from 5 respondents from the multiple's category, representing around 78% of the multiples across the current Northern Ireland network.
The results demonstrate a high level of consistency with comments provided from the independent and small chain category.

Emergent Themes

Table 13: Emergent themes from qualitative data

Emergent Theme	Number of times referenced
High level of pressure/stress	4
Difficulties in recruiting/retaining staff	5
Underfunded for service provided	5
Continual increase in core workload	5
Increase in staff salary costs	4
Impact on working patterns	4
Impact on level of service provision	5
Lack of experienced staff	4
Loss of experience/training investment	5
Reduced opening hours/applied to reduce/considering	2
Contractor cancelled/reduced own annual leave	1
Model unsustainable	1
Patient safety concerns	3

These themes are similar to those reported in the independent/small chain category.

Examples of comments made relating to each of these themes follow and further samples are available in appendix 4 (p56).

Loss of staff

"Exit interviews revealed staff left for a better work/life balance - no weekends, no late nights, proper tea and lunch breaks, protected study time, better career progression/prospects, public sector pension. Ability to do 'flexi' time."

"Continued recruitment into GP federation posts has had a detrimental effect ... on community pharmacy roles. It is difficult to understand the calculation that went into creation of these new roles considering a reducing number of students at our largest school of pharmacy QUB e.g. numbers reduced from 160 to 90."

Patient Safety Concerns

"We have no option but to employ inexperienced, newly qualified pharmacists in management posts in busy pharmacies…. Most concerning of all is that this situation will likely impact on patient safety. Looking forward, we don't see how this situation will improve until the root cause of the problem is resolved – underfunding."

"Patient safety is our primary concern. The GP roles have removed an entire level of post 3 years qualified pharmacists from CP."

"We have had less experienced/skilled pharmacists and dispensary staff working at the edge of their ability in extremely challenging work environments"

Recruitment difficulties

"Advertising for pharmacist and dispenser positions has been continuous for over 18months. Many roles have had no applicants."

"…daily struggle to fill shifts, often relying on the goodwill and commitment from staff to take on additional shifts."

Increasing workload/ Impact on services

"There has been an increase in the need for 2nd pharmacist cover and dispensary staff across the business in order to cope with ever increasing workload – this is mainly due to: (1) increasing prescription volume (2) increasing number of patients who require compliance support (3) mushrooming administrative burden borne from the provision of commissioned professional services."

"Significant reduction in the number of MURs delivered across the company as it is impossible to provide sufficient support to free up the pharmacist to deliver services."

Impact on salaries/ Locum fees

"GP practices and hospitals will continue to recruit thus depleting the pool of pharmacists available to community practice. Years of underfunding ensures community pharmacy in NI cannot increase salaries enough to be on par with the rest of the UK and ROI and therefore will struggle to retain contracted pharmacists and to pay external locums."

"to safely move to a more service-based contract each pharmacy would require a minimum of 2 pharmacists."

c) Discussion

This survey uncovers the true impact of the severe workforce crisis currently facing the Northern Ireland community pharmacy network. The exceptionally high response rate (77%) and provision of a large number (521) of detailed qualitative comments, is indicative of a sector desperately in need of decisive, positive and urgent action by commissioners and policy makers.

PHARMACISTS

The Northern Ireland community pharmacy network is currently operating at a deficit of 320 pharmacists to provide safe services to patients.

The survey reports 1,250 pharmacists currently work within the Northern Ireland network of 532 community pharmacies, of these around 900 FTEs are employed (1.7 FTE per pharmacy). Across the entire network it appears only around 150 regular locums are available.

In the last two years around 400 employed pharmacists have left the community pharmacy network, which represents a 36% loss relative to the number of pharmacists currently employed.

The reasons for pharmacists leaving community pharmacy are multifaceted, although survey findings indicate that the majority (44%) left to take up work in GP Federations as practice-based pharmacists. Ironically this Government policy was set in place to counteract the shortage of GPs, however it seems it was introduced without due consideration of the impact the recruitment drive would have on the community pharmacy workforce. CPNI repeatedly raised this issue with the policy leads as the programme was announced but critically and disappointingly no recognition was paid to these concerns.

It should be noted that not all pharmacists leaving the community pharmacy network have moved to GP Federations, 18% have taken up posts in Trusts, while around 17% have relocated to the Republic of Ireland or Great Britain.

Some 94% of pharmacy respondents reported difficulty in sourcing locums, with 93% raising locum fees and pharmacists' salaries in an attempt to compete. This is understandable given the higher locum rates currently offered in Republic of Ireland, where a locum pharmacist attracts a rate at least double, often triple, that offered in Northern Ireland. Pharmacies in the Republic of Ireland are funded through a different funding model and have not been subject to the level of savage cuts as their colleagues North of the border, thus they also offer substantially higher salaries for employed pharmacists. Pharmacy owners here cannot afford to compete with these rates following years of sustained underfunding.

According to survey findings the Northern Ireland community pharmacy network is currently operating at a deficit of 320 pharmacists from that necessary to provide safe services to patients.

Survey results demonstrate the difficulties contractors have faced in recruiting pharmacists, with 85% having sought new staff and 70% failing to do so.

PHARMACY TECHNICIANS

Survey results indicate that around 400 pharmacy technicians are currently employed by the community pharmacy network. However, 62% of respondents report that technicians have left the community pharmacy network over the last two years. This loss of technicians appears to be a major factor for the multiples, with the majority of respondents reporting the loss of trained technicians, most leaving for posts in Trusts.

From a technician's perspective, a move to Trusts is understandable, given that sustained funding in Trusts allows them to offer higher salaries, better terms and conditions (including pensions) and a clear career development pathway. Community pharmacy owners are left unable to compete.

It does however seem unfair that community pharmacy owners repeatedly make the training investment in their staff, personally funding each staff member through the technician programme which can cost up to £20k per student (including backfill) only to lose them once fully trained. A fairer approach would be for Trusts to advertise posts for student technicians and train their own rather than continually drawing from the community pharmacy resource.

Dispensing activity over the last 9 years has risen by around 40% to a level of around 55 million dispensing episodes in 2018/19, in the same period dispensing fees have reduced by around 30%.

RESULTS BY PHARMACY CATEGORY AND LOCALITY

Survey results find the workforce crisis does not discriminate. All pharmacies are affected, multiple and independent, across all geographies (Appendix 2) and urban and rural localities (Appendix 3).

ACTION TAKEN IN RESPONSE TO WORKFORCE CRISIS

The cumulative impact of the funding and workforce crisis is stark. Aside from essential pharmacy staff leaving by choice, some pharmacy owners (39%) have been forced to reduce their workforce as they can no longer afford to cover the salary costs.

To try to compensate for staff losses, 95% of pharmacy owners have increased their own working hours, some report regularly working up to 80 to 100-hour weeks.

In addition, 93% of contractors report being forced to reduce the level of additional services they can offer, with 41% reducing, or applying to reduce their pharmacy opening hours.

"Can't afford to keep staff on, but on the other hand, can't do all the work myself. I'm doing 80-100 hours per week with no pay just to keep my pharmacy alive"

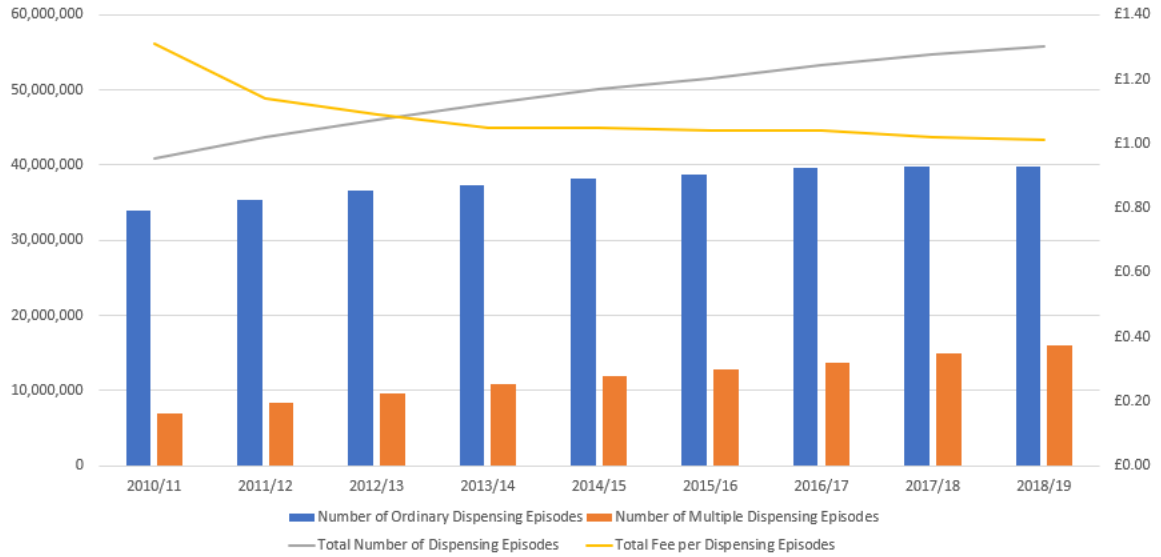
PHARMACY WORKLOAD

Against this demonstrable crisis in workforce, the indisputable fact remains that core workload continues to increase. A safe and accurate, cost-effective dispensing service is critical to the public and the health service. Figure 1 illustrates the rise in dispensing activity from 2010/11 to 2018/19.

Dispensing activity (in terms of total dispensing episodes i.e. ordinary dispensing (OD) and multiple dispensing (MD)) over the last 9 years **has risen by around 40%** to a level of around 55 million dispensing episodes in 2018/19.

In the same period dispensing fees have reduced by around 30%.

Figure 1: Trend in dispensing activity and fees 2010-2019



The community pharmacy dispensing service is often undervalued and misunderstood. Dispensing activity in Northern Ireland involves two main components known as "ordinary dispensing" and "multiple dispensing". Ordinary dispensing refers to the supply of most prescription medicines for acute and repeat prescriptions, generally covering a course of treatment or supply of regular medicines often on a monthly basis.

Multiple dispensing is a provision put in place to support dispensing by instalments (usually daily or weekly) for patients with either issues of abuse/misuse or who require compliance support with their medicines.

Around 850,000 prescription-related interventions are made by community pharmacists across the network to prevent patient harm every year.

The key and critical feature to the dispensing process is the **clinical check.** A clinical check requires that a clinical assessment of every prescription must be undertaken, by a pharmacist, to determine: the suitability of the medication; the appropriateness of the quantity and its dose frequency for the patient.

The purpose of a clinical check by a pharmacist is to ensure that the medicine supplied is both safe and effective for use by the specific patient in relation to the risk and benefit to the patient.

Safety and therapeutic effectiveness can be affected by inherent patient factors, the type of medicines involved and the administration and monitoring of medicines. Patient factors which are taken into consideration include: age, comorbidities (other conditions) and patient intolerances e.g. allergies.

CPNI carried out a community pharmacy intervention survey in 2016 which found that in relation to the dispensing service**,** 8,575 interventions relating to prescription errors or inappropriate prescribing occurred across the community pharmacy network each week, which equates to almost 450,000 each year.

In addition, each year, advice provided to prevent patient harm was given to almost 264,000 patients and medicine compliance issues were identified on over 134,000 occasions. **This equates to around 850,000 interventions made by community pharmacists across the network to prevent patient harm every year.**

The interventions detailed above are in addition to 2.5 million minor ailment-related interventions (outside the current Minor Ailment Service), 360,000 urgent referrals to other healthcare providers (including Out of Hours and Emergency Departments) and 1.3 million public health interventions.

It is for this reason community pharmacy is recognised as the safety net of primary care.

IMPACT OF WORKFORCE CRISIS

The qualitative analysis clearly demonstrates the level of overwhelming concern and despair within the community pharmacy network. The comments provided by contractors are heartfelt and real.

There is absolutely no doubt from the quantitative and qualitative results that if pharmacy owners could compete with the salaries offered in other sectors they would. However, as previously highlighted, the perfect storm evolved, where an underfunded and beleaguered community pharmacy network which had invested significantly in training and developing of its experienced workforce, became the main reservoir for recruitment elsewhere.

It is recognised that the Department invested around £18m on an "invest to save" basis over 2 years in GP practice-based pharmacists. Given these survey findings and the opportunities offered by community pharmacy, it would seem imperative that they offer a similar level of investment to redress the crisis in the community pharmacy sector.

THE FUTURE

The future direction of the Health Service in Northern Ireland[22][23], elsewhere in the UK[24][25][26][27] and Ireland[28][29] involves pathways of integrated care in which community pharmacy must be central as the most accessible front-line health care professional supporting patients where they live and work.

A stable dispersed community pharmacy network fully connected to the HSC and with clear referral pathways to other health care providers is essential to support prevention, early intervention and medicines optimisation strategies.

Closer working relations between GPs, community pharmacists and other community-based healthcare professions are critical to improve medicine use and reduce waste, provide holistic, person-centred care, and to better support people with long-term conditions.[30][31]

This distributed model of care with community pharmacists working not only within the community pharmacy, but also from several other community settings, such as patients' homes, care homes and hospices, offers many benefits to both the patient and the health service.

An ambitious evidenced-based service development plan has been mapped out for community pharmacy in Northern Ireland by CPNI, HSCB and the Department of Health. This plan focuses on utilising the accessibility of the community pharmacy location and the skills of the community pharmacist and wider pharmacy workforce to their best effect. Implementation of the plan will help improve public health through the use of health and wellbeing interventions, set in place targeted early interventions; and optimise the medicines people take. Full implementation will see pharmacist prescribers in community pharmacy and a shift in care away from GP practice for appropriate patients with long term conditions, making better use of scarce healthcare resources.

This plan signals an exciting way forward for community pharmacy in Northern Ireland and this may go some way to help attract some pharmacists back to the sector. It is exactly where community pharmacy needs to be placed.

To successfully implement the plan in a structured way and to address the current issues will require an immediate front-loaded investment strategy from the Department to attract, recruit and retain enough pharmacists and support staff. Patient safety together with the health and wellbeing of pharmacy owners and their support staff must remain paramount and we call on commissioners and the Department to take decisive action urgently to address the issues raised in this report.

CPNI has drawn up several short, medium and long-term solutions for consideration.

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[22] DHSSPS Making it Better Community Pharmacy Strategy (2014)
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Potential Solutions: Short-Term

	Time frame	Funding	Responsibility
Pre-registration retention scheme • Performance-related bonus • Training and development programme	Immediate	tbc	DoH
Community pharmacist retention scheme • Performance-related bonus • Training and development programme	Immediate	tbc	DoH/HSCB
Working across interfaces • GP Federation pharmacists released to work 1-2 days per week in community pharmacy	Immediate	tbc	DoH/HSCB
Salary top-up scheme • Contractors supported to provide salary top-ups for employed staff to retain existing staff at equivalent band level of PBP and Trust	Immediate	tbc	DoH/HSCB
Career development programme • Career development opportunities in community pharmacy communicated to workforce • Structured training programme offered to community pharmacists and pharmacy technicians • Contractors funded to back-fill staff to facilitate participation in training	Immediate	tbc	DoH
Reduced opening hours • Community pharmacists facilitated to reduce opening hours in accordance with available staffing profile • Temporary closures facilitated on occasions when pharmacist cover is absent	Immediate	-	DoH/HSCB
Develop relationships across the pharmacy sector • Encourage cross-sectoral working and across the profession • Recruit community pharmacy liaison workers to support administration and regularity functions	Immediate	tbc	DoH/HSCB/CPNI
Stop recruitment of further PBPs • Ensure GP Federations understand impact • Direct investment into community pharmacy	Immediate	tbc	HSCB

Potential Solutions: Medium-Term

	Time frame	Funding	Responsibility
Community pharmacy practice allowance uplift • In recognition of the increase in salaries within the community pharmacy workforce	0-1yr	tbc	DoH/HSCB
Service development programme • Clear career development programme with better use of full skillset to encourage recruitment and retention of pharmacists • Introduction of a pharmacy apprenticeship programme	0-3yrs	(Services subject to individual business cases)	DoH/HSCB/CPNI
Return to Practice scheme refreshed and promoted • Specifically directed at recruitment of community pharmacists • Participation incentivised	0-2yrs	tbc	DoH/HSCB/CPNI
NI community pharmacy recruitment drive across UK and RoI • To encourage pharmacists qualified and working elsewhere to return to NI • Participation incentivised	0-2yrs	tbc	DoH/HSCB/CPNI
Pre-registration equity • Funding/ terms and conditions for community pharmacy pre-registration students increased to equal secondary care • Working across sectors encouraged • Ensure any changes to pre-registration examination requirements do not adversely impact on community pharmacy workforce	0-2yrs (onwards)	tbc	DoH/HSCB/CPNI
Working in partnership with Universities • Encourage career in community pharmacy • Encourage cross-sectoral working • Ensure any changes to undergraduate training do not adversely impact on community pharmacy workforce	0-3yrs (onwards)	tbc	DoH/HSCB/CPNI
Introduction of a new fairly remunerated contract for community pharmacy • New community pharmacy-based services • Practice Quality Systems to include workforce enablers and career development opportunities	1-3yrs	tbc	DoH/HSCB/CPNI

Potential Solutions: Longer -Term

	Time frame	Funding	Responsibility
Work with schools and colleges • Encourage pharmacy as a worthwhile career choice	0-10yrs (onwards)	tbc	DoH/HSCB/CPNI
Continue to monitor community pharmacy workforce • Develop a structured ongoing process to monitor current and projected workforce needs in the community pharmacy sector • Ensure impact assessments on workforce are undertaken before new policies are introduced to recruit pharmacists elsewhere in the HSC system • Ensure staff costs are included in business cases for new community pharmacy services	1 -2yrs (onwards)	tbc	DoH/HSCB/CPNI

Conclusion and Recommendations

This survey report provides irrefutable evidence of the severe workforce crisis currently facing the community pharmacy sector in Northern Ireland.

.... it is not too late to turn the current situation around, but it must be addressed quickly and creatively. The gravity of current crisis must not be ignored.

It is also evident that the workforce crisis is a direct result of sustained Government underfunding, lack of a stable contract plus a Government policy which created a new sector of pharmacists located in GP practice. This was introduced without any form of impact assessment being carried out and contrary to the warnings given by representative bodies.

While it is welcome that, through the practice-based pharmacy programme, the skills of pharmacists are being further recognised, is unacceptable that this comes at such a significant cost to the vital and publicly valued community pharmacy sector. It is critical that the department addresses this imbalance and allows the development of the ambitious evidenced based service development plan.

It is unfortunate that a tier of experienced employee pharmacists has largely been stripped out of the community pharmacy network. However, it must also be stressed that a high level of skills and expertise remains, with experienced pharmacy owners doing all in their power to fill the gap created by lost employees. The qualitative results do however indicate that many pharmacy owners are over- stretching themselves, to the possible detriment of patients and their own health and wellbeing. It is critical that this is addressed as a matter of urgency.

The survey underscores the very significant investment community pharmacy owners make in the training and development of their workforce, with around 400 fully trained pharmacy technicians currently employed within the network. However, results also show that this investment in training is often wasted from a pharmacy owner's perspective, given that once fully trained many technicians opt to move to posts within Trusts with more attractive salaries and terms and conditions.

Numerous comments provided by pharmacy owners indicate that they understand the reasons technicians and pharmacists leave community pharmacy. The reality is the community pharmacy sector is unable to compete with the packages offered elsewhere and unless and until the sector receives proper, stable funding this will remain the case.

CPNI believes it is not too late to turn the current situation around, but it must be addressed quickly and creatively. The gravity of current crisis must not be ignored.

Government must properly acknowledge the community pharmacy network as an important health service asset and maximise its unique interface with the public by recognising 37 million annual opportunities to improve patient care.

Community pharmacy offers a stable platform for prevention, early intervention, patient triage, medicines optimisation and the management of certain long-term conditions, with services developed in a complementary manner to those available elsewhere.
An extensive body of evidence now exists to demonstrate these types of services can be delivered well in community pharmacy, and in a more cost-effective manner compared to other providers.

CPNI calls on the Department to place community pharmacy at the centre of the Transformation agenda, to properly fund and support community pharmacy and to explore and more fully develop the rich vein of

expertise which these professionals can offer the health service, placed as they are in the heart of communities, and in a key position to complement the services of GP practice and Trusts.

Transformation is possible, worthwhile, and will offer substantial and tangible benefits to public health and social wellbeing - but it will require vision, commitment and investment.

CPNI is willing to work as a key partner in this process.

Key Actions	
1.	The Department must recognise and address the critical nature of the current situation.
2.	The Department should give the short, medium and long-term solutions proposed within this report urgent consideration and use these to develop a community pharmacy specific workforce action plan.
3.	The Department, HSCB and CPNI should collectively develop a community pharmacy transformation investment plan alongside the workforce action plan.
4.	The Department, HSCB, CPNI and other stakeholders should ensure that community pharmacy owners are suitably informed and enabled to deliver new services.
5.	The Department, HSCB, CPNI and other stakeholders should continue to fully develop and utilise the enhanced roles of community pharmacists and their support staff to provide high quality, accessible patient care.
6.	The Department, HSCB and CPNI should collaboratively develop a communications plan and link with other pharmacy stakeholders such as the Pharmaceutical Society of NI, the Pharmacy Forum, the Schools of Pharmacy and NICPLD on an immediate recruitment programme specifically directed at community pharmacy.
7.	The Department, HSCB, CPNI and other stakeholders should promote and encourage cross-sectoral working and create mechanisms such as joint training, use of digital platforms and local professional discussion forums, to maintain and improve close working relationships between GP practices, Trusts and community pharmacies.
8.	HSC connectivity is key to support safe and efficient practice within community pharmacy. Ahead of the full e-Pharmacy programme, initial connectivity of community pharmacies via a cryptocard link must be operationalised with any barriers to full roll-out addressed as a matter of urgency.

APPENDIX ONE

CPNI Pharmacy Workforce Review Survey

Responses requested by Friday 7th June 2019

The survey may be completed electronically and emailed as an attachment to contractorupdate@communitypharmacyni.co.uk or printed and returned by fax or post to CPNI offices, contact details are provided at the end of the survey. **Please note all responses will be treated with complete confidentiality. Thank you for your participation.**

BACKGROUND

Pharmacy(ies) locality

☐ Northern LCG ☐ Belfast LCG ☐ Southern LCG ☐ South Eastern LCG ☐ Western LCG

Are you an independent contractor (1-3 pharmacies), small chain (4-9 pharmacies) or multiple (10 or more)?

☐ Independent ☐ Small chain ☐ Multiple

Describe your pharmacy(ies) locality

☐ Urban ☐ Rural ☐ Semi-rural ☐ Mixed

STAFF - PHARMACISTS

Please detail how many pharmacists currently work in the pharmacy

Full time pharmacist(s) …….. Part time pharmacist(s) …… Regular locum pharmacist(s) ……

Within the last two years have any pharmacist(s) left the pharmacy to work in other areas?

☐ Yes ☐ No

If yes, please indicate the number of pharmacist(s) who have left to work in other areas

GP practice	
Trust/Hospital	
Republic of Ireland/GB	
Other	

Additional comments (optional)

Within the last two years have you experienced difficulty in sourcing locum pharmacists?

☐ Yes ☐ No

Additional comments (optional)

Within the last two years have you considered/amended your locum fees or reviewed pharmacist pay to retain your current workforce?

☐ Yes ☐ No

Additional comments (optional)

STAFF – PHARMACY TECHNICIANS

Do you have pharmacy technicians currently working in the pharmacy?

☐ Yes ☐ No

If yes, how many? …….

If yes, please indicate the relevant qualification(s)

☐ BTEC national certificate
☐ NVQ Level 3
☐ NPA
☐ Buttercup
Other (please detail) ……

Within the last two years have any pharmacy technician(s) left the pharmacy to work in other areas?

☐ Yes ☐ No

If yes, please indicate the number of pharmacy technician(s) who have left to work in other areas

GP practice	
Trust/Hospital	
Republic of Ireland/GB	
Other	

Additional comments (optional)

IMPACT ON WORKLOAD

If staffing levels have changed, have you actively sought new staff?

☐ Yes ☐ No

Additional comments (optional)

If yes, were you able to recruit all the staff you require?

☐ Yes ☐ No

Additional comments (optional)

Have you had to make staff redundancies or reduce staff hours due to financial constraints etc.?

☐ Yes ☐ No

Additional comments (optional)

Have you, as a contractor, had to work longer hours or reduce your annual leave, as a result of changes in staffing levels?

☐ Yes ☐ No

Additional comments (optional) e.g. average contractor working hours per week

Have changes in staffing levels adversely affected your engagement in pharmacy services such as MURs or Smoking Cessation?

☐ Yes ☐ No

Additional comments (optional)

How many additional pharmacists would you need to safely deliver services in your pharmacy?

Full time pharmacist(s) ……...

Additional comments (optional)

Have you reduced, or have you applied to reduce your pharmacy opening hours?

☐ Yes ☐ No

Additional comments (optional)

How concerned are you about future workforce issues?

☐ Extremely worried ☐ Very worried ☐ Quite worried ☐ Not worried

Additional comments (optional)

Could you provide your general thoughts regarding any changes to the employment profile of your pharmacy over the past five years?

Comments

Supplementary Information

CPNI welcome any additional comments or information from contractors which may help demonstrate the impact of the current workforce issues.

The information contained in this questionnaire will be treated completely confidentially and CPNI absolutely respects any contractor who wishes to remain anonymous. It is however vitally important that we do get some level of information in order to accurately demonstrate the impact on the ground. Information from this questionnaire will be reported on a collated, NI wide basis, with no comments attributed to individual contractors. However, should any contractor wish to provide their name and contact details for potential follow-up this would be greatly welcomed.

Name: …… Contact details: ……

Surveys may be completed

- electronically and emailed as an attachment to contractorupdate@communitypharmacyni.co.uk
- printed and returned by fax (028 9064 6892)
- post to CPNI offices at 5 Annadale Avenue, Belfast BT7 3JH

Thank you for taking the time to fill out our survey. Your input is greatly appreciated.

Please do not hesitate to contact CPNI Office on 028 9069 0444 for further advice or support.

APPENDIX TWO – RESULTS BY LOCAL COMMISSIONING GROUP AREA

Analysis by LCG area was possible for responses representing 140 independent pharmacies. Responses were received from all five Local Commissioning Group (LCG) areas.

Table A1 Distribution of responses by LCG area

LCG	Contracts	%
Belfast	42	30%
Southern	23	16%
South Eastern	12	9%
Western	37	26%
Northern	26	19%
Total	140	100%

Table A1 illustrates a reasonable distribution of responses across LCG areas. A higher proportion of responses was received from pharmacies in Belfast LCG (30%), followed by Western LCG (26%), with the lowest number from the South Eastern LCG area (9%).

Workforce

Table A2 Number of Pharmacists by LCG Area

PHARMACISTS	Number of Contracts	Full time	Part time	Regular locum	Total Pharmacist(s)/ pharmacy	Full time pharmacist(s)/ pharmacy
Belfast	42	53	11	18	2.0	1.3
Southern	23	36	22	13	3.1	1.6
South Eastern	12	17	7	4	2.3	1.4
Western	37	44	23	15	2.2	1.2
Northern	26	38	21	8	2.6	1.5
Total	140	188	84	58	2.4	1.3

From Table A2 the highest proportion of full-time pharmacists per pharmacy appears to be found in the Southern LCG area (1.6) with the lowest in the Western LCG area (1.2). This trend is consistent with anecdotal evidence from contractors.

Change in Workforce

Table A3 Change in Pharmacist Workforce by LCG Area

PHARMACISTS		Belfast	Southern	South Eastern	Western	Northern
Left to work elsewhere	Yes	74%	74%	58%	46%	58%
	No	26%	26%	42%	54%	42%

Interestingly the data in Table A3 suggests that a higher proportion of pharmacists in Belfast and Southern LCG areas (74%) have left to work elsewhere in the last two years, with the Western LCG area reporting the lowest rate of 46%.

Table A4 Area of work recruiting pharmacists

PHARMACISTS		Belfast	Southern	South Eastern	Western	Northern
Area of work (No. of Pharmacists)	GP practice	32	15	8	12	11
	Trust	4	5	1	2	9
	ROI/GB	9	8	1	5	2
	Other	8	2	3	4	3
Total		53	30	13	23	25
					Total	**144**

Table 4 data also supports a movement of pharmacists from community pharmacy in Belfast and Southern LCG areas. Overall the independent respondents in this section of the analysis lost 144 pharmacists, on average this equates to around 1 pharmacist per pharmacy. The majority of whom left to take up new roles as practice-based pharmacists (54%), followed by Trusts and RoI/GB (15%).

Table A5 Difficulty sourcing locums / Changes in salaries for locums and regular pharmacists

PHARMACISTS		Belfast	Southern	South Eastern	Western	Northern
Difficulty in sourcing locum pharmacists?	Yes	88%	96%	100%	100%	100%
	No	12%	4%	0%	0%	0%
Considered/amended your locum fees/ pharmacist pay	Yes	81%	87%	83%	95%	81%
	No	19%	13%	17%	5%	19%

The information presented in Table A5 reinforces the level of difficulty contractors in all areas have in sourcing locum cover. As expected, this is most difficult in areas outside of Belfast.

The majority of contractors across all LCG areas have increased locum and/or pharmacists' salaries, it is interesting to note that this proportion is highest for respondents from the Western LCG area where 95% have amended pharmacists' salaries.

Table A6 Technicians employed / Technicians left

PHARMACY TECHNICIANS		Belfast	Southern	South Eastern	Western	Northern
Pharmacy technicians employed	Yes	67%	70%	58%	59%	65%
	No	33%	30%	42%	41%	35%
No. of Pharmacy Technicians		43	24	10	27	32
Pharmacy technician(s) left	Yes	29%	4%	83%	27%	12%
	No	71%	96%	17%	73%	88%

Table A6 suggests that independent pharmacy respondents from the Southern LCG area have the highest proportion of technicians employed (70%), with the lowest proportions employed in the South Eastern and Western LCG areas (it should be noted that data from SE LCG area is based on only 12 pharmacies and is therefore likely to be less reliable than other LCG areas).

The proportion of technicians leaving pharmacies across LCG areas appears to be highly variable, ranging from 4% in the Southern LCG area to 83% in the SE LCG area (as noted caution is needed in interpreting data from the SE LCG area given the small sample size).

Recruitment

Table A7 Contractors who have sought new staff / Able to recruit

		Belfast	Southern	South Eastern	Western	Northern
Sought new staff?	Yes	71%	70%	83%	59%	62%
	No	29%	30%	17%	41%	38%
Those who sought staff - able to recruit?	Yes	17%	44%	40%	50%	37.5%
	No	83%	56%	60%	50%	62.5%

From the data in Table A7 the majority of respondents from independent pharmacies have sought new staff within the last 2 years.

Aside from SE LCG, Belfast and Southern LCGs report the highest proportion of recruitment attempts. Interestingly the data suggests Belfast LCG pharmacies have the highest proportion of recruitment failures (83%).

Impact

Table A8 Impact on staff and contractor working hours / Impact on service provision

		Belfast	Southern	South Eastern	Western	Northern
Staff redundancies/ reduced hours	Yes	38%	52%	33%	59%	38%
	No	62%	48%	67%	41%	62%
Contractor working hours affected	Yes	86%	100%	100%	100%	96%
	No	14%	0%	0%	0%	4%
Adverse effect on services?	Yes	86%	96%	83%	92%	77%
	No	14%	4%	17%	8%	23%

Table A8 suggests a higher proportion of independent contractor respondents in the Western LCG area have made staff redundant and/or reduced staff hours due to financial pressures. All respondents in the Southern, South Eastern and Western LCG areas have increased their own working hours in an attempt to withstand workload and workforce pressures.

A high proportion of respondents across all LCG areas report workforce pressures causing an adverse impact on services. The proportion is highest in the Southern (96%) and Western (92%) areas.

Table A9 Deficit in number of pharmacists

		Belfast	Southern	South Eastern	Western	Northern
Additional FTE pharmacists required		32.25	25	9	27	25
FTE pharmacists per pharmacy		0.77	1.09	0.75	0.72	0.96
Applied/ Reduced pharmacy opening hours	Yes	33%	30%	33%	16%	23%
	No	67%	70%	67%	84%	77%

Table A9 suggests respondents from all LCG areas report a deficit in the number of pharmacists, this ranges from 0.72 FTE per pharmacy in Western LCG to 1.09 FTE pharmacists per pharmacy in Southern LCG area.

Table A10 Level of concern regarding workforce issues

		Belfast	Southern	South Eastern	Western	Northern
How concerned are you about future workforce issues?	Extremely worried	57%	52%	67%	62%	62%
	Very worried	26%	48%	17%	24%	19%
	Quite worried	12%	0%	17%	11%	19%
	Not worried	5%	0%	0%	3%	0%

Table A10 demonstrates a high level of concern from contractors across all LCG areas.

APPENDIX THREE

RESULTS BY LOCALITY

Table A11 Distribution of Independent Respondents by Locality

Locality	Contracts	%
Rural	41	30%
Semi-Rural	19	14%
Urban	75	56%
Total	135	100%

Table A11 illustrates the breakdown of independent contractor respondents which can be categorised by locality, this finds 56% of independent pharmacies to be located in an urban location and 44% in a rural or semi-rural location.

Workforce

Table A12 Distribution of Independent Respondents by Locality

PHARMACISTS	Contracts	Full time	Part time	Regular locum	Pharmacists/ pharmacy	Full time pharmacists /pharmacy
Rural	41	49	25	16	2.2	1.2
Semi-Rural	19	28	18	9	2.9	1.5
Urban	75	103	37	33	2.3	1.4
Total	135	180	80	58	2.4	1.3

Table A12 suggests a slightly lower ration of both total and full-time pharmacists per pharmacy in rural localities compared to both urban and semi-rural localities

Change in Workforce

Table A13 Change in Pharmacist Workforce by LCG Area

PHARMACISTS		Rural	Semi-Rural	Urban
Left to work elsewhere	Yes	54%	68%	67%
	No	46%	32%	33%

Table A13 suggested a higher proportion of pharmacists leaving pharmacies in semi-rural or urban areas compared to rural localities.

Table A14 Area of work recruiting pharmacists

PHARMACISTS		Rural	Semi-Rural	Urban
Area of work (No. of Pharmacists)	GP practice	19	7	47
	Trust	3	5	13
	ROI/GB	7	5	12
	Other	5	1	14
	Total	34	18	86
			Total	138

Table A14 finds the majority of pharmacists leaving community pharmacies across all localities left to join GP practices. Urban pharmacy respondents report a higher rate of pharmacists leaving compared to rural and semi-rural localities.

Table A15 Difficulty sourcing locums / Changes in salaries for locums and regular pharmacists

PHARMACISTS		Rural	Semi-Rural	Urban
Difficulty in sourcing locum pharmacists?	Yes	98%	100%	95%
	No	2%	0%	5%
Considered/amended your locum fees/ pharmacist pay	Yes	90%	89%	81%
	No	10%	11%	19%

All respondents report significant difficulties in sourcing locums, with locum and pharmacist pay rates amended across all localities for the vast majority of respondents.

Table A16 Technicians employed / Technicians left

PHARMACY TECHNICIANS		Rural	Semi-Rural	Urban
Pharmacy technicians employed	Yes	56%	58%	69%
	No	44%	42%	31%
No. of Pharmacy Technicians		35	17	80
Pharmacy technician(s) left	Yes	17%	5%	24%
	No	83%	95%	76%

Table A16 finds a slightly higher proportion of urban pharmacies employing technicians (69%), compared to semi-rural (58%) rural (56%). A slightly higher proportion of technicians are also reported to have left pharmacies in urban localities (24%).

Recruitment

Table A17 Contractors who have sought new staff / Able to recruit

		Rural	Semi-Rural	Urban
Sought new staff?	Yes	71%	47%	68%
	No	29%	53%	32%
Those who sought staff - able to recruit?	Yes	52%	22%	25%
	No	48%	78%	75%

Table A17 finds a higher proportion of contractors having sought new staff in rural (71%) and urban (68%) areas, compared to semi-rural areas. Interestingly a higher proportion of rural pharmacies report successful recruitment (52%).

Impact

Table A18 Impact on staff and contractor working hours / Impact on service provision

		Rural	Semi-Rural	Urban
Staff redundancies/ reduced hours	Yes	37%	58%	48%
	No	63%	42%	52%
Contractor working hours affected	Yes	100%	95%	93%
	No	0%	5%	7%
Adverse effect on services?	Yes	93%	95%	83%
	No	7%	5%	17%

Table A18 reports a higher proportion of semi-rural contractors reducing staff hours in response to financial pressures. Almost all contractors across all localities have taken action to increase their working hours in attempt to withstand the workforce/financial pressures.

All localities have had their services adversely impacted as a result of changes in staffing levels.

Table A19 Deficit in number of pharmacists / Action to reduce opening hours

		Rural	Semi-Rural	Urban
Additional FTE pharmacists required		32	21	61
FTE pharmacists per pharmacy		0.78	1.11	0.82
Applied/ Reduced pharmacy opening hours	Yes	29%	11%	28%
	No	71%	89%	72%

Pharmacies across all localities report a deficit in the number of employed pharmacists, from Table A19 this appears to be slightly higher in semi-rural localities (1.11 FTE pharmacists per pharmacy).

In terms of reducing opening hours, the majority of pharmacies have not pursued this action, a similar proportion of independent contractor respondents from rural (29%) and urban (28%) pharmacies have applied to reduce opening hours.

Table A20 Level of concern regarding workforce issues

		Rural	Semi-Rural	Urban
How concerned are you about future workforce issues?	Extremely worried	63%	47%	56%
	Very worried	27%	47%	25%
	Quite worried	7%	6%	16%
	Not worried	2%	0%	3%

Table A20 suggests a similar level of contractors across all localities to report being extremely or very worried, with a higher level of extreme concern expressed by rural contractors (63%).

APPENDIX FOUR

Respondents Comments

Independents and Small Chains

HIGH LEVEL OF PRESSURE AND STRESS

"Actually worked 99 hours in the last week including 3x17 hour day."

"This pharmacy has been in business since 1950. The stresses and strains have reached crisis level. We are very conscious of the dangers to patient safety. Recently we have had several near misses and mistakes in the dispensary."

"I can say with confidence my staff are at breaking point. Experienced staff with 20+ years' experience are disillusioned, constantly stressed and under pressure. So much of our time is spent sourcing drugs, pricing drugs in such a volatile market plus supplying a complete MDS service that I am seriously concerned about, taking focus from providing a safe, effective, comprehensive pharmacy service."

"If I had of known the demands placed upon me and the workload, I would not have chosen Pharmacy for a career. I would not wish my children to have to work in this position. These pressures are unsustainable both professionally and personally."

"So stressed I can't sleep at night."

"I can say with confidence my staff are at breaking point."

"It is becoming very stressful trying to source medicines with some being more expensive than what we are being paid back."

"My partner and I work 64 hours independently of each other in the business. This does not include paperwork or deliveries. We currently only take 1-week annual leave. We have both had stress related pressures affecting home life and sleep pattern."

"Without additional funding to hire more staff, unreasonable and increased workload is creating a stressful and unsafe working environment. New campaigns and schemes cannot be implemented until excising pressures have been eased."

"I am very, very stressed and concerned how this will impact my business. I worry about the implications to my business if my pharmacist took sick ... It could literally destroy my business."

DIFFICULTIES IN RECRUITING AND RETAINING STAFF

"Undergraduate numbers are falling, more GP pharmacists leaving to work in the Republic/ Mainland."

"Nobody wants to work in Community Pharmacy in NI. Need significant investment to attract and retain capable people into the profession."

"I am unable to book a holiday this summer as I have no locum cover in spite of efforts to recruit. I have been trying to recruit from pre-reg who will be newly qualified but have been told most of these are staying in the pharmacy they did their pre-reg to cover summer holidays. Since my current pharmacist's father is terminally ill, I cannot be sure she will be here either."

"Higher script numbers and not enough help. The figures don't add

"Pharmacists moving out of community to GP surgeries or elsewhere as a matter of a) salary b) life choice."

"Morale is at rock bottom. Need to increase pharmacist workforce before anymore recruitment into GP practice."

"We need one pharmacist, but impossible to find."

"One left pharmacy altogether as was disillusioned by CP and the stress involved."

"Community pharmacy cannot compete with government terms and conditions."

"No qualified pharmacist wants to enter community pharmacy due to long hours/pressure to deliver pharmacy with not enough backup cover and poor wages."

"Advertising for pharmacy post since Jan 19, no luck."

"I have advertised for pharmacists and had no applicants on 2 occasions in 12 months."

"Locums not available – as contractor I have been unable to take holidays & have to work unsafe hours when other staff are off."

"Regular locums are taking up employments in ROI due to higher rates and a few local pharmacists have been employed within the trust & GP practice."

"Had to ...close shop for half a day as could not get a locum."

UNDERFUNDED FOR SERVICE PROVIDED

"I have had to employ a second full-time pharmacist to cope with the increased workload, while simultaneously delivering pharmacy services of sufficient quality. This is against a backdrop of a reduction in funding."

"More expected from service delivery with no funding to support it. More stressful on pharmacists so more inclined to leave the profession."

"Experience levels have dropped and it is impossible to provide additional services on current funding structure."

"We are getting busier and it's becoming increasingly difficult to have the right staffing structure for the demands of my business. This is due to higher rates of pay in the south, the GP pharmacist jobs and current funding issues in pharmacy."

"Cannot afford to increase staffing levels therefore current staffing is focused on dispensing, MDS, drug sourcing. MURs are a luxury! I wish I could afford time for."

"These services take away from the core function of dispensing and I just cannot afford that time. Reimbursement does not permit more pharmacy staff to cover the service properly."

"Can't afford to pay staff wages or pharmacist wages and constantly getting busier - higher script numbers and not enough help. The figures don't add up."

CONTINUAL INCREASE IN CORE WORKLOAD

"We also face the problem now sourcing medicines at the correct costs."

"Costs have spiralled, but payments are slashed. I am 25 years qualified; when I started the dispensing fee was around £1.12 – I have never seen it increased. What other profession could say that they haven't seen a single increase to their core payment in over a quarter of a century?"

"I'm working twice as hard for little or no return. My core work is not paid at a proper level which means extra services are impossible. GPs are diverting their paid workload to me (yet I'm not

"No resource to change our employment profile. More demand on healthcare especially in the age group 65+ with more medicine requirements has been met with reduction in DoH investment and removal of locum resolve into GP "Disillusioned as to how we could possibly cope with increased dispensing and increased services."

getting paid for it)."

"In addition to the extra workload in the dispensary, GDPR and FMD, drug prices in DT vs concession prices are very concerning. Just about at breaking point!"

"Have had one (1 week) holiday in nearly 3 years. Regularly work 70+ hours/week due to increased workload & lack of available cover when other staff are off."

"Impossible for these services to be completed by a pharmacist who works alone due to the extremely heavy workload from prescriptions and patient walk-ins looking advice as they cannot access the GP for weeks. Extra paperwork involved in the everyday running of the pharmacy impacts severely on the time available for patients."

"Can't afford to pay staff wages or pharmacist wages and constantly getting busier - higher script numbers and not enough help. The figures don't add up."

INCREASE IN STAFF SALARY COSTS

"I have had to increase wages greater than the business could really afford in order to retain current pharmacists. I have also had to increase support staff wages to retain them."

"Recruitment into GP practice/Trust has taken no account of community pharmacy."

"Increased our pharmacist salary to above mine (contractor) just to retain her."

"I have increased the wages of my employee pharmacist and locum fees have gone up 40%."

"Salaries and locum fees have increased to try and eliminate turnover. Locum fee irrelevant though, not available at any price. Salary hasn't helped as pharmacist still leaving for role with lower pay in other sectors."

"Locum fees have increased. Pharmacist pay up by £7000 per annum."

"I am fearful that the pharmacy network is going to collapse."

"All wage costs, pension costs are escalating beyond control."

"Increased pay requested and granted to pharmacists. Refusal would cause the pharmacy to stop being safe and would have to close."

"Salary bill not in keeping with current funding levels but if I don't act, I fear people will leave and will not be in a position to replace with anyone."

UNABLE TO AFFORD MORE STAFF OR HIGHER SALARIES

"The general working environment is abysmal. Our staff are demoralised and depressed yet I can do nothing for them. I wonder how much longer they will remain in pharmacy when they can get reimbursed better elsewhere with no responsibilities."

"We have had to reduce the hours of pharmacists. Staff level in the pharmacy has been reduced drastically. This puts a lot more pressure on staff which can then lead to stress and sickness. It is ironic that the pharmacy, which should be promoting healthy living can be under such enormous pressure."

"All wage costs, pension costs are escalating beyond control."

"Recruitment into GP practice/Trust has taken no account of community pharmacy. Pressures and funding cuts mean we cannot compete with them anyway. Things are definitely at breaking point."

"Can't afford to keep staff on, but on the other hand, can't do all the work myself. I'm doing 80-100 hours per week with no pay just to keep my pharmacy alive."

"We have had to reduce our costs as much as we could. The reduction in margin has ensured that any staff member who has left, has not been replaced. This has put intolerable pressure on the remaining staff, with the concomitant stress and mental health issues that necessarily come with that pressure. Whilst we would dearly love to employ more technical staff, we cannot afford to do so. The National min wage, pension contribution increase has added more pressure to the problem."

"How can we provide services when we struggle to manage the basic tasks? Money and staff are required in the system."

"Dispensing staff work extremely hard and have a lot of responsibility, but we are unable to pay them what they are worth. They could get paid more stacking shelves."

"There is pressure to increase pay however my accounts show if I increase pay the business will run at a loss."

"Community pharmacy is in crisis as we can nowhere near compete with the extremely favourable working conditions of hospital / practice-based pharmacy, or the financial incentives of working in the south of Ireland (€50 per hour compared to approx. £18 per hour)."

"I am fearful that the pharmacy network is going to collapse. I can't afford to pay more to entice pharmacists to work/stay in my community pharmacy."

"Fee for full time locums have increased significantly but are still not competitive compared to GP practice/ROI/GB - we can't afford to pay higher."

IMPACT ON CONTRACTOR WORKING PATTERN

"My average day involves being on premises from 8.30am to at earliest 7pm - home, spend 2 hours doing homework with my children, then 9pm-2am paperwork that can't get done during working hours. Average working day hours = 14 hours with 15min lunch break."

"Rarely if ever get a day off, regularly work Sundays to try and catch up. I have reduced annual holiday to 9 days instead of 2 weeks and weekend breaks are out of the question entirely. Actually worked 99 hours in the last week including 3x17 hour days."

"We have reduced staff due to the pharmacy cuts even through workload has increased. We have had to refuse staff leave, working conditions are often unsafe with the pharmacist checking their own work. I now work approx. 80 hours per week."

"Work 6 days per week 9-6pm in pharmacy and then 4 hours at home 1-2am."

"As contractor I have been unable to take holidays & have to work unsafe hours when other staff are off."

"Have had one (1 week) holiday in nearly 3 years. Regularly work 70+ hours/week due to increased workload & lack of available cover when other staff are off."

"Some mornings start at 6am and some nights 3 in the morning. I'm not getting any younger as well."

"Since one pharmacist left for a GP surgery in January, I've been working a 60+ hour week. I work 6 days per week, I come in to work at 6 am most days, then come home in time to get the kids out to school, before getting back to work for 9am. I often don't get home until 7pm. Help!!"

"At the moment I fill the gap however if I was to become ill, I would struggle to operate my pharmacy."

IMPACT ON HEALTH/FAMILY AND RELATIONSHIPS

"I am currently working 50- 55 hours a week; I have had 5 days off in the last year. I have no further holidays planned. My family are suffering as I am unable to spend quality time with them or go on holidays with them. I feel very tired a lot of the time and I am constantly worried about money. Personal relationships are suffering. It would be illegal to make any employee work such hours and under such pressure."

"We're a heart attack or a stroke away from implementing a contingency plan."

"Working all hours to minimise stress on colleagues to the detriment of my health, poor sleep, increased BP, no quality time with my family."

"Sleepless nights, no holidays."

"I now cover most leave myself. The worst was a Monday I needed to work to cover staff leave even though I spent the weekend in hospital and was discharged (but still unwell) at 6pm Sunday evening, the day before."

"My partner and I work 64 hours independently of each other in the business. This does not include paperwork or deliveries. We currently only take 1-week annual leave. We have both had stress related pressures affecting home life and sleep pattern."
"Not fair…affecting my family life. Surely this is against our Human Rights."

IMPACT ON SERVICE PROVISION

"How can we provide services when we struggle to manage the most basic tasks? Money and staff are required in the system."

"No longer have the time to spend with patients to deliver services."

I'm working twice as hard for little or no return. My core work is not paid at a proper level which means extra services are impossible. GPs are diverting their paid workload to me (yet I'm not getting paid for it)."

"These services take away from the core function of dispensing and I just cannot afford that time. Reimbursement does not permit more pharmacy staff to cover the service properly."

"MURs have decreased from 120 to approx. 30 per annum. We can no longer engage in so many community out-reach projects."

"Not enough time to complete all the essential work so unable to do extra services."

"I have trained two pharmacists and offered them full time positions, but both chose to go into GP practice."

"No time for additional services."

"Experience levels have dropped, and it is impossible to provide additional services on current funding structure."

LACK OF EXPERIENCED STAFF

"Decreasing numbers applying to study pharmacy, many older pharmacists leaving the register, pharmacists reducing their hours due to stress and new areas of work (GP) are the perfect catastrophe for pharmacist employment."

"Two reasons: pharmacists are very thin on the ground and any that are available are opting for the less stressful environment... not community pharmacy due to the extremely heavy workload. Secondly due to the financial constraints it is not possible to have a comfortable level of staff in the pharmacies so it will inevitably lead to existing staff leaving for less stressful jobs in different sectors paying more money. Dispensing staff work extremely hard and have a lot of responsibility, but we are unable to pay them what they are worth. They could get paid more stacking shelves."

"We have had to reduce our costs as much as we could. The reduction in margin has ensured that any staff member who has left, has not been replaced. This has put intolerable pressure on the remaining staff, with the concomitant stress and mental health issues that necessarily come with that pressure. Whilst we would dearly love to employ more technical staff, we cannot afford to do so. The National min wage, pension contribution increase has added more pressure to the problem."

"Our full- time pharmacist's father is terminally ill and I am concerned about getting cover when naturally my pharmacist wants to spend time with him."

"At the moment I fill the gap however if I was to become ill, I would struggle to operate my pharmacy."

"The technician who left to join the Trust/Hospital service had ten years community pharmacy experience (in this pharmacy) and had recently completed her training as an Accredited Checking Technician. The 'package' offered by the hospital service for technicians of this level of experience and skill mix (30% increase in salary and 25% increase in leave entitlement) would not be sustainable in a community pharmacy setting in the current funding climate. I have been reliably informed that the hospital service currently regards the pool of community pharmacy technicians as a key target for upcoming recruitment campaigns."

"Impossible to get experienced staff."

"There really is no future for pharmacy if the present situation continues."

LOSS OF EXPERIENCE AND TRAINING INVESTMENT

"One full time pharmacist with twelve community pharmacy years' experience in this pharmacy, including dispensing, service provision (such as MAS and MUR) and pre-registration tutor accreditation left to join GP practice. Current part time (pharmacist with 25 years community experience in this pharmacy, will leave at the end of August with a view to entering GP practice in the next 'intake."

"Pre-reg had to leave as all tutors left. 3 pharmacists and 1 technician on maternity leave in last 24mths."

"The loss of 'institutional knowledge' (patient knowledge and relationships, system operation, dispensing workflows, expert knowledge of processes such as coding of prescription and sourcing of medicines) associated with long serving and experience members of staff is one of the most challenging issues to deal with when staff leave service. The input (in terms of training) required to rebuild this knowledge is challenging and time consuming."

"The time now spent in recruiting new staff and the resources required in training and developing new staff, distracts from time that should be invested in new services and other initiatives."

IMPACT ON OPENING HOURS

"It is only because existing pharmacists are prepared to work six-day weeks, that we have avoided closure on several occasions."

"Extended early morning opening hours (outside of contracted working hours) have been suspended following the loss of the second pharmacy technician. If I am unable to recruit a second pharmacist in the upcoming three months, consideration will be given to closing at lunchtime in order to maintain a safe and efficient pharmacy service."

"I currently open to 6pm Mon-Fri, I am contracted to 5.30pm I have considered reducing my hours to this to reduce my wage bill by reducing staff hours by 10 hours per week."

"Initially my request was turned down. I was told that if I reduced my hours, it would adversely affect my patients. I won on appeal."

"Now closed Saturdays and open at 9am instead of 8.30am."

"I can't as I get rural funding and am required to open 6 days a week."

"Pharmacy close to us has had to close on several occasions due to lack of pharmacist, meanwhile our local surgery has two practice pharmacists making our lives more difficult."

"Had to close shop for half day Thursday afternoon as could not get locum."

PATIENT SAFETY CONCERNS

"The stresses and strains have reached crisis level. We are very conscious of the dangers to patient safety. Recently we have had several near misses and mistakes in the dispensary. "

"We have lost staff and some hours have been replaced, but not all. As a pharmacist, I feel I'm doing too much - going to cause dispensing incidents."

"My staff are working harder than ever and because of the increased workload, mistakes begin to happen."

"Without additional funding to hire more staff, unreasonable and increased workload is creating a stressful and unsafe working environment. New campaigns and schemes cannot be implemented until excising pressures have been eased."

"We have reduced staff even through workload has increased due to the pharmacy cuts. We have had to refuse staff leave, working conditions are often unsafe with the pharmacist checking their own work. I now work approx. 80 hours per week even when on duty."

"Too many items, not enough qualified staff to deliver a safe service - no locums, no holidays extremely stressful."

"If I were to work a normal 45-hour week, patient safety and compliance with regulations would be seriously compromised. I'm extremely worried that if I get sick/burn out, there would be no one to replace me. Likewise if we lose another pharmacist."

"Ignorance of the DoH with all the evidence provided is alarming and dangerous for the public."

IMPACT ON ANNUAL LEAVE

"Holidays cancelled or postponed due to lack of locums causing extra stress and extended working hours."

"There is no slack in the system to allow for holidays/illness/ bereavement/maternity."

"Annual leave doesn't exist. I currently work 50-60 hours per week and this has a serious impact on my home life and three young children."

"Working all hours to minimise stress on colleagues to detriment of my health, poor sleep, increased BP, no quality time with my family."

"I have had to cancel a holiday and decided not to arrange any this year as I can't get cover. I am working 6 days per week."

...We can't cope any longer."

"I rarely get holidays as it leaves staffing levels at a level that isn't safe. I had to cancel a weekend away as a locum wanted off and I could not get a replacement (just this month). I dread the thought of losing staff - not sure how I would cope."

"There is no slack in the system to allow for holidays/illness/bereavement/maternity. It is as if community pharmacists are expected to be SUPER PEOPLE and not have the same stresses as normal people."

It would be lovely to be able to have a holiday booked to look forward to but as I a contractor pharmacist that is a luxury, I'm not able to do."

"Holiday cancelled - difficulty sourcing locums."

"Some of the pharmacists in the Board would need to come out and see and WAKE UP to the reality on the ground. It would be lovely to be able to have a holiday booked to look forward to but as I a contractor pharmacist that is a luxury, I'm not able to do."

UNSUSTAINABLE MODEL

"In 2011 I was concerned but hopeful that there would be a resolution to pharmacy funding. Eight years on I am despairing. I ask myself how much longer can my business survive; how much longer can I maintain good health? Is there any future for community pharmacy? I have been working in my pharmacy for 37 years am I to see all the time and energy I have invested in building up my business disappear? It is a matter of extreme urgency that we see a fair contract with proper sustained funding to community pharmacy."

"There really is no future for pharmacy if the present situation continues."

"We cannot be expected to make up for the shortfall from government financing without critical consequences to pharmacy."

"It has become unsustainable - we currently have me (contractor) and one full time pharmacist. Getting cover for leave is impossible with me taking less to ensure my employees get theirs."

"Our last two sets of accounts have shown a disturbing trend. My brother and I now take minimum wage."

"There have been brief periods like this over the past 20 years, but the current situation is worryingly unrelenting...."

"Every year the workload seems to be increasing with less remuneration. Contractors having to work extra hours over and above the contracted hours to ensure the running of the business. There are constant shortfalls and the business is losing money with nothing available to update/modernise the business."

"This is UNSAFE / UNSUSTAINABLE"

"The current position is untenable."

"There have been brief periods like this over the past 20 years, but the current situation is worryingly unrelenting…."

"Worrying and unsustainable"

"The current position is untenable. I have not booked any summer holidays as I am working to cover leave. There are no pharmacists free."

"When the pharmacy budget is not changing and the offer of higher wages 30 miles away in the South of Ireland then there is a glaring hole which will not be filled anytime soon."

"We cannot be expected to make up for the shortfall from government financing without critical consequences to pharmacy."

"We're not trying to be greedy; we just want fair remuneration for an undervalued element of the health service."

"Just about at breaking point!"

Respondents Comments - Multiples

LOSS OF STAFF

"Exit interviews revealed staff left for a better work/life balance - no weekends, no late nights, proper tea and lunch breaks, protected study time, better career progression/prospects, public sector pension. Ability to do 'flexi' time."

"Continued recruitment into GP federation posts has had a detrimental effect … on community pharmacy roles. It is difficult to understand the calculation that went into creation of these new roles considering a reducing number of students at our largest school of pharmacy QUB e.g. numbers reduced from 160 to 90."

PATIENT SAFETY CONCERNS

"Patient safety is our primary concern. The GP roles have removed an entire level of post 3 years qualified pharmacists from CP. Leaving a depleted workforce of predominately young pharmacists who are being asked to take on roles they are not sufficiently experienced to take on."

"…we have no option but to employ inexperienced, newly qualified pharmacists in management posts in busy pharmacies…. Most concerning of all is that this situation will likely impact on patient safety. Looking forward, we don't see how this situation will improve until the root cause of the problem is resolved – underfunding."

"We have had less experienced/skilled pharmacists and dispensary staff working at the edge of their ability in extremely challenging work environments."

RECRUITMENT DIFFICULTIES

"Advertising for pharmacist and dispenser positions has been continuous for over 18months. Many roles have had no applicants."

"...daily struggle to fill shifts, often relying on the goodwill and commitment from staff to take on additional shifts."

"Number of available locums has dramatically reduced. Locum pool is predominately made up of young relatively inexperienced pharmacists, some of whom you could/would not leave as the RP in a branch."

INCREASING WORKLOAD AND IMPACT ON SERVICES

"There has been an increase in the need for 2nd pharmacist cover and dispensary staff across the business in order to cope with ever increasing workload – this is mainly due to: (1) increasing prescription volume (2) increasing number of patients who require compliance support (3) mushrooming administrative burden borne from the provision of commissioned professional services."

"To safely move to a more service-based contract each pharmacy would require a min of 2 pharmacists."

"Significant reduction in the number of MURs delivered across the company as it is impossible to provide sufficient support to free up the pharmacist to deliver services."

IMPACT ON SALARIES AND LOCUM FEES

"GP practices & hospitals will continue to recruit thus depleting the pool of pharmacists available to community practice. Years of underfunding ensures community pharmacy in NI cannot increase salaries enough to be on par with the rest of the UK and ROI and therefore will struggle to retain contracted pharmacists and to pay external locums."

"Locum fees have increased to remain competitive within the market as the number available has shrunk. Salaries for employees have had to increase in an effort to retain them within the CP sector. As we cannot match GP fed/Hosp nor industry terms and conditions - salaries have risen to compensate in some way for this."

[1] **Some qualitative comments have been removed where there may be sensitive issues.**

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