

20 September 2022

Open Letter to MSPs

**Pharmacy workforce pressures and closures**

I am writing to you about the pressures currently facing the pharmacy workforce in all health care settings in Scotland including community, hospital and primary care services. I anticipate this is something that will have impacted on some of your constituents so I hope you will find this letter useful.

The Royal Pharmaceutical Society is pharmacists' professional leadership body – we are neither a trade union nor an employer/contractor representative organisation – and therefore we are writing to provide some context on this complex situation. The reason we have decided to write now is that we are extremely concerned that the public debate on pharmacy closures is undermining public confidence in pharmacists and pharmacy services, and this may result in a negative impact on patient care. Furthermore, it could damage the NHS Scotland messaging on using pharmacy services first for self-care, which is unhelpful given the looming winter pressures facing the NHS.

The causes of pharmacy pressures are multifactorial including workforce, workplace, contractual and financial issues. Consequently, there is no simple solution.

Pharmacists across all sectors of the NHS have remained accessible to the public and provided essential services throughout the Covid-19 pandemic. Sadly, our members are now reporting unprecedented levels of burnout, adding pressure to a workforce already stretched by workload and Covid-19 absences. NHS Education for Scotland is currently collecting data on pharmacy workforce numbers but data from previous years have demonstrated shortages of pharmacists and pharmacy technicians, with some areas of Scotland more severely affected than others. This year's data are anticipated to provide much needed clarity and detail, but we do know that current workforce shortages are impacting on service provision, ranging from longer waiting times to reduced range of services and temporary pharmacy closures. It is important to stress that closures are only affecting a very small proportion of the total pharmacy service.

However, to attribute the problem to a workforce shortage alone would be an extreme oversimplification. In some cases, the working environment for pharmacists is not optimal. Our workforce wellbeing survey of pharmacists working across all sectors identified issues including pharmacists' inability to take rest breaks which are essential for both patient safety and staff welfare; unsafe staffing levels; a lack of access to training and development; inflexible working arrangements due to fixed pharmacy opening hours; and an unsupportive culture. Addressing poor working environments could reduce long-term vacancies.



We want patients to benefit consistently from access to high quality, safe pharmacy services. A closed pharmacy cannot help patients at all, but neither is it desirable to open a pharmacy that is inadequately staffed. Community pharmacy owners are NHS contractors and therefore must report a closure to their local NHS Board via well-established processes. It is up to Boards to monitor closures, look for patterns and take action if a pharmacy is in breach of their NHS contract. NHS Board Directors of Pharmacy have contractual levers available to them which are described in current pharmaceutical services regulations; they are best placed to advise on whether these levers are sufficient. Furthermore, if either community pharmacies or individual pharmacists do not meet professional standards, then there are existing regulatory and legal mechanisms in place which pharmacy's regulator, the General Pharmaceutical Council, can advise you on.

The Royal Pharmaceutical Society is encouraging everyone involved in pharmacy to act with professionalism and respect, and to consider prioritisation of pharmacy services. By this we mean:

*Professionalism:* every health professional should remember their duty to make the care of patients their first priority.

*Respect:* pharmacy employers and pharmacists should respect each other around healthy working environments and remuneration negotiations; and there should be zero tolerance of abuse and violence from members of the public towards pharmacy teams.

*Prioritisation:* in preparation for winter when pressures may grow even further, clear plans should be agreed to temporarily prioritise core pharmacy activities to ensure safe patient care and to maintain the prescribing and supply of medicines for patients.

I hope this provides some context to this complex area. It is essential that a way forward is agreed that ensures patients benefit consistently from high quality, person-centred, adequately staffed, safe pharmacy services. I would be very happy to meet with you to discuss the content of this letter in more detail. If this would be of interest, please contact our Head of External Relations, Ross Barrow, by email [Ross.Barrow@rpharms.com](mailto:Ross.Barrow@rpharms.com) or on 020 7572 2224, so we can arrange a mutually convenient date.

Yours sincerely



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