ROYAL PHARMACEUTICAL SOCIETY

Pharmacy Workforce Summit Report: right place, right time, right number – positioning the workforce for patients

March 2017

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1. Introduction

On 12 January 2017, the RPS held a workforce summit that focused on hospital care and how it permeates out into the community. Section 3 of this paper summarises the priority issues, challenges and opportunities facing the pharmacy workforce and recommendations that can be considered for policy development by the RPS boards – as described by participants in the summit.

The summit also provided an opportunity to hear from speakers about developing and future services, and models of care (see section 4 for a summary of the speakers' presentations). The summit allowed colleagues from across GB to network and collaborate to identify where the workforce fits into future services and models. In addition, the summit allowed RPS colleagues to consider issues pertinent across sectors and areas of the profession, including science, academia as well as patient facing roles. Speakers were selected because of their focus on hospital/ integrated care and although most were based in organisations located in England, the issues presented related to patient care across GB.

2. Background

In August 2015, the RPS published the vision paper – 'Transforming the Pharmacy Workforce in Great Britain' that set out a direction of travel for the pharmacy workforce over the coming years and that placed patients at the centre of all that pharmacists and their teams do, promoting proactive, compassionate pharmaceutical care and encouraging professionals, services and organisations to work together.

Transformative scaling up of health professionals' education and training requires sustainable expansion and reform of education and training **to *increase the quantity, quality and relevance of health professionals.*** Doing this will ***strengthen country health systems and improve population health outcomes.*** In other words, transforming the workforce is not just about the supply of the workforce but also that it is capable and acceptable to the public.

Links: https://www.rpharms.com/resources/reports/transforming-the-pharmacy-workforce

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

In 2016, the RPS published its Roadmap to Advanced Practice, which describes the support and development that may be needed to undertake and deliver pharmaceutical care to complex patients with a variety of co morbidities and needs, often described as the pathway to advanced generalism. Both documents are useful starters in describing the workforce the country needs and the challenges we face, as well as some of the development opportunities that are needed to harnessed and built upon to meet the challenges.

Link: https://www.rpharms.com/news/details//The-RPS-Roadmap-to-Advanced-Practice

3. Emerging themes and considerations

The following workshops considered the priority issues, challenges and opportunities facing the pharmacy workforce:

Workshop 1: Right place – new models of care and creating an integrated workforce.
Workshop 2: Right time – doing the right things – what should the workforce be doing?
Workshop 3: Right number – what sort of pharmacists are needed: skills, knowledge and behaviours.

Themes that emerged from the presentations and discussions at the workshops, each with their own recommendations can be considered for policy development by the RPS boards. RPS plans for supporting workforce development will also be highlighted.

Integration

For consideration:

a) The pharmacy workforce should be enabled to work across all sectors by collaborating with pharmacy colleagues in a range of roles. The terms hospital pharmacist, community pharmacist etc. are becoming less meaningful as pharmacists must increasingly be able operate in all care sectors. Consideration needs to be given as to how barriers to cross-sector working can be removed in order to provide e.g. 7 day/week access for patients, integrated urgent care etc.

b) The pharmacy workforce must be enabled to work across all patient care pathways/journeys across the health and social care system. Consideration needs to be given to the appropriate deployment of a pharmacy workforce providing clinical care as well as the supply of medicines. Jobs and roles will need to be increasingly designed to integrate across care settings. Annual job planning where employers and employees agree what activities will take place, for how long and where supports productivity. As does effective rostering to ensure safe staffing levels and efficient deployment of staff.

c) Critical to the development of an integrated pharmacy workforce is the provision of integrated training programmes i.e. placements that cover primary, secondary and community care. Education commissioners, education providers, employers and regulators should work together to put these in place.

d) There is a need to maintain pharmacy workforce supply across all sectors – especially the greater supply of advanced generalists (over specialists) who are more likely to meet the needs of an increasingly elderly population with multiple morbidities. This will include pharmacist prescribers so adequate access to training in this area is required.

Collaboration

For consideration:

a) Relationships need to be strengthened not only within the pharmacy workforce but with other healthcare professionals, commissioners and managers. The pharmacy workforce has its own USP and is not just about filling gaps. Roles and responsibilities need to be promoted to ensure greater understanding.

b) Promote the development of multi-disciplinary hubs of high quality care where pharmacy is central to medicines provision and clinical services. These may be described as care centres, are based in the community so therefore they are closer to the patient's home and enable them to be seen, diagnosed and treated as soon as possible. Pharmacy services could include pharmacists in the GP practice, a pharmacy providing diagnostic tests, health checks and advice on medicines. Other services provided would be outpatient clinics, diagnostics, community health and community mental health.

c) Person-centred medicines optimisation and pharmaceutical care should be provided whenever and wherever the patient prefers – this will support joint-decision making and care closer to home.

d) Clinical networks should be set-up where they don't exist (or strengthened where they do exist) to co-ordinate what pharmacy services can be provided across a geography and by which organisations. This might mean some organisations cease to deliver services that do not add value to the patient experience and that other organisations take on new services. These clinical networks should be integral to advising on the development of workforce and training plans that ensure access to e.g. independent prescribing and advanced clinical skills training.

RPS Plans for Supporting Workforce Development:

1. Further development of standards and guidance relating to workforce development including the update of the RPS Professional Standards for Hospital Pharmacy Services;
2. Implementation of the Roadmap to Advanced Practice;
3. Development of an essential guide for hospital pharmacy;
4. Development of an ultimate guide for aspiring chief pharmacists (in collaboration with the Centre for Pharmacy Postgraduate Education).

4. Presentations

i). Challenges and Opportunities facing the healthcare workforce – Dr Patricia Oakley, Director, Practices Made Perfect Ltd

Summary

The changing demography and healthcare needs of an ageing population with increasingly complex medicine regimens within a cost constrained healthcare system means that different types of service will be needed.

Pharmacy has the opportunity to occupy the middle ground (the place-in-the-middle) between home and hospital. This is an important area to develop health and social care services as the NHS adapts to managing the increasing demand for Long Term Conditions (LTCs).

Local integrated care organisations, staffed by multi-disciplinary teams are emerging e.g. the Nelson Centre in London – a modern NHS facility described as a 'Care Centre' offering outpatient clinics, diagnostics and mental health services in the community. Services will aim to improve quality of life for the elderly population, people with LTCs and patients undergoing palliative care. Primary and secondary prevention programmes, rapid response and improved patient flows including rapid hospital discharge will also be delivered. This model of care will provide a crucible of change in workforce development. Specialist pharmacists in paediatrics, mental health etc. are too thinly spread – more advanced generalists are needed. Improved workflow design, job design, workforce flexibility and deployment will support delivery of these services.

ii). Right place: new models of care – Ravi Sharma, Programme Clinical Lead (Clinical Pharmacy), NHS England

Summary

Following the publication of NHS England's Five Year Forward View and the NHS Planning Guidance every healthcare system is required to create a local plan to improve health and

wellbeing, care quality and financial sustainability across 44 areas (footprints) in England. These are called sustainability and transformation plans and are being developed by organisations working together across health and social care. The STPs face challenges of lack of investment, insufficient workforce, rising demand and inadequate infrastructure/IT. Redesigned models of care will need to be able to address these issues and are being developed in 50 vanguard sites in England with a focus on:

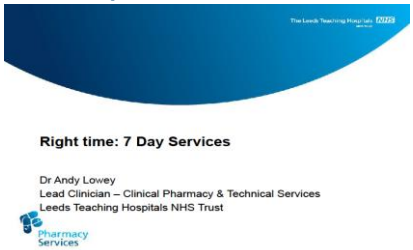
- Integrated primary and acute care systems;
- Enhanced health in care homes;
- Multispecialty community providers;
- Urgent and emergency care;
- Acute care collaborations.

Pharmacy is uniquely placed and involved with several vanguard sites. The Pharmacy Integration Fund (PIF) will support pharmacy to integrate across care pathways and develop clinical pharmacy practice in a wider range of primary care settings to support better outcomes for patients. Initial priorities for the PIF include: urgent care, care homes, digital and workforce (including grants for postgraduate clinical studies, access to independent prescribing qualifications and the production of a workforce plan.) An additional 1,500 pharmacists working in GP practices are planned in England by 2020/21.

Links: https://www.england.nhs.uk/commissioning/primary-care-comm/pharmacy/integration-fund/
https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

iii). Right time: seven day services – Dr Andy Lowey, Lead Clinician – Clinical Pharmacy and Technical Services, Leeds Teaching Hospital NHS Trust

Summary



Pharmacy services were identified as a priority within the Keogh review of urgent and emergency care. At Leeds Teaching Hospitals NHS Trust, a working group was formed and issues identified for delivering a seven day Medicines Management and Pharmacy Service (MMPS) including:

–Improving pharmacy ward presence weekends;
–Improving medicines reconciliation performance at weekends;
–Review of shift leadership and handover;
–Patient experience –information on medicines;
–Digital transfer of information to GPs;
–Improving consistency of access to specialist pharmacist advice.

The following changes were made:

- New integrated 7 day (all day) rotas across all 5 clinical pharmacy "clusters"
    - pharmacists, pharmacy technicians and pharmacy support staff';
    - specific focus on acute medicine as a priority;
- Introduction of prioritisation system for patient review;
- New "huddle" system across all teams;
- New pharmaceutical care section embedded in medicines chart;
- Use of electronic handover tool to highlight outstanding/high risk issues to follow-up;
- Replacement of on-call "resident pharmacist" service with shift systems across 24hours, 7 days a week;
- Extended aseptics opening hours (8am-8pm Mon-Fri and 8am-6pm Sat/Sun)
- "Whole department" approach to reconfiguring rotas to support 7 day services, led by the MMPS Senior Leadership Team.

Improved skill mix (utilisation of non-registrants in ward areas and releasing pharmacist time through the use of highly skilled pharmacy technicians) and IT developments can release registrant resource to improve patient care. Expanding the use of independent pharmacist prescribers helps improve patient flow. Supply of workforce needs to be considered – this is challenging for pharmacy technicians and working Monday to Friday only appeals to some staff so retention can be an issue. More advanced generalists are needed (rather than specialists). Service specifications for each work area should map competencies rather than roles.

Links: https://www.rpharms.com/resources/reports/seven-day-services-in-hospital-pharmacy

iv). Right number: integrated training placements – Laura Doyle, Head of Pre-registration, Welsh Centre for Pharmacy Professional Education

Summary

The Welsh Centre for Pharmacy Professional Education has provided centrally funded educational support for hospital pre-registration pharmacists for over 10 years. The WCPPE pre-registration trainee pharmacist training programme has been designed to complement work place learning and combines face-to-face conferences and regional days with eLearning and other elements. A GPhC accredited integrated pre-registration programme has been developed at Betsi Cadwaladr Health Board (BCUHB). This is seen as an opportunity to progress to integrated MPharm and follows the successful development of split pharmacist roles in BCUHB. The role of the pharmacist is developing rapidly and pre-registration training needs to reflect this.

The vision is that the pre-registration pharmacist is taken from student to professional by giving them the opportunity to experience and deliver pharmaceutical care in a range of

settings. They register with a complete understanding and experience of the patient journey and how they interlink and are competent and confident in any area of practice as a well-rounded day one pharmacist.

The move towards integrated multi-sectoral pre-registration placements is part of the Modernising Pharmacy Careers in Wales bigger picture. A phased approach to moving to a five year integrated degree with co-terminus registration and graduation is being taken:

- Phase 1: Maximising the outcomes from the current 4 + 1 model
- Phase 2: Modular integrated pre-registration year
- Phase 3 : Five year integrated MPharm programme

Links: https://www.wcppe.org.uk/pre-registration

v). Right place: sustainability and transformation plans –where does pharmacy fit in? – Aamer Safdar, Principal Pharmacist, Lead for Education and Development, Guy's and St Thomas' NHS Foundation Trust

Summary

The STP footprint in South East London is composed of 4 acute hospital trusts, 2 mental health trusts, 6 clinical commissioning groups and 355 community pharmacies. It covers a population of 1.7 million with a medicine spend of £500 million. Primary care is orientating itself around Local Care Networks (LCNs). An important part of the STP is optimising the workforce necessary to improve productivity and quality through provider collaboration.

A clinical pharmacy service is being designed that optimises the use of medicines, technology, workforce and collaboration within and across organisations. The priorities are:

- Improve patient experience by embedding a person-centred approach;
- Give patients greater opportunities to discuss medication related aspects of their care through their care pathways;
- Reduce unwarranted variation in clinical pharmacy services across SE London by embedding principles of medicines optimisation into routine practice;
- Improve clinical productivity and patient safety through increased deployment of pharmacy staff, of complimentary skill-mix in patient facing roles;
- To improve the sub-optimal use of medicines, including tackling non-adherence for the citizens of SE London.

The service model is based around: urgent and emergency care, admissions, inpatient review, transfer of care and outpatient review. The workforce will be aligned around patient pathways with the right person undertaking the right activity with the right skills underpinned by the right training and support via a system wide educational infrastructure.

Links: https://www.england.nhs.uk/stps/

vi). Right time: efficiency and productivity – what is the model hospital pharmacy department? – David Campbell, Chief Pharmacist and Clinical Director of Medicines Optimisation, Northumbria Healthcare NHS Foundation Trust

Summary

One size does not fit all and service considerations are increasingly complex i.e. multidisciplinary, across organisations and care pathways. There is variability across hospital pharmacy departments (as described in the Carter Report) e.g. number of pharmacy staff versus medicines per Weighted Activity Unit (WAU). There is also variability in skill mix, the percentage of completed medicines reconciliations within 24 hours of admission and views on pharmacy expressed within the national inpatients survey. Other metrics also show variability.

There is a conceptual difference between effectiveness and efficiency. The former 'does the right things' and the latter 'does things right'.

Effective:

- Clinical; adds value to patient care; value seen external to service; judged using important clinical outcomes; typically required 365 days of the year;
- Pharmacists prescribing routinely for all inpatients; medicines review as part of medicines reconciliation process; other clinical roles; facilitating discharge; operating across and into primary care; clinic roles; requires basic examination skills and other advanced clinical skills;
- Pharmacy technicians in patient facing roles including; managing patient's own medicines, drug administration (including IVs), drug history taking, pre-operative assessment clinics, counselling, transfer of care.

In-effective might include in-house procurement/manufacturing/outpatient dispensing/discharge dispensing.

Efficient:

- 'Right' scale of service;
- 'Right' numbers of staff;
- 'Right' Agenda for Change band;
- 'Right' mix of technical and clinical staff (multidisciplinary)
    - Using technology where it helps;
    - Balancing act – patient needs; service needs; staff members' needs.

- Adopting human relations approach to leadership/management:

- Staff working at the boundaries of their capability (whilst being supported);
- Job design/content e.g. responsibility, team work, patient focused;
- Staff development;
- Job satisfaction/staff motivation;
- Leads to higher performance.

Links: https://www.sps.nhs.uk/articles/hospital-pharmacy-and-medicines-optimisation-project-hopmop-external-stakeholder-newsletter-august-2016/

vii). Right number: new roles and skill mix – Tess Fenn, President, Association of Pharmacy Technicians UK (APTUK)

Summary

The current areas of practice for pharmacy technicians covers all pharmacy sectors.

Generalist roles include medicines optimisation activities, dispensing/procurement/distribution/IT and robotics management, clinical trials co-ordination, provision of medicines information and delivery of home care and technical services. Specialist roles cover accredited accuracy checking, provision of education, professional standards, governance, operations management and administration of medicines.

Recent research conducted by the University of East Anglia, in collaboration with the APTUK, classified tasks undertaken by pharmacy technicians in hospital and community sectors as: technical (maintenance of pharmacy supplies/medicines management/management of controlled drugs/quality assurance/ data analysis & reporting and aseptic for Hospital tasks), clinical (**clinical-hospital** sub divided into communication & interaction/self-administration/clinical specialties/ patient discharge /clinical trials; **clinical–community** sub divided into communication and interaction/ essential services/advanced services/enhanced Services), training and management. There is a desire for both hospital and community pharmacy technicians to expand their roles.

Barriers to developing the role of the pharmacy technician included:

- Management culture;
- Pharmacist unwillingness or relinquish roles and responsibilities;
- Pharmacy technician relationship with pharmacist;
- Lack of understanding of the role and skills set;
- Level of qualification required for registration;
- Lack of professional recognition;
- Lack of a post-registration career framework;
- Lack of funding to support development;
- Availability of opportunities for development;

- APTUK not seen to represent all members of profession equally;
- Attitudes of individual members of the profession.

Approaches that facilitate the development of the role of the pharmacy technician included:

- Management embracing pharmacy technician-led services;
- Greater understanding of the role and skills of the pharmacy technician;
- Positive relationships with pharmacists;
- Organisational culture of training and development;
- Continuing changing healthcare landscape;
- Access to training;
- Attitudes of individual members of the profession;
- Effective national leadership.

Links:
http://eoenhspharmacytech.uea.ac.uk/documents/8897594/0/Identifying+the+Roles+of+Pharmacy+Technicians+in+the+UK+-+Final.pdf/9f85cc8a-c4ef-4d79-89b5-f24a86a2f54e

5. Summary

Only through integration, collaboration and emerging from traditional siloes can effective delivery of person-centred pharmacy services (by pharmacists and pharmacy technicians acting at the top of their professional roles) be achieved. Pharmacy has to increasingly occupy the middle ground between home and hospital in order to make the greatest impact on patient care and the patient experience. This is where the 'crucible of change' will occur for the transformation of the pharmacy workforce.

More than ever before, pharmacy is in the healthcare policy spotlight: in England, the Five Year Forward View and Carter Report recommendations; in Scotland, the implementation of Prescription for Excellence (complementing the Scottish Government's 2020 Vision Route Map) and in Wales, Together for Health and the Modernising Pharmacy Careers Programme. However, policy statements must be underpinned by sufficient funding, adequate access to training and needs-based workforce development. Alignment of all these factors is essential to secure the right pharmacy staff, with the right skills, in the right place, at the right time and in the right numbers for patients and public.

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