



# The Pharmacists' Defence Association

## Community Pharmacy Patient Safety Survey 2015/2016

| representing **your** interests |

| defending **your** reputation |

## Background and Demographics

A survey of community pharmacists was conducted using SurveyMonkey. Responses were received between 16/10/2015 and 26/01/2016.

Respondents were asked at the outset *“When you are working in community pharmacy, for which pharmacy employer do you spend the majority of your time working as the Responsible Pharmacist? (For the purposes of this survey we will call this your main employer)”*.

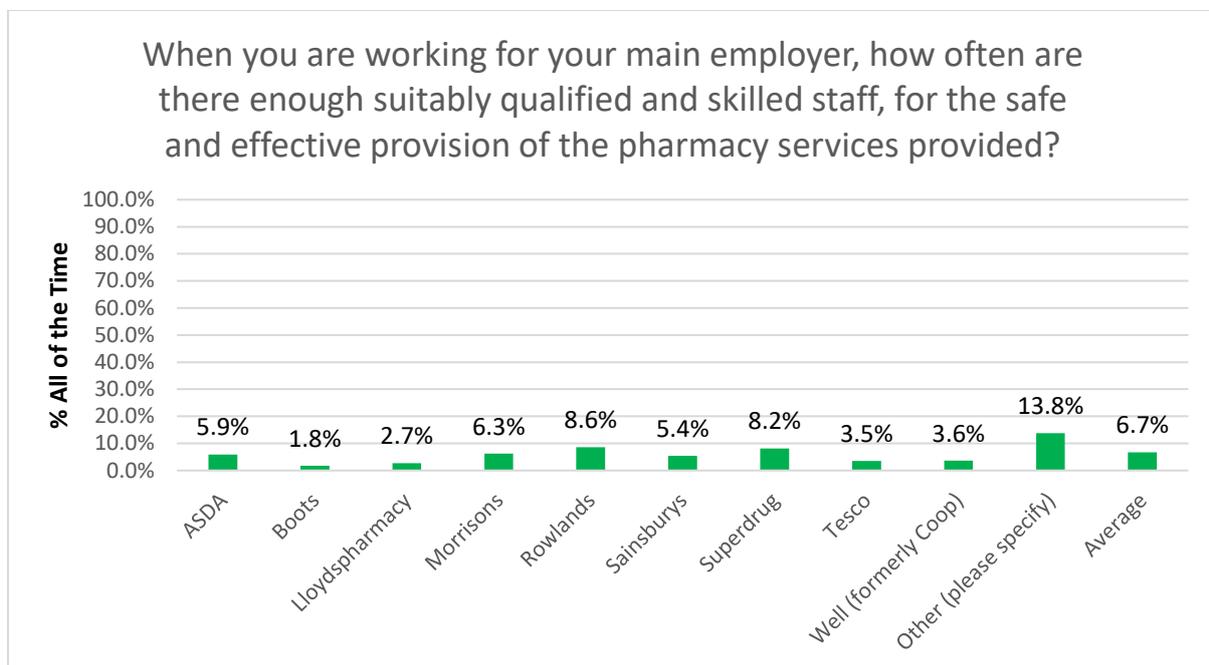
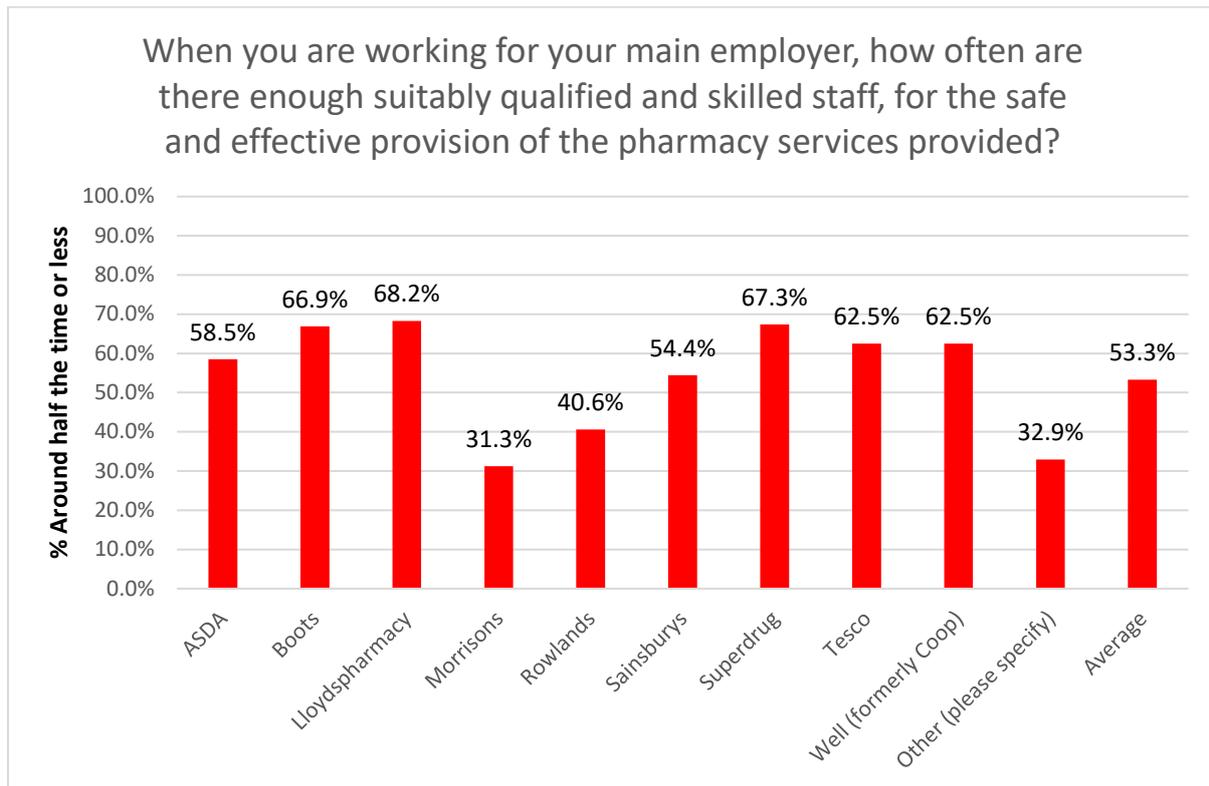
All questions received 2,849 responses.

<b>Employer</b>	<b>Total number of responses</b>
<b>ASDA</b>	135
<b>Boots</b>	625
<b>Lloydspharmacy</b>	444
<b>Morrisons</b>	32
<b>Rowlands</b>	175
<b>Sainsburys</b>	147
<b>Superdrug</b>	49
<b>Tesco</b>	200
<b>Well (formerly Co-op)</b>	192
<b>Other (please specify)</b>	850
<b>Total</b>	2,849

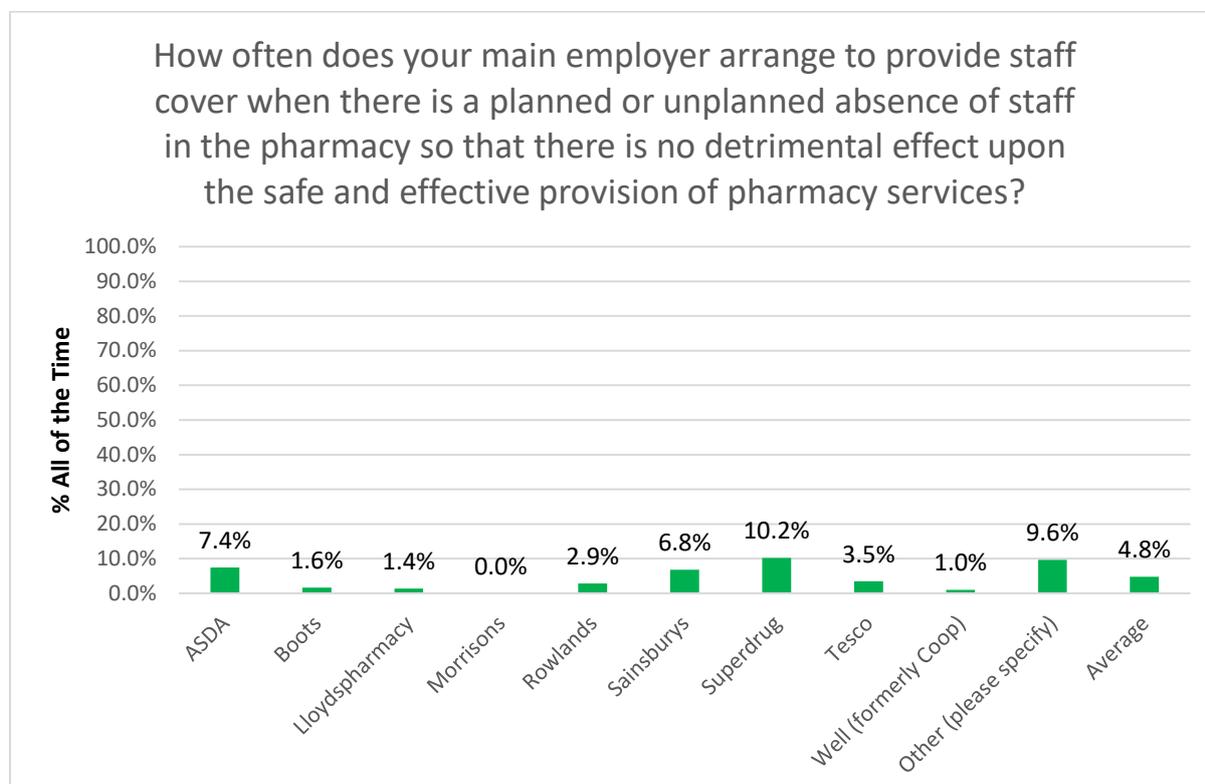
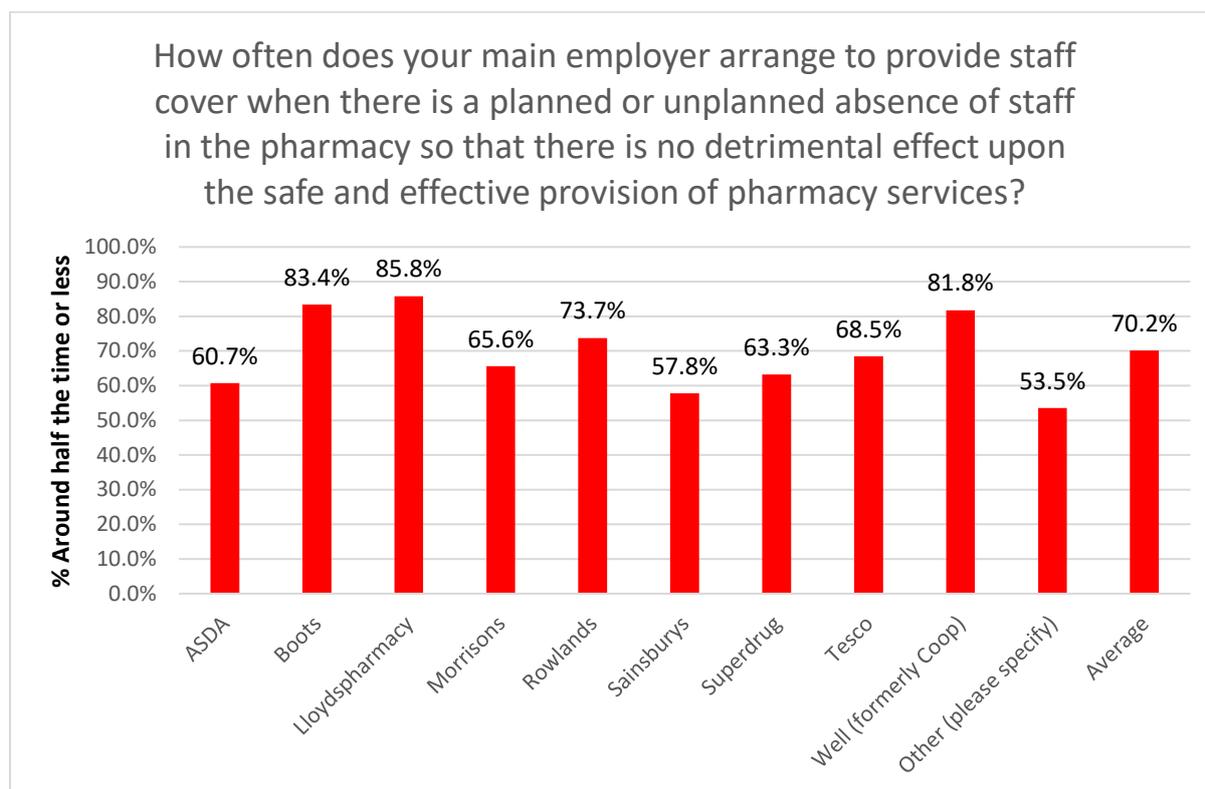
<b>Employee</b>	1,524 (63.38%)
<b>Locum</b>	1,349 (52.49%)

24 respondents selected both employee and locum.

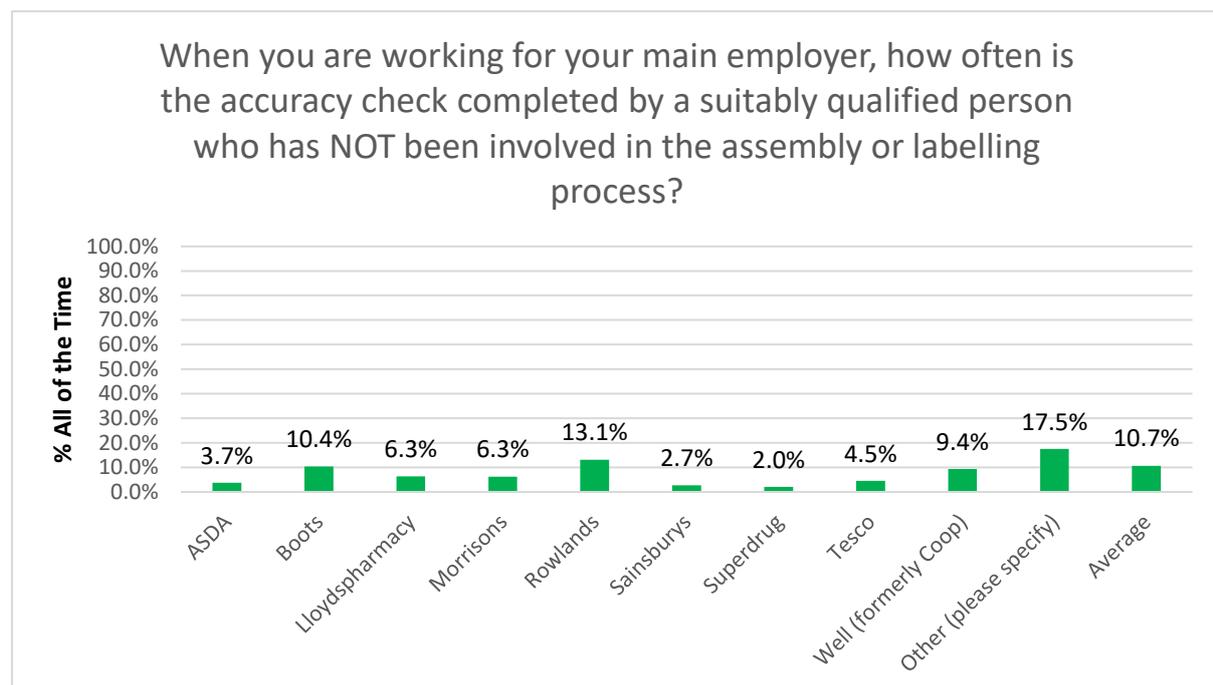
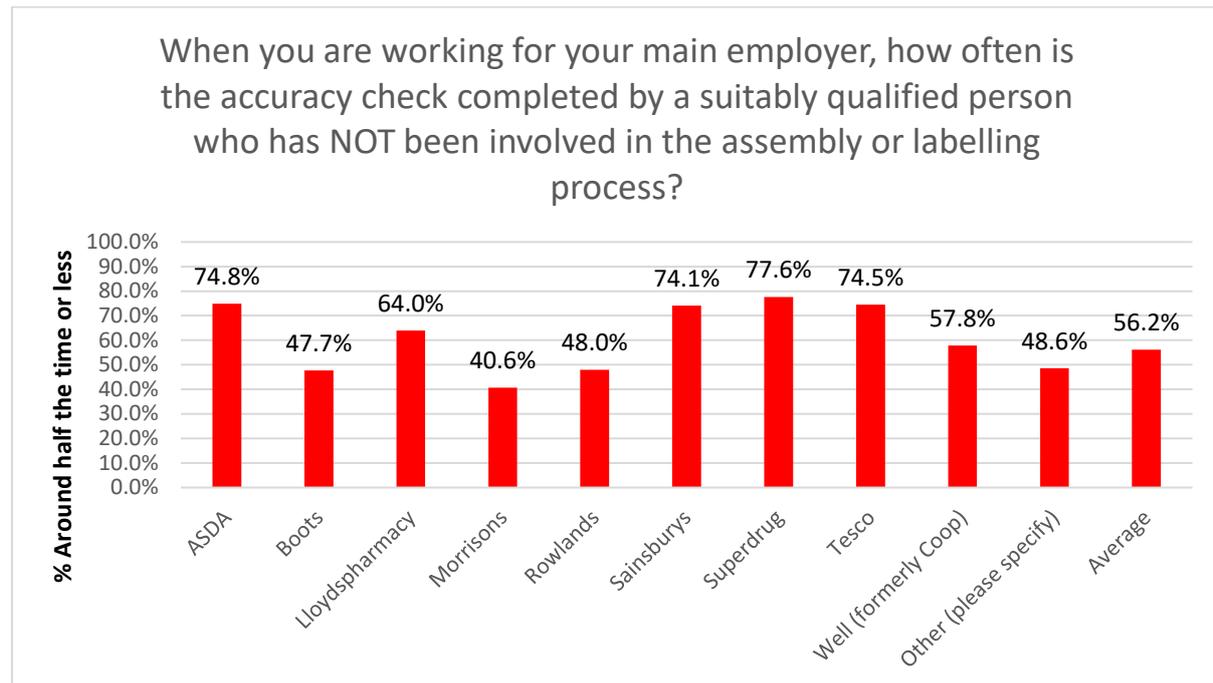
## Staffing Levels to Ensure Safety



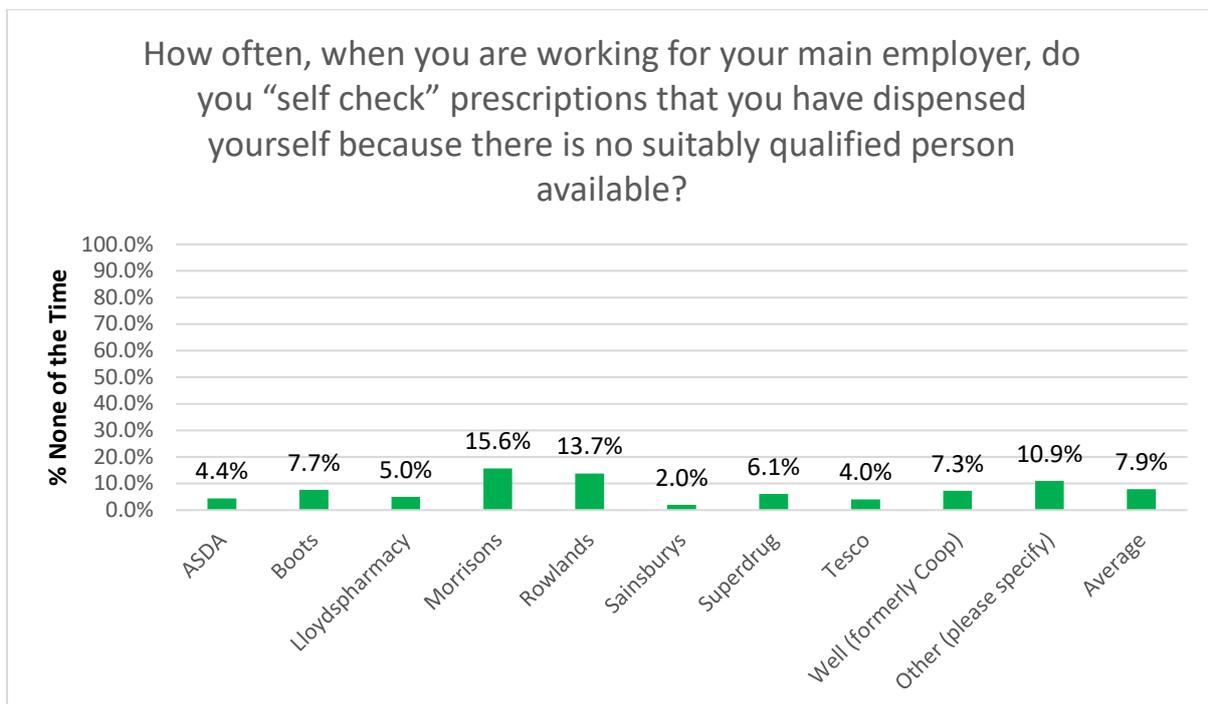
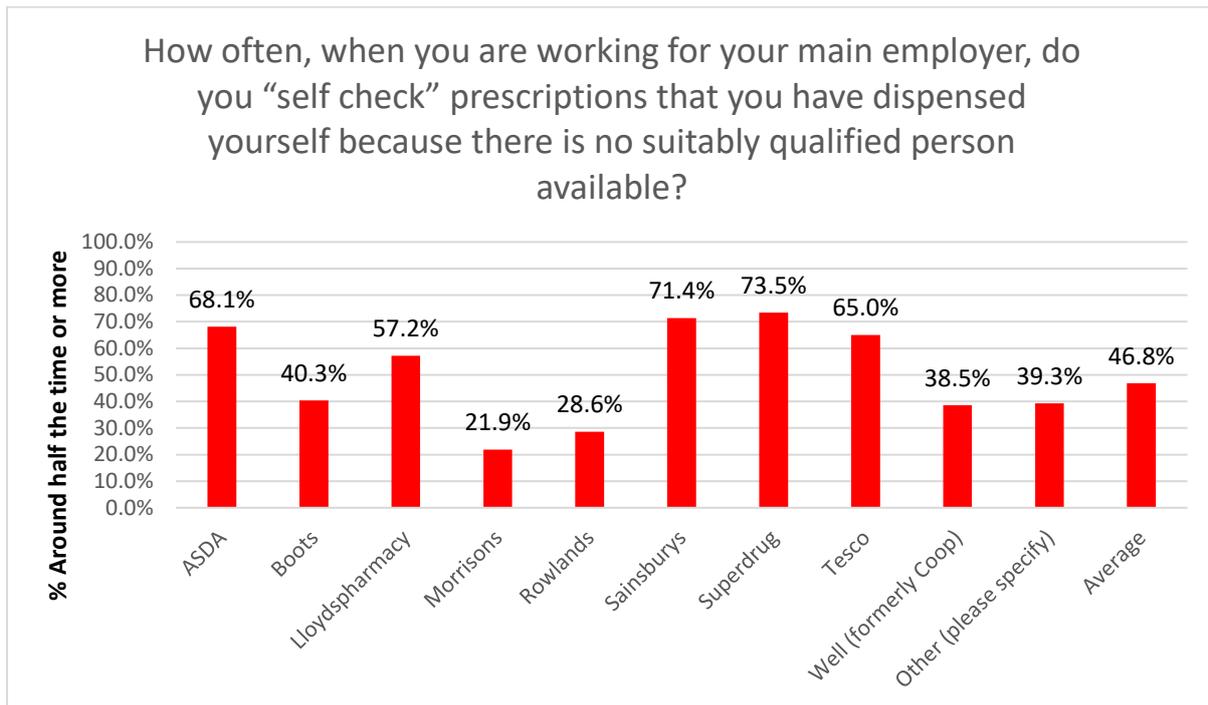
## Staffing Levels – Absence Cover to Ensure Safety



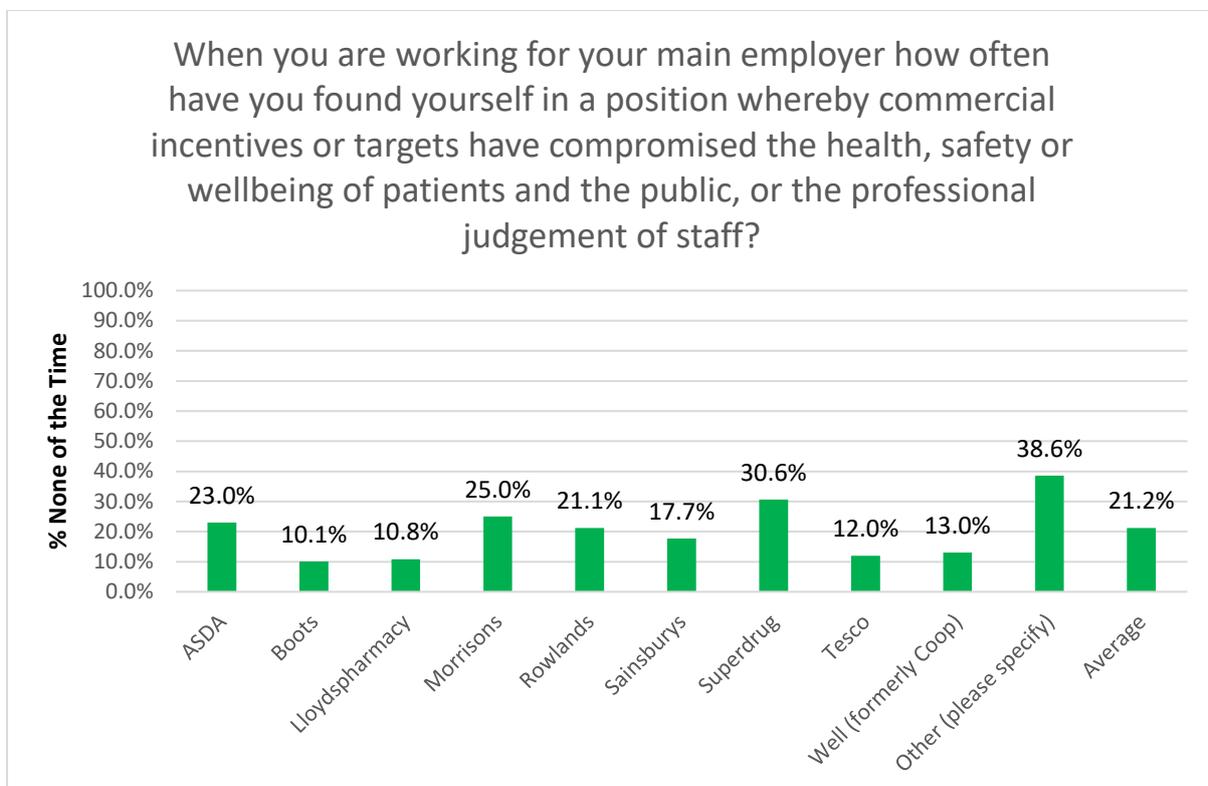
## Accuracy Check by Person not involved in Dispensing



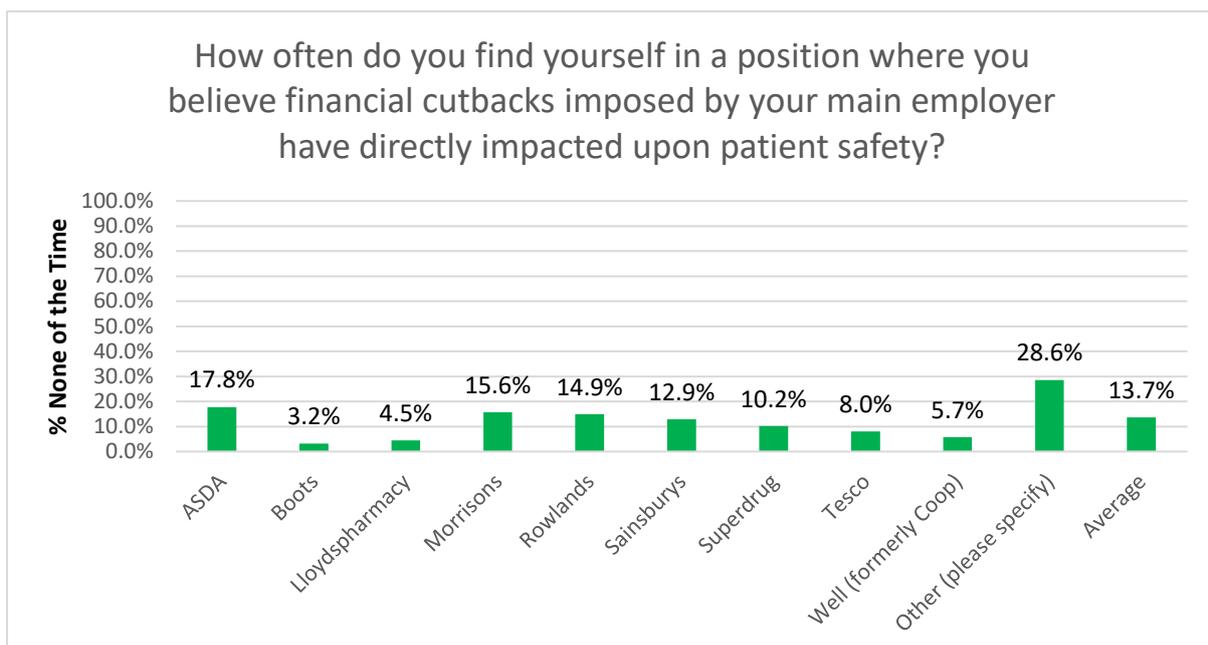
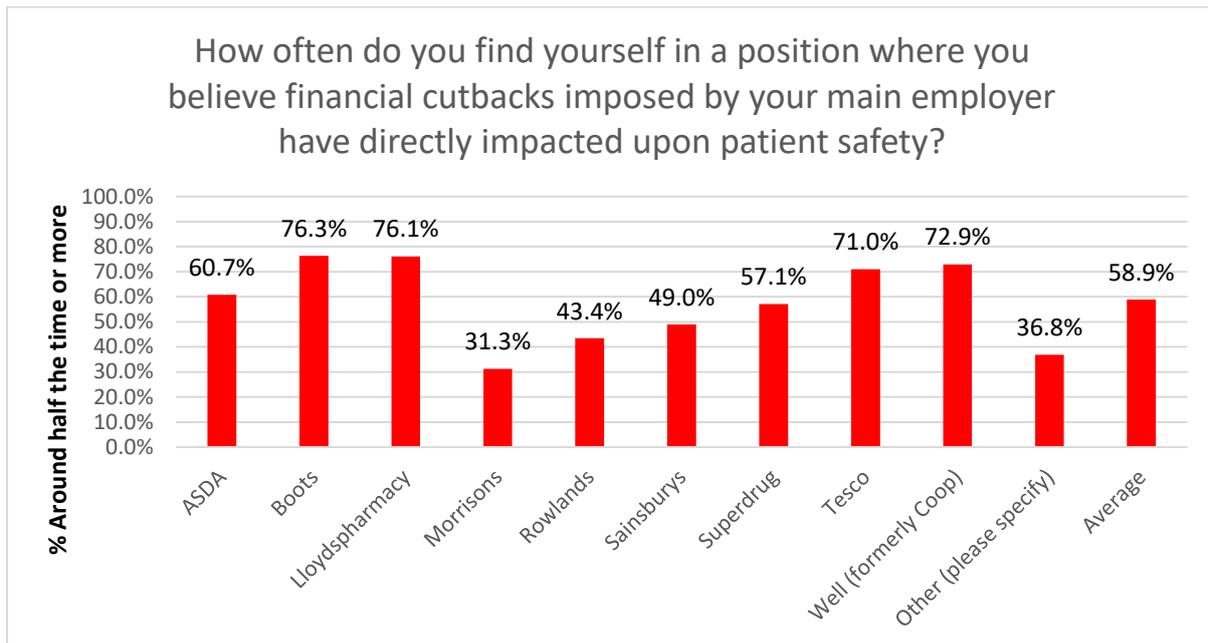
## Unavoidable Prescription Self Check



## Commercial Incentives / Targets



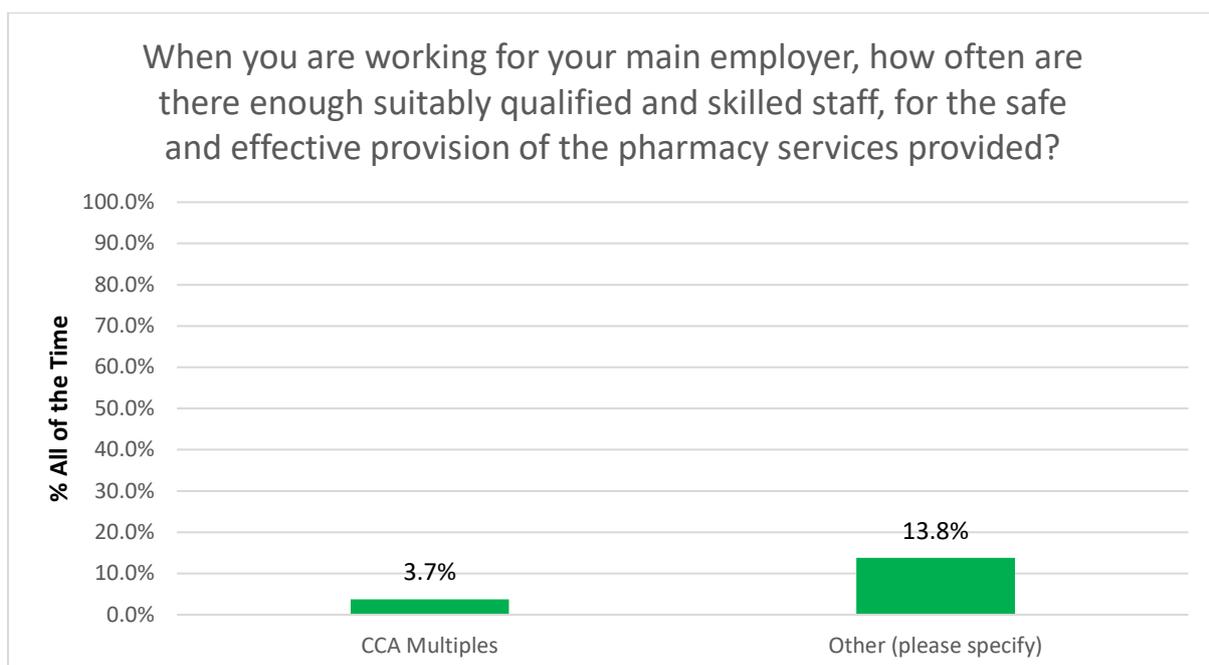
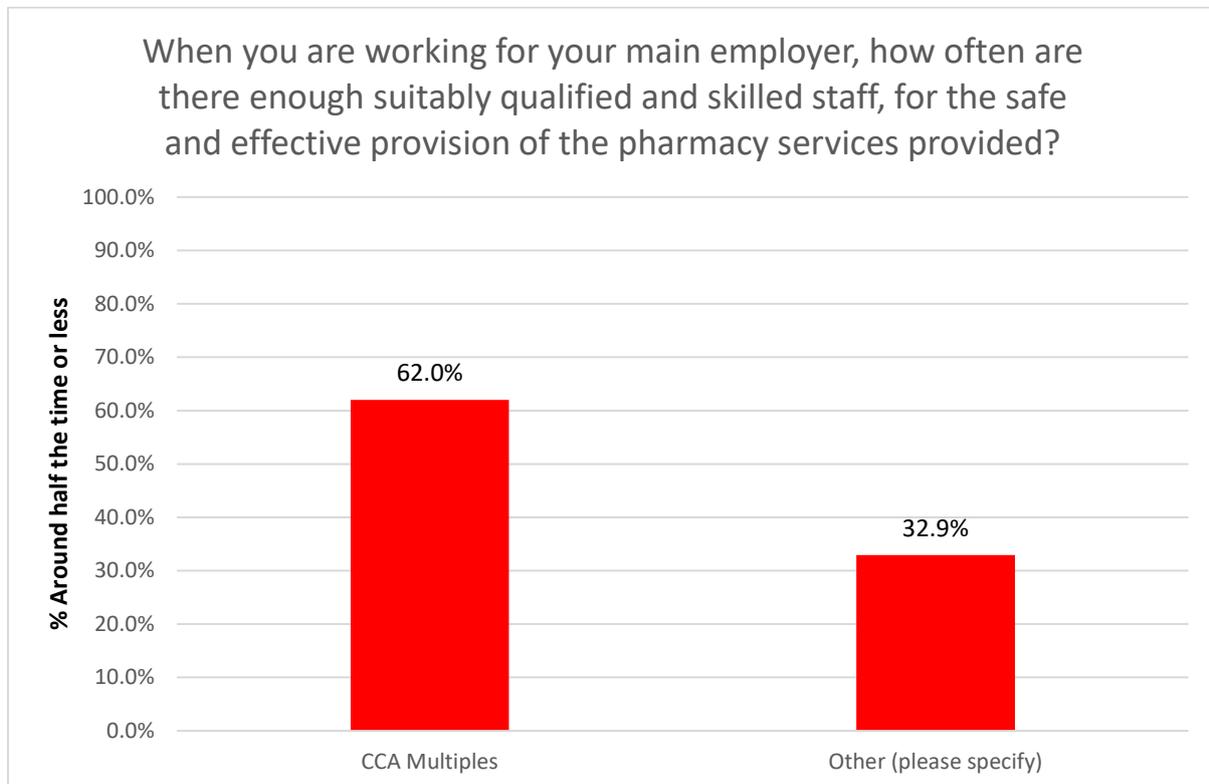
## Financial Cutbacks Affecting Patient Safety



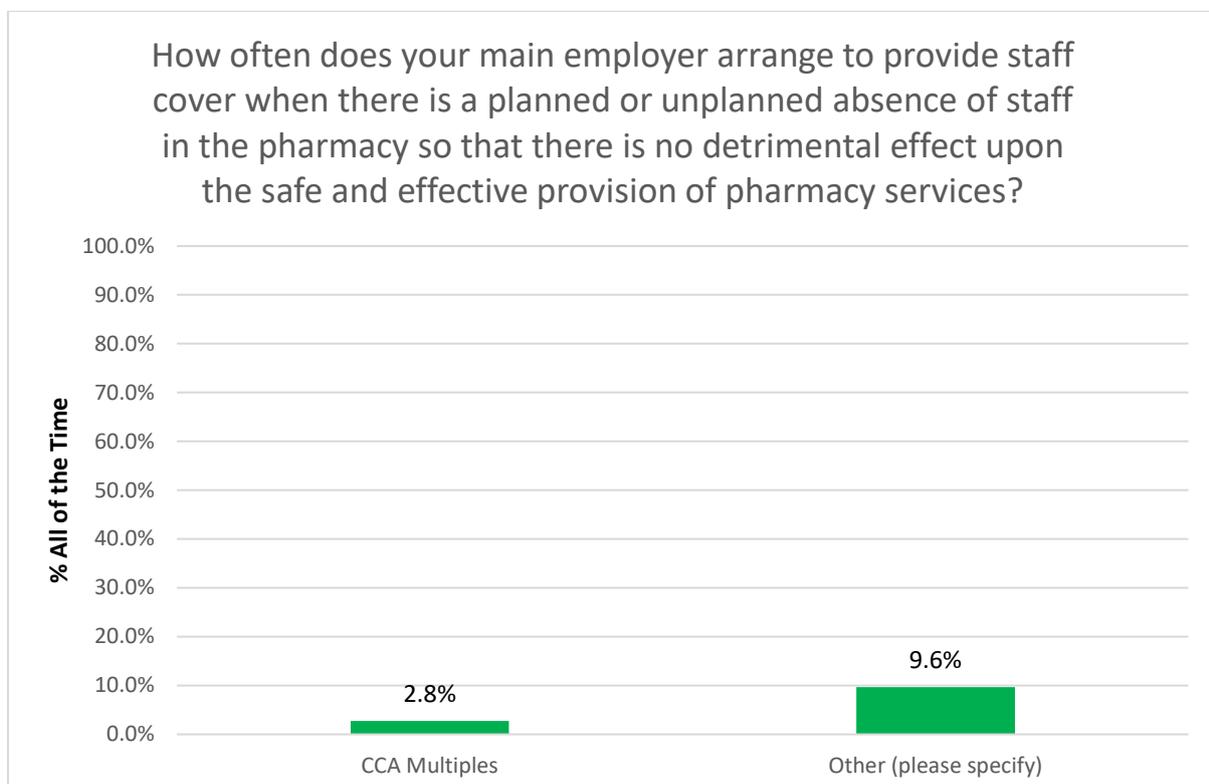
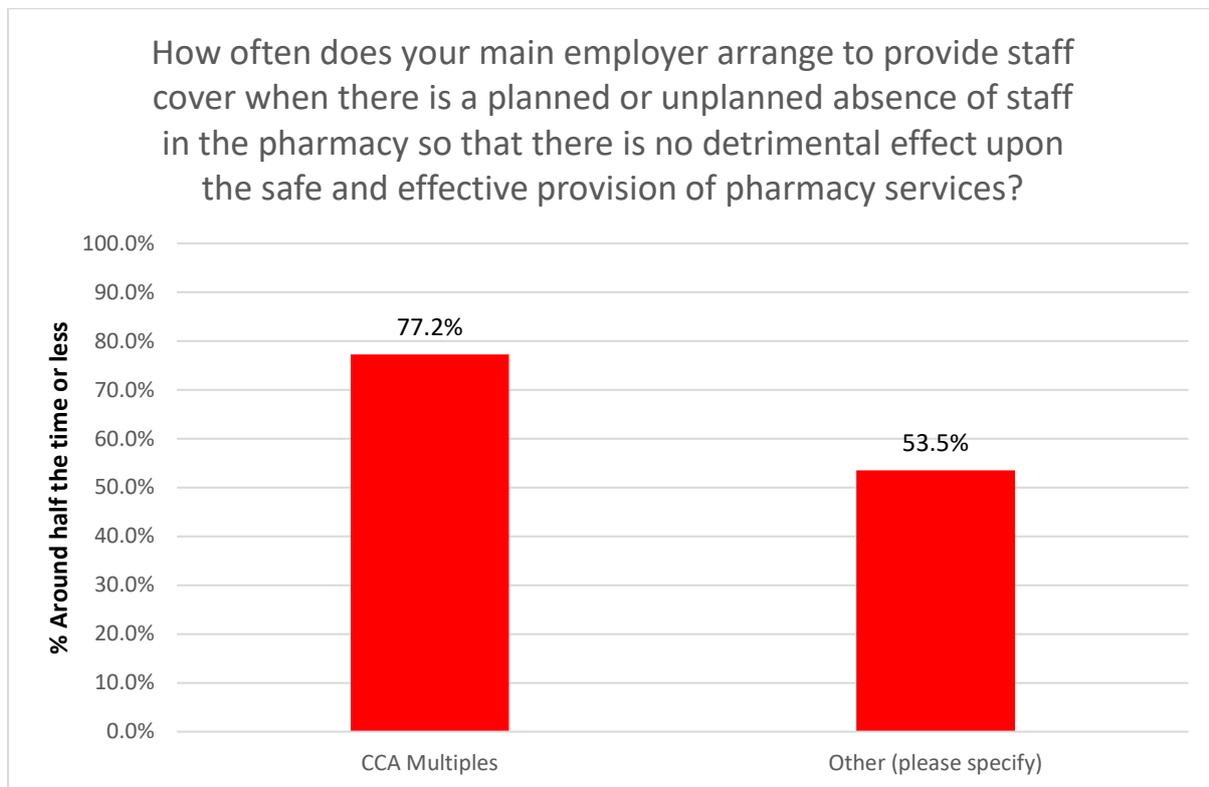
## Large (CCA) multiples compared to smaller multiples and independents

CCA multiples includes ASDA, Boots, Lloyds, Morrisons, Rowlands, Sainburys, Superdrug, Tesco, Well (formerly Co-op)

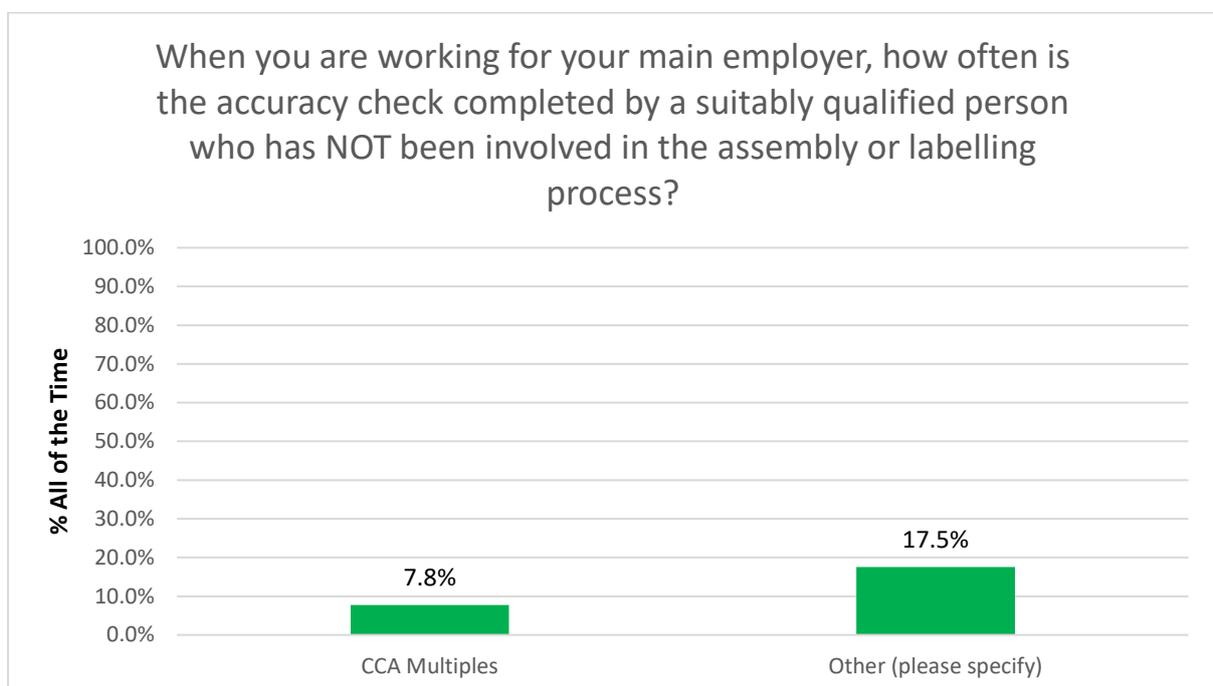
### Staffing Levels to Ensure Safety



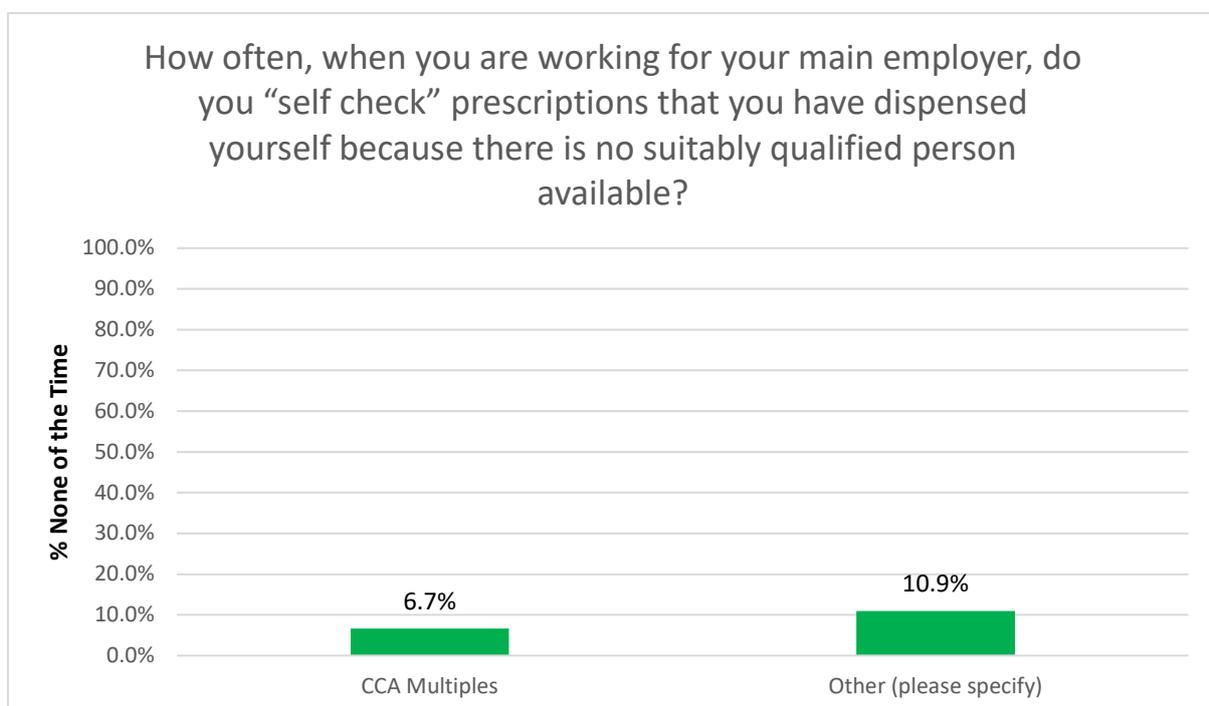
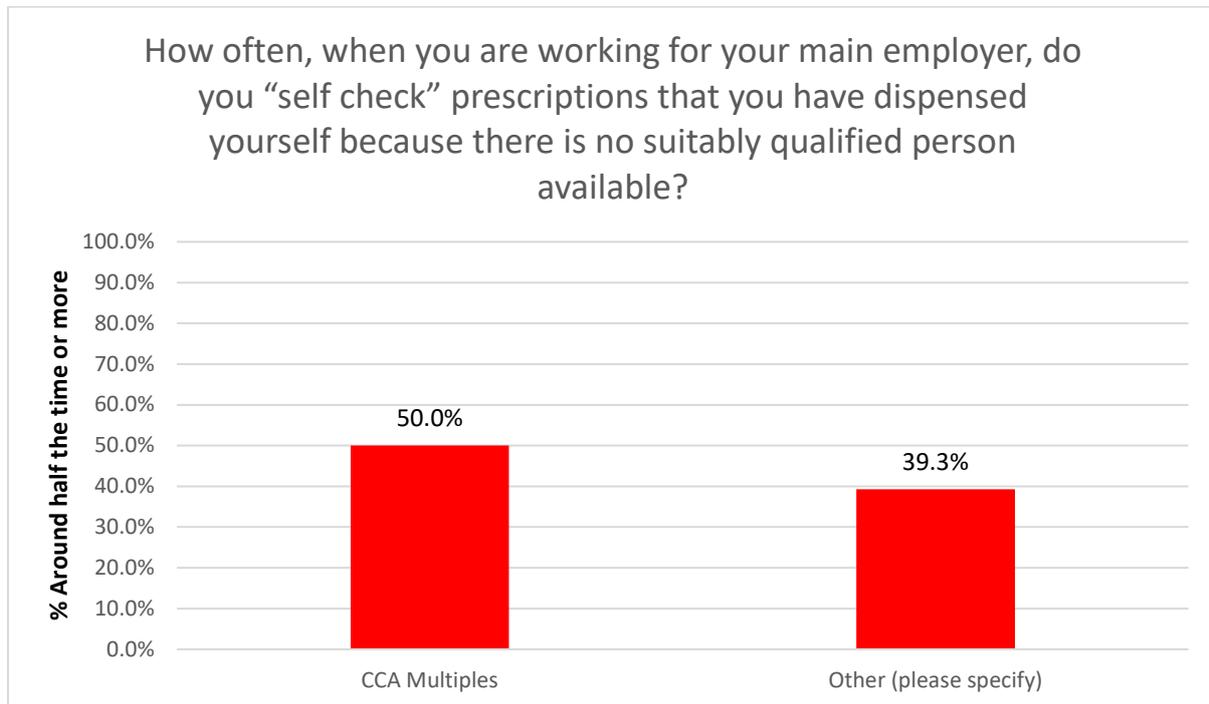
## Staffing Levels – Absence Cover to Ensure Safety



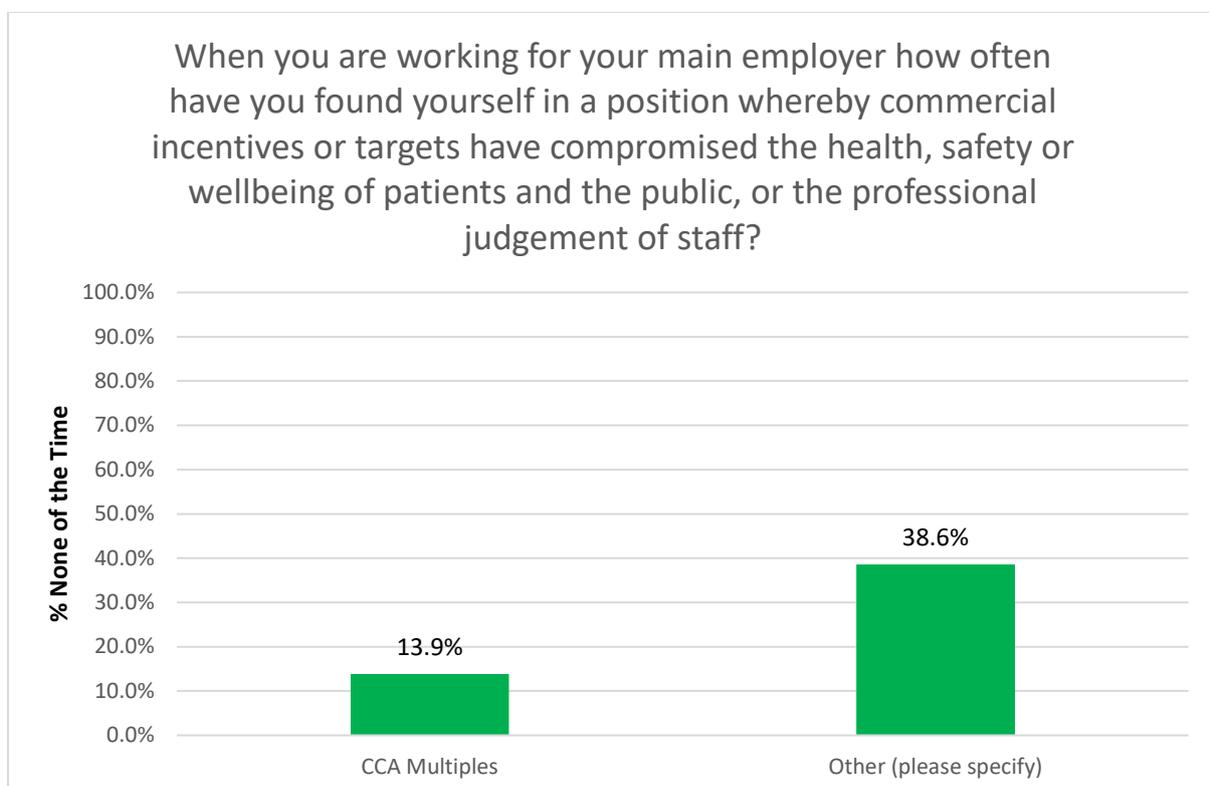
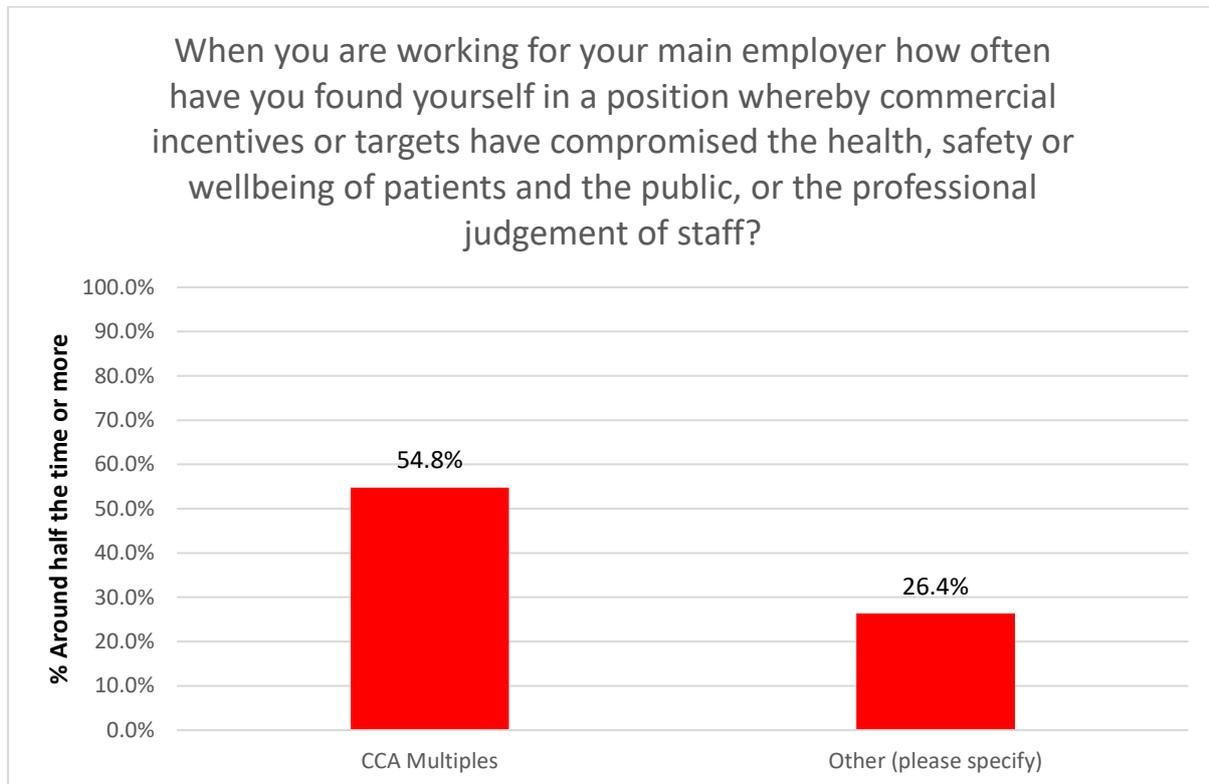
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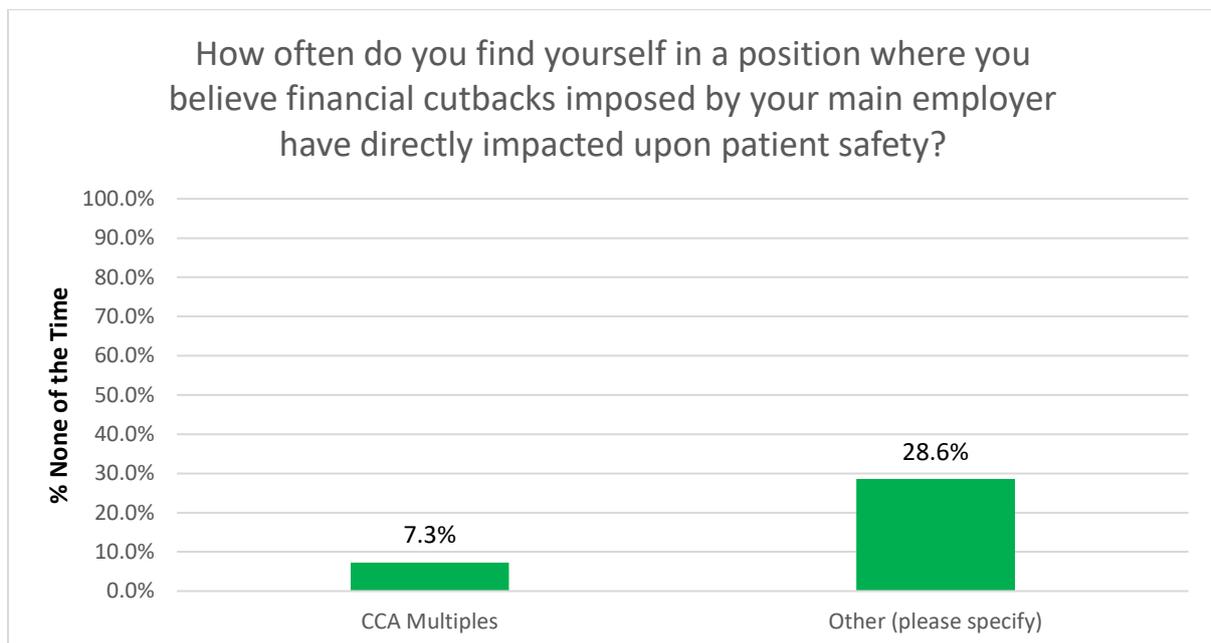
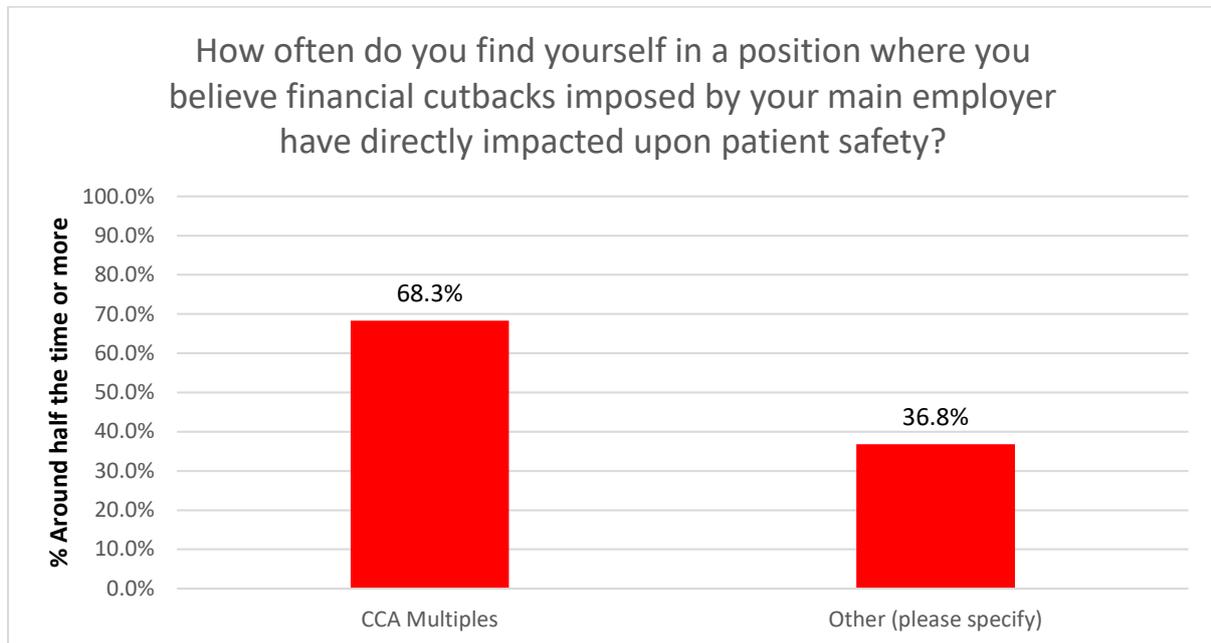
## Unavoidable Prescription Self Check



## Commercial Incentives / Targets



## Financial Cutbacks Affecting Patient Safety



## Word frequency - analysis of comments by employer

Keyword	ASDA	Boots	Lloydspharmacy	Morrisons	Rowlands	Sainsburys	Superdrug	Tesco	Well (formerly Coop)	Other (please specify)
<b>No. of responses</b>	<b>135</b>	<b>625</b>	<b>444</b>	<b>32</b>	<b>175</b>	<b>147</b>	<b>49</b>	<b>200</b>	<b>192</b>	<b>850</b>
staff	37	195	193	4	66	30	11	54	73	170
staffing	2	37	26	0	8	7	4	6	10	27
staffing level	2	16	15	0	6	4	3	2	6	14
pressure	11	52	39	2	9	15	1	4	9	29
safety	2	51	45	3	5	6	2	18	11	35
patient safety	2	42	38	2	5	5	2	13	9	25
level	8	33	27	1	8	5	5	7	14	33
workload	1	14	11	0	4	1	0	7	6	5
profit	0	11	9	0	1	2	0	2	1	15
understaff	0	10	4	0	2	0	0	1	6	6
not enough	2	2	6	2	2	2	0	1	0	3
difficult	2	3	9	1	2	1	0	0	2	9
stress	0	28	22	1	7	0	0	6	7	9
stressful	0	6	5	0	0	0	0	0	1	2
resource	0	2	4	0	0	2	0	1	2	1
lack of staff	0	6	2	0	0	0	0	1	4	0
busy	3	5	15	0	1	0	0	1	3	5
anxi	0	2	1	0	0	0	0	0	0	0
depress	0	2	3	0	0	0	0	0	0	0
target	9	50	45	1	8	10	3	14	15	33
unsafe	0	8	7	0	1	1	1	0	1	5
health	2	20	14	0	0	2	0	6	2	4
not care	0	2	1	0	0	0	0	0	0	0

## Example comments (anonymised)

- My employer wants to believe that as a business care is at the heart of they do. Caring for patients and caring for staff. That could not be further from the truth. Firstly, they only care about numbers and targets. As long as they get the numbers they don't care about who gets the job done or how the job gets done. In the region I work there are 80 dispenser vacancies. That means that as a region we are understaffed by 80 dispensers. As the years get by more and more people get fed up with the way they are treated and hand their notices in. The ones that stay behind are also fed up but too scared to stand up for themselves. We work long hours and are expected to do overtime without getting paid for it. In many occasions I have been forced to work through my lunch. Regular pharmacists have to start work earlier, work through lunch and stay longer after work to catch up with work. None of the extra hours are paid.
- XXXXX pharmacies are continually under staffed the quantity and quality of support staff is inadequate, holiday and sickness cover is almost never provided, last Saturday for example the counter assistant was on holiday which they had forgotten so virtually no counter cover all day additionally no dispenser for 3 out of the 10 hours we were open. The company is constantly wanting us to do more and more with no extra resources pharmacists struggle every day to keep things as safe as possible but the company constantly works against us, with these conditions pharmacists are under intolerable pressure this is to the settlement of their own health. Managers do not care they just want the targets met there is no support at all. The only reason more staff haven't left is lack of alternative work. You work hard all day with intolerable pressure and stress and try your best it becomes an exercise in survival that's it and then you go home and worry about tomorrow it's only a question of time in my opinion until they drive a pharmacist to suicide but they won't care they do not care about staff they say they care about customers but they don't it they did they would help us to help them the only thing they care about is profit. I am so angry I can not even fully put into words how intolerable it is working in a XXXXX pharmacy.
- there are nowhere near enough hours to safely provide care for patients. everything is a rush and is supplied with a prayer that it has gone out right. additional services are similarly rushed. there is huge pressure to complete compliance forms eg sop implementation and virtually everything else so that you sign these to take on the liability that you are responsible, and realistically XXXXX have no concern for your plight. at a "lets connect" meeting the clinical governance pharmacist actually told us NOT to tell the gphc inspector that we did not have enough staff. i know everywhere in retail is hard, but the worry is the headlong dash for business bears no concern for the welfare of the individual who is being dragged down into an abyss of potential litigation.
- XXXXX are constantly imposing targets and making cut backs all the time however, I feel that most of the pharmacies are operating on unsafe staffing levels and the majority of the time are under qualified for their roles. Area Managers are not interested in how we work on a daily basis as long as we muddle through and hit our targets they are then happy about it. The cutbacks and intense pressure is increasing and it makes me feel miserable that this is what our profession has become. We are at the hands of such corporate organisations who quite frankly have no regard for their employees.
- I work on a retail park and in the last four years there have been staff cutbacks while at the same time targets and workloads have risen. I only have a dispenser 50% of the time and often I'm totally alone in working the dispensary, chemist counter, photographic and click

and collect. This is a dangerous situation. The work situation has lead me to have regular sickness absence from work due to anxiety and depression.

- at a "XXXXX" meeting the [senior staff member from the Superintendent's office] actually told us NOT to tell the gphc inspector that we did not have enough staff.
- Even when you complain to Pharm Inspector, they seem reluctant/incapable of tackling the situation and give the shocking answer of 'if you're not happy, leave!'
- *XXXXX is not a safe environment to work in at all. They have even taken staff from the cashiers or who work in [the clothing department] to fill in the counter assistant role on several occasions within the past couple of weeks. It is an extremely scary place to locum!*

## All comments (anonymised)

- *STILL PRESS FOR MUR'S AND NMS*
- *I have increasingly had a lot of ill treatment as a locum from Independents trying to be like the 'big companies'. I am working under hostile conditions with insufficient staff and extreme expectations and I feel harassed and undervalued*
- *XXXXX have signally failed to make investments which are geared to the improvement of pharmacy services. Cost cutting is their prime objective.*
- *My employer wants to believe that as a business care is at the heart of they do. Caring for patients and caring for staff. That could not be further from the truth. Firstly, they only care about numbers and targets. As long as they get the numbers they don't care about who gets the job done or how the job gets done. In the region I work there are 80 dispenser vacancies. That means that as a region we are understaffed by 80 dispensers. As the years get by more and more people get fed up with the way they are treated and hand their notices in. The ones that stay behind are also fed up but too scared to stand up for themselves. We work long hours and are expected to do overtime without getting paid for it. In many occasions I have been forced to work through my lunch. Regular pharmacists have to start work earlier, work through lunch and stay longer after work to catch up with work. None of the extra hours are paid.*
- *Lack of pharmacy insight by store management means that the pharmacy team is constantly having to justify their role. This creates conflict of interest as measure of work output versus remuneration is significantly compromised where success and bonus measures/reward are incompatible. None pharmacy management cannot and will never be able to manage health care professional services, hence the downfall of the pharmacy sector within XXXXX.*
- *I work for an independent 3 days a week on a regular basis...If i spend "too long" doing an MUR the owner has a word with me...Even though he is a Pharmacist and can hold the fort he wants me out of the room to carry on with the assembling of the repeat Prescriptions...I find I have to keep an eye on my watch when im in the room, and patients have noticed that....If I avent done enough MURs for the month he likes to have a word as to why...I would say this is bullying...I am the responsible Pharmacist at the time but have zero autonomy as they are the owners and I am fearful of being replaced....Thats the state of Pharmacy in London especially....Take it from me, been qualifird for over 20 years....Please help*
- *Independant community pharmacies who employe pre-reg to train are using them mainly for labour and they do not provide appropriate training to give futur pharmacist the right experience the really need.*
- *Pharmacy with nearly 7000 items with one dispenser and one counter assistants. If counter staff calls sick the pharmacist has to serve the patient, dispense and check. The dispenser only labels the prescription and orders medication. I would like to suggest that there should be a set of rules for dispensers or pharmacy managers as well (who are not qualified pharmacist) because most of places the dispensers or the pharmacy manager tries to dominate the locum and their decision. They also tries to provide clinical advice to patient and at every single occasion the locum has to stop them and take over, which leads to an argument. Its an employers duty to provide a proper responsibility to individual based on their qualification and skills. And should let the staff know about their limitation.*

- *The company uses a model to guide staff profiling for a branch and uses it mostly to justify hours cuts. Recently they decided they needed to just cut wage costs and instructed AM's to reduce hours irrespective of the models output. This has increased workload and stress considerably*
- *I stopped working for XXXXX as a relief pharmacist which is essentially in-house glorified locum pharmacist. They are the worst in my opinion but I also hear it is no better in XXXXX. I wish I had the opportunity then to participate in this survey.*
- *Staff cover is usually minimal but just about okay but holidays are no longer covered so you just have to manage as best and safely as you can.*
- *Staff which are not qualified or even have basic nvq 3 status Commercial targets more important No rewards for services provided for certain companies like XXXXX or XXXXX Like bribery even if they offered a high rate with service at XXXXX's Most managers say if you don't get a service you will never be called back in again which is a disgrace coming from fellow pharmacists. Makes you think twice about being in this profession. Is it worth all the hassle and risk if you could earn pretty much the same at a sitting down office job?!*
- *Other companies adopting venloc system have taken it upon themselves to stop paying travel expenses without any notification of doing so, in addition to slashing rates. A XXXXX and XXXXX store both in rural areas with the latter particularly isolated have done this. both pharmacies are open till 11pm the drive to the nearest city is approx 45min and they pay no premium for unsocial able hours nor do they offer expenses . I have personally challenged one store who wrote to the regional manager some months ago- still no reply. The other store was approached some years ago by a pharmacist who's shifts were promptly cancelled.*
- *At the end of 2014 a corporate decision was made to cut staff ( even though staff had been cut in many branches for ten years continuously ) This time the cuts were much more vigorous . The regional manager gave the area managers working for XXXXX the number of hours they need to loose for 2015. The area managers ( mostly non - pharmacists) then had to decide how many hours each branch lost. Some branches had to loose more than fifty hours plus double pharmacist cover that they had once a week. Most of the area managers did not agree with it but said they would be sacked if they did not do it. On top of this there was an over time ban in January to March meaning that no overtime was allowed for sickness and or holiday - even though XXXXX changed the holiday year from Jan to Dec to April 2015 to March 2016 this year and only told us at the end of 2014. This meant all staff had to take holiday from January to March ( no holiday is allowed in December). We were not allowed to cover the holiday. On top of all of this at the end of Febuary many branches were told we had to cut even more hours from April 2015! The area managers said they had no choice. I found out that the regional manager would not get his bonus if the hours were not cut.( not sure if this also applied to area managers ) it is sickening that at corporate level money and company profit was put before patient safety. When we complained to our line managers about the staffing levels we got told it was because of XXXXX ( a computer system that XXXXX claim is being used to work out the hours in each branch) and they know it's not accurate and it will be reviewed -but with branches where the nhs and Otc had increased they still lost a lot of hours so we knew it was not due to the XXXXX model . A few of us raised our concerns about patient safety to pharmacists higher up in the company and instead of them saying we will do something about this NOW they acted like their was no urgency and just blamed XXXXX and said it will be reviewed next April !!! After a few complaints went to*

the XXXXX superintendent , in October 2015 the area managers said they would do a trial in six branches in the areas ie 6 out of 22 and increase their staff ( not as much as it was before the cuts ) but those branches had to give the area manager a business plan within three days in writing of how many more Murs, NMS, CDS trays etc they would do. They were told that if they fail to keep the commitments they will loose the hours in April 2016. Sadly those hours were not given unconditionally! The turnover of staff on XXXXX this year is 30%. This shows the pressure we have been under . Also most of the area mangers in our region left this year. Also there is a dispenser crisis in XXXXX pharmacy. Many dispensers have left and it is very difficult to recruit qualified dispensers due to XXXXX low pay and because they have said dispenser hours will be cut due to offsite dispensing ( this was meant to start In 2014 but now they are saying 2016). They are not letting us use locum dispensers in our region so we are really struggling. There is no support if you have a dispenser and they are on holiday or sick. I have worked for the company for more than twenty years and I have neve has a year as bad as this year. I have had to come in early and stay behind ( I work ten hour days and get a twenty minute break which is often interrupted ).XXXXX to not have and regard for patient safety of any care for their employees. I have neve experienced this much pressure to do MURS and NMS. We are now getting phone calls from the non pharmacist area manager if we don't do any that day. We got an email yesterday saying they want twelve a week and it helps patients lives ( the truth is what would help our patients lives more is all of us having more staff). We have been told in writing that we will have to start emailing the area manager daily with the reasons we are unable to 'make a difference to patients lives' and that we are all professional People who understand the importance and impact these services make ! I am keeping copies of all these emails. This email was sent on the 15th December when most pharmacist are extremely busy!

- *There are huge problems recruiting store staff around the XXXXX area due to company policy of having only one pay scale irrespective of location. Rents, housing, food etc are all far higher in the south than in the midlands. This can lead to long periods without healthcare assistants and dispensers/technicians.*
- *It seems cash is king now. It has taken precedence over patient safety and protection of pharmacist job*
- *wage budgets cutbacks and often you hear the word overspent on wage budgets. No overtime etc*
- *In the pharmacy press we read about non-pharmacist area managers who don't have an understanding or appreciation of the ethics, professional standards, and patient safety aspects of pharmacy, and yet they unfairly (often using bully tactics) push targets and commercial objectives before patient safety. The scary thing about XXXXX is that all of the area managers are pharmacists yet many of them act in this way. Are the XXXXX area managers doing this because that's who they are and how they manage people or is this a wider problem within XXXXX? For example is it a case of the directors putting pressure on the pharmacy business leaders to make more money, and then this pressure is filtered to the area managers, and then it's filtered to the pharmacy managers and employed pharmacists to make this money with limited resources.*

- *Most of the staff are unqualified or training as otc assistants and working in the dispensary. On days of when majority of daytime staff are on holiday, they are replaced by inexperienced night time staff, sometimes to dispense care-home medication. Rates are low and work-load is increasing, many a times self-dispensing and checking cd and end-of-life medication by myself at night with new, inexperienced staff.*
  - *XXXXXX have engaged in a degree of staff cutbacks which endanger lives*
  - *The constant pressure to deliver MURs, in particular , dominates everyday life. Reduced staffing and de-motivated staff makes achieving targets ever more difficult. There is no mechanism within XXXXX to flag up unsafe practices or genuine concerns as they are always deflected or dealt with by far from impartial departments. Sometimes, an impartial yet caring voice may lessen escalating situations. XXXXX needs to listen to its employees more than it does now and realise that its employees are generally its greatest strength. Communication is a 2 way street and XXXXX have forgotten this*
  - *XXXXXX has been bought by XXXXX soon, so this could all change in the next few months quite dramatically depending on how they run their company*
- 
- *As a Locum I have found that in the majority of stores I cover the knowledge of the healthcare assistants is poor, even though they say they have done the course or are in the process of it they are not in my opinion up to scratch on their knowledge of the different conditions and OTC medicines available to treat them. Self checking seems to be the norm, for some reasons if you are lucky enough to have a dispenser they will not touch CD's or fridge items. Most of the time the dispensers are so short staffed or completely non existent.*
  - *This pharmacy is a 100hr pharmacy..now does over 10,000 plus items a month and not enough qualified staff available at all times. They have 7 staff members to cover the 100hrs. Out of which 5 are qualified dispensers, only 2 staff are full-time.*
  - *The pressures of MUR targets have now begun to impact on patient-pharmacist relationships and staff are pressured to perform MURs even where there is no value for patients or the NHS*
  - *Extremely good employer. Much better than other multiples. And improved since the XXXXX acquisition.*
  - *I was asked to cover a maternity leave initially for 12 months. which was then reduced to 9months two months before start date, several changes were made to initial contract and agreement. Then i was asked to start early with no financial gain and found myself in an environment where no counter staff and i am fully in covering the counter and checking rx whists doing so, bare in mind with no training and a lot of hostility. two weeks into the job dispenser was taken ill. with no extra cover! so i was truly compromising patient safety, on top of which constantly told things were done incorrectly putting more pressure on an already highly pressurised position. After this horrific week i was given a four week notice at 6pm told i will start from today. so i would have only have done 3 months in to a nine month contract!!!... i think this is so unjustifiable!*

- *We need to be respected as professionals and talk in a polite way and the non-pharmacy managers tend to override or ignore the RP status. Should have two dispensers all the time until close of day. Untrained staff should not be hired for dispensary. Public safety is paramount should be drilled daily at all levels.*
- *I have been working for XXXXX for several years as a pharmacy Manager and I had several job promotions within the company within few years but I have been coping with any difficult circumstances and Area managers have always appreciated me for my hard work but this year my staff hours and pharmacist double cover was cut down drastically. After several requests to Area managers I had to write a formal complaint to Superintendent office. I was told by my AM that the hours will be reviewed. I waited and waited several months and eventually I handed in notice to step down from my Pharmacy managers position. But after two weeks of handing in notice, the new Area manager gave the staff hours and double cover back with the condition that I have to make a business plan and the hours will stay only if I hit the target in my business plan eg MUR, NMS, NHS, OTC by end of March. But I have decided to resign for the sake of pharmacy profession and future pharmacist. PDA should not ignore this issue and should take it further otherwise PDA will start losing trust in PDA. Many pharmacists are too scared to complain and forced to work under dreadful work stress until they get serious health or family issues or make a serious error.*
- *The staff cutbacks and reduction of staff hours, increase work load, making it difficult to check prescriptions accurately due to time pressures and target pressures, as most stores are always behind and therefore end up playing catch up. Locums are now required to report their MURs and NMs achieved weekly target of 2 MURs and 1 NMs per shift. With insufficient staff it's difficult for a pharmacist to take an appropriate lunch break even to take a mental break. This multiple in particular also needs to increase their locum rates as they are unfair and even their mileage is not fair as they don't compensate for the first 60 miles.*
- *I think the way these companies treat locum is unacceptable and of a low standard. We receive insufficient pay for value and responsibility of our work.*
- *cutbacks in staff hours means the same amount of work and the same targets need to be met with less staff. About 6 months ago overtime was completely stopped so nobody was offering to help on days when we are short staffed because they won't be paid. Staff across many branches are feeling the pressure and it is leading to dispensing errors. People have had disciplinarys for error rates and sick leave including other pharmacists so there is a constant fear of 1-making an error and 2-receiving a disciplinary.*
- *Cut backs on staff have been excessive and arbitrary. With existing pressures kept up. Many colleagues constantly doing free overtime to cope. Line manager's normally very sympathetic but finance is usually first.*
- *Always under staffed and over worked but as we get told that's what the business requires.*
- *I would like to congratulate Mark and his team on the support he is trying to promote for locums and on a personal basis would offer myself in order to assist more if I can. Perhaps I should email him and see if he remembers me?*
- *The above answers apply to 'my' branch, which I try to run in a professional way. However, I was asked to manage a problem branch last spring for 2 months. It was horrific, every answer above would be the most extreme negative possible. The problem was the area*

*manager who has since moved on within XXXXX. I could not get past her. Even when I went direct to the superintendent she managed to evade any responsibility for the terrible practise. I felt completely helpless. I feel my branch is well run, but that's not to say that they all are. As ever it depends on the people involved. XXXXX head office also has its problems.*

- *-Not allowed a lunch break. Have to check prescriptions whilst eating lunch -staff shortages common*
- *I have felt increasingly under pressure in recent months and have been made to feel inadequate because I work more slowly (but thoroughly) than many younger colleagues. At 64, I am retiring from XXXXX shortly. I intend to continue with my self-employed locum work as it gives me job satisfaction and I feel appreciated by the businesses which hire me, instead of feeling that my best will never be good enough.*
- *All of my professional autonomy has been gradually been eroded due to the financial targets that are being imposed on pharmacy managers. I am happy to be included in any further discussion or surveys .*
- *Pharmacists should be duly rewarded for the services they do*
- *In some places of work not just multiples but some independents I feel that the volume of work left for me to check for example trays ect it is not physically possible to do it safely in the time limit I am expected to it and I feel under extreme pressure to get it done so that I get enough locum work. Some times I even have to stay on in my own time to complete the work.*
- *we are asked to do more and more, no extra staff provided or increase in remuneration. have waited five years for a pay rise yet workload in that time has increased greatly. very disillusioned. lucky i am at end of my career would not like to be starting out now.*
- *I work at a level where volume of dispensed items can mean I check 800-1000 items a day with no break. Some guidance on what level of items a single pharmacist should be checking per hour before a mandatory break/ second pharmacist should be introduced (as this has been removed from my budget) would be great for many pharmacists to tackle employers with!*
- *I once voiced concerns regarding patient safety issues, and ended up being reprimanded myself for not having signed SOPs, no other action was taken to improve patient safety!*
- *XXXXX pharmacy run their shops on minimum staff and when there are staff absences there is a block on overtime even if two staff are absent*
- *Act technicians are not being given the responsibility for which they are trained/paid for. I have seen XXXXX managers instruct act to let pharmacist do all assembly and clinical check. Minor ailment scheme being commercially driven for money, parents asks for free medicine for children not there. Or parents asking for chlorphenamine for non-existent rashes.*
- *My employer demands too much of me. I offer many services yet am not given sufficient time to provide them safely and appropriately.*

- *MUR, NMS, Flu vaccination targets are there to make money for the company and not for the benefit of the patient!*
- *I*
- *My pharmacy is in a situation where we have a good team but the building and the dispensary is not suitable for the amount of work we do. Dispensers often dispense 30cm from each other and fight for a computer to label. We had a few errors where medication was handed out to the wrong person because we work in such a hurry and there is virtually no space. All of my reports and verbal complaints have been ignored.*
- *As a Locum.. For all companies, our workload is increasing.. We have MURS, NMS, PGDs and FLU JABS all to do.. This is all in addition to normal pharmacy duties. As pharmacists we enjoy learning and expanding our clinical skill levels. Frankly they are not stretched enough because of time being spent on mundane tasks that can be done by other staff. We work hard.. And always will BUT the reward is small. There had to be a minimum Locum rate, which is set by the government which employees can not go below. Our wage does not reflect our work. Like most workers in all professions we also thrive upon reward. Over the years, work has increased.. Pressure has increased.. Working hours have increased.. Weekends, evenings.. Make no difference.. We are getting paid a lot less than what we should.. Why? Because we have no one at the top supporting us.*
- *We are a full time dispenser down , no cover for sickness or holiday. I work 10 hour days and am not allowed to leave the premises during my 30 minute lunch break so Rx can be given out etc. I often have my break interrupted to check waiting Rx . I have never felt so unsafe in my working environment as I do now.*
- *Reduced respect In general and lack of unity between pharmacist. No standardization on rates*
- *We are staffed such as we have 2 FT dispensers, a dispenser trained store manager, 1 FT HCA (who is dispenser training) and 2 PT HCAs who only work a couple of hours a day. The problem is that the dispensers have to cover the counter when the trainee is working in the dispensary or is serving other customers or on a day off leaving 1 dispenser serving in the dispensary and me having to help so no collection dispensing or checking gets done on a regular basis leaving us currently over a week behind. This is all due to budget cuts reducing the dispenser hours by 16 hours and they want to cut the HCA budget further!!!*
- *When short staffed or not enough staff on, and when asked for staff by the employer, we are told we cannot find you a dispenser and been told you have to just manage and also then we are asked about hitting targets such as MURs and NMS why have you not been hitting the targets knowing that first of all you don't have any staff or the right staffing levels and second of all a serious dispensing error waiting to happen, I just find it really disappointing that the fact is the GPHC don't have a clue at all what pressures, staffing levels are applied on pharmacists and the conditions you have to work under, not only that you are bullied also if you don't hit the targets you are at risk of losing your job, I want to stay anonymous, am*

*also suffering from anxiety and depression as a result of it and now it's been going on for the past 2 years, my health is starting to have a impact and that can result in patient safety as a result of the employers abusing the market of pharmacists.*

- *I have worked for XXXXX pharmacy for over 10 years and have never known them to be as short-staffed as they are now. Customers complaining, shouting at me and even walking out are now a regular occurrence. Although I do my utmost to ensure patient safety, working conditions make this increasingly difficult. I foresee that the introduction of a robot to help with dispensing will only be another excuse to further cut staff.*
- *I think the decision to do eg an MUR is a professional decision. Usually though pressure means that they are done to meet targets.*
- *Everythings is perfect on the papers. Amount of time SOPs are changed its impossible to remember what the current format of SOP is. Not trained staff is common issue and even the managers are dispensing when struggling. When labelling prescriptions the dispensers have no knowledge what to highlight to pharmacist as they dont even understand the medicines. pharmacist are expected to do flu jab, mur, nms, travel vaccination without any cover and no lunch break. And all this is without extra pay. how is one pharmacist able to provide full patient safety when there is lots to do by single handed. GPHC NEEDS TO SUPPORT PHARMACIST MORE. Doctors leave pharmacist in a position where no legal requirement of prescription are met but because patient is left without medication alternative option have to be found by the pharamcist to make sure patinet get medication safely. and its so time consuming that means other patient are left without help or got delayed. GPHC needs to push doctors to take more resposibility especially when it comes to vulnerable patient and childrens.*
- *With a ban on overtime we are unable to cover holidays. We try to get ahead before planned absences but thus can put great stepson on the staff and extra pressure. On the pharmacist.*
- *XXXXX sometimes advertise new services nationally before training relevant staff to deliver them from all pharmacies. Also they will ask a pharmacy to deliver an extra service (eg.Flu vaccination) without providing extra staff to help deliver the service.*
- *Always feel stressed & worried that you might have missed something important.*
- *There is an overiding concern that is there for pharmacists when working in most pharmacies where there are few adequately trained staff members to carry out the pharmaceutical services at a suitable level in order to be able to practice as a pharmacist with a high level of confidence.*
- *In one of shops where I go regularly, shop cluttered, health and safety risks not addressed and regular pharmacist owner takes no heed of my suggestions hence staff don't either. Very frustrating!*

- *Cuts on Pharmacist wages, staff quality caused by low wages rate - reduces professionalism in pharmacy | consequence patients will suffer.*
- *In a small business with about four staff an absent member of staff represents 25% of staff. A similar calculation is applied to overheads, of course. What provision is there via the NHS contract for safe staffing levels, and where does the algorithm come from?*
- *Things will only deteriorate further. The retail aspect of Community Pharmacy, so long a necessary top up to funding, has been nullified. The NHS aspect has also been put on a race to the bottom by a clever government funding strategy that pits pharmacy against pharmacy and works its way down to pharmacist against pharmacist, through fear and lack of solidarity. More services provided for the same size of pie cut into differently sized slices and no spine, power or self respect to do anything about it. Fighting a losing battle.*
- *Being an Independent Multiple there is more flexibility compared to my previous employer (XXXXX).... But more focus still needs to be given to staffing levels at 100-hr branches*
- *There have been improvements in staffing levels recently*
- *It is becoming harder to get authorisation to cover staff planned absences and staff unplanned absences eg. Sickness. Store Overspend on Wages/labour budget can mean it's harder to get adequate staff cover . Most stores are on minimum staffing and can not cover holidays and sickness with colleagues within own dept. ( not enough colleagues) and contacting other store for staff cover is of no use as they are struggling for cover themselves. if this happens then last resort we are given a multi skiller from checkouts who is not trained on pharmacy counter. These colleagues sometimes start training but I've never met a checkout colleague who has completed pharmacy assistant training. This is a risk.*
- *Branches which are fully EPS2 live are struggling as this extra workload has not been accounted for in XXXXX. Never enough relief cover as team hours are kept to a minimum.*
- *Sometimes as a locum ,is happen to not be treated with respect, because you are locum....*
- *It seems like with XXXXX, their target driven and cost cutting way of thinking is what pharmacy is about. Senior managers and staff, some of whom may have been pharmacists in the past have absolutely no idea about the pressures involved currently. And yet they expect more and more for less and less. And commercial targets most definately seem to be more important than patient safety and employee happiness. I would not and definitely do not bring my own/my family's prescriptions to XXXXX. Even as an employee.*
- *Working for XXXXX pharmacy at present is an exhausting & stressful environment. Firstly, the pressure placed upon us to deliver services such as MURs, NMS and flu jabs on top of the excessive workload we already have is unbearable. One week there was a 'ramp up' week for MURs in which the store who did the most was offered a free lunch paid for by the area manager as the prize. As a pharmacist working with a non-pharmacist manager I was literally given a target I had to go beyond without even being consulted as the responsible pharmacist- a target of 20+ MURs. I work in one of the busiest, if not the busiest, pharmacies in the area in terms of NHS items and OTC sales. To have this pressure added on top of my excessive workload, where on a particularly busy day I can get up to 500 items down from the surgery in one day, and on average about 200-300 items per day, down from the surgery in one day to be checked and ready by the end of the day as patients start to come in the*

next day to pick up, is ridiculous. This is without including all the walk in prescriptions, CDS trays, nursing homes, interim nursing home prescriptions, methadone patients etc. I sometimes arrive at work before my official start time of 8.30am to work on clearing my bench because of the sheer volume of scripts the branch receives. Moreover, since April I have been left alone every day except Friday from 5-7pm with no dispenser. That is months of me self checking for two hours on walk in prescriptions during the busy evening period. Only now have there been discussions about rotas to ensure that at least one dispenser is working until 7pm with me each day. One week I had already achieved 9 MURs and I then received a phone call from the area manager during which they asked me to perform some more to compensate for the area as a whole under performing, even though I had reached their target. The company has no regard for our welfare, patient safety or wellbeing, it is concerned with profits and profits alone. I feel exhausted, stressed and stretched to the point where I worry sometimes that I am becoming so tired or so stressed that it could theoretically impact on patient safety.

- There is frequently lots of scripts from GP left over from several days before which creates pressure to dispense as more keep arriving Customers complaining that script not ready plus asking for advice. Not enough trained staff to attend to customers and also to help in dispensary to clear the backlog. Pressure on pharmacist to keep up and not leave too many scripts for next shift.
- Even when there are skilled staff, they are so stretched to do so many jobs, pharmacists end up dispensing and self checking.
- failure by employer to provide cover when staff have long term sickness has often caused undue stress on the pharmacist
- This is not exclusive to XXXXX. As a locum and employee of various chains and independents, I have seen the decline of our career as respectable pharmacists with some of it relating to employer imposed rules and regulations. However, this has come about through the lack of career protection from our regulator and RPS. These bodies which have been formed to protect our profession and make good decisions on behalf of us has failed to do their jobs and as a result our profession has seen the worst treatment over the years. I truly believe the government and bodies do nothing to understand our frustration for how much we do to help our communities and how little we get back in return.
- Minimal staffing levels, young 16 year Old's on the healthcare counter who have no idea about what they are selling, staff feel they have no option but to falsely claim for prescriptions to increase profits, pharmacist pressurised into conducting MUR's whether or not patients are eligible to receive the service, a horrible atmosphere to work in, majority of the staff are on propranolol or sertraline, moral is very low, people in their late 30's and 40's trapped in job due to mortgage commitments, 8/10 people would walk out tomorrow if they could carry on supporting their families, market based pay effecting experienced and loyal pharmacists. Newly qualified doing more and more hours for less pay £34,000 a year salary on a 42 hour week contract, it is just ridiculous, you are our only hope please put the work professional back into pharmacy and restore it to a once highly respected profession.

- *XXXXX provide second pharmacist to busy branches from time to time. Services can definitely be provided more safely and effectively if qualified dispensing and counter staff are available at all time and a second pharmacist can be provided more often.*
- *re. staffing levels and safety - ive found it really depends on the store manager...as they control the budgets/hours. so our previous store manager never allowed extra hours to cover sickness/holiday....but the most recent manager has a previous serious incident in a store he worked at so is really keen on patient safety and is happy to put money from the budget toward pharmacy staffing when we say we need it eg for holidays/sickness etc even if it means he goes overbudget or has to make cutbacks in other areas of the store. So to decrease the variability there should be more flexibility in store budgets to account for sickness/holiday in the pharmacy, this should all be standardised to make sure there is enough cover....*
- *I would love to say I am spoilt having ACTs in my store, however this not the case. When we are fully staffed, the workload is easily managed and I can do my job and paperwork as a pharmacist. With just one absence or holiday, they are dispensing instead of checking adding more pressure to an already high pressure environment.*
- *Almost always there is only ever one dispenser working alongside the pharmacist. Both the pharmacist and dispenser are regularly interrupted during checking or dispensing the same prescription by having to serve otc customers. This leads to near misses frequently.*
- *I made a formal complaint to my Area Manager about the detrimental effect on patient safety and my own and staff health . My AM acknowledge the issue and told me that the cutdown in staff hours and double cover in such a busy branch will be reviewed but I waited and waited but nothing happened . Then eventually I handed in my notice to step down as a Manager and after two weeks of stepping down from Pharmacy manager's position , I have been given my hours back but I have decided not to take my decision back for the sake of pharmacy profession and future pharmacists so that my employer realises that they have lost one of their loyal and valuable employees that they will never be able to replace and pay much dearer price for their actions .*
- *Another factor which contributes to a level of service below which I think is unacceptable is the problems we have with ordering consumable items such as CD inserts (we have occasionally had to improvise or make a 20 mile journey to 'borrow' from another store,) CD destruction kits (XXXXX does not stock one which is accepted under the LHB PGD for CD destruction of out of date stock- we get another pharmacy in the town to order for us), forms required for the private services we offer etc etc etc*
- *I only work for an independent now because I worked one day only in XXXXX and we were dangerously understaffed, and two days in XXXXX and I didn't get a chance to have a drink or toilet break in the 6 hour shift so would prefer to be unemployed than to work for a pharmacy chain unless things get better.*
- *I enjoy working for the sadly decreasing number of independents but if I had to work only for multiples, supermarkets and corporates, I would probably finish and retire.*
- *I work part time. The toughest time is a Sunday because my employer isn't necessarily willing to ensure there are more than one dispenser or managers in that store because of the time-and-a-half they would get paid. ACTs don't generally work weekends at all! I am fortunate in*

*that because I am part time and not a base pharmacist I'm less stressed and less affected by the staff issues. I'm sure the base pharmacists would have different answers!*

- *This independent pharmacy is very busy but no complaints so far*
- *I believe the company's current decision to force healthcare assistants to train as dispensers is downright cruel to our older HCAs who are, I feel, being positioned to fail.*
- *Each month with the submissions to the PPA we all declare the number of hours of suitably qualified staff available each week. As we all have a pharmacist, that should be excluded from the figure, and should only include staff directly qualified in the dispensing process rather than anyone who has contact with the prescriptions. That way the right balance of staff will be maintained.*
- *Targets. Targets. Targets. No credit for customer satisfaction or even just getting the routine stuff done efficiently. Some get credit for other people's work.*
- *I used to be a locum and if I was answering this form as a locum the answers would be quite the opposite! I worked for some multiples - XXXXX, XXXXX, XXXXX- and frankly the conditions were appalling and unsafe. Staff were untrained, treated poorly, had no morale and were seen as disposable/easily replaceable. I was treated as a robot only there to hit targets and work like a work horse- put in the corner to get as many items bagged as possible. I got the impression that patients weren't the priority and was once scolded for helping a patient make a decision to see their GP rather than buy a product- I'm not sure if that was because of a missed sale or because I took 2 minutes out of the dispensary to intervene to help this patient which I felt was necessary. Having non pharmacist managers was difficult to deal with as they have no idea about patient care, had a very corporate view on the branch and some lacked empathy. Luckily I was able to find a good independent to work for and restore my faith in pharmacy- a job that I now enjoy again. Unfortunately I am aware that this independent is struggling and is very tight for money, making barely any profit. The care for patients by myself and the staff is good, our patients often comment on how good we are which makes me very proud of the store- some patients have even come back in a few days later to say that we advised X product and X worked thanks. Unfortunately you can't measure how good patient care is, you can't measure the influence and quality of advice, you can't measure the benefit to patients when you intervene and refuse to sell them a product and advise them that they need to see their GP instead, or that a product can fix it instead of seeing GP, or doing simple measures means that you don't need a product at all. This is where we excel, but it doesn't provide any benefit to the boss who just sees a struggling pharmacy. We may as well just turn into a multiple and hit targets. Very sad.*
- *My employee XXXXX have a wonderful culture of patient safety. If others say not then they need to look at themselves and not blame others. All Pharmacists have a responsibility to their patients regardless of their employer, need to be brave to express this and not hide behind the employer all the time.*
- *Having left XXXXX at the end of 2014 due to dangerous staffing levels I am pleased to find my new employer is far more professional . I still have to work really hard but I feel the environment is safer .The targets I am set are still challenging but if I don't reach them there is more understanding.*

- *When there is not enough suitably qualified staff, the safety of patients is not compromised, but patients will have to wait longer for their prescriptions, or for a consultation, or if a counter sale requires an intervention. myself and the staff are sometimes very stressed at times as a result.*
- *The XXXXX pharmacy I work in is pharmacist driven. I feel disappointed that qualified dispensers of many years cannot oversee the smooth day to day running of the pharmacy without constant pharmacist input on everything, from ordering consumables to processing pharmaceutical waste etc etc. I believe this stems from the flat pay structure that XXXXX operates. The best of staff leave shortly after qualification as there's no financial incentive to obtain additional qualifications to offer more services or grow professionally. The ones left struggle to or refuse 'buy' into 'mission'. It is so frustrating to often hear the words "I'm not paid enough for this" etc etc. This is not just about pay, but to cover incompetence, laziness, happy with the status quo attitude. I want staff that show initiative, can do attitude most of the time. In XXXXX compared to 2 other multiple I've worked the score is 1 out of 10. This adversely affects services. Thanks for reading*
- *Multiples are too focused on targets and incentives that the pharmacist actual forgets their 'role'..and if you don't meet a target as a Locum you're not 'good' at doing your job!!*
- *These issues have not been a problem in my current role, I believe it is because we have a very competent area manager. In the past under different areas, these issues have been more of a problem.*
- *There is no staff area for breaks therefore food has to be consumed in the consultation room or in the dispensary and despite feedback no action has been taken*
- *Problem is recruiting staff who are committed and motivated*
- *pharmacists have lost morale. this has become a profit and target driven industry where the pharmacist is not even being paid a proper wage. locum wages are now ridiculously low! The GPhC does not provide any support to pharmacists in terms of wages/salaries, safe working environment, support for working mothers wanting to work part-time or returning to work after maternity leave. why are our fees so high when DO NOT GET ANY SERVICES IN RETURN?*
- *Every saturday almost all XXXXX pharmacists whose store opening hours is more than 8 hours e.g. 10hours. pharmacists are forced to work without a break and pay which is really sad on their own. XXXXX is exploiting the excess supply of pharmacists in the market at the current market. Really sad!*
- *Although I have an ACT a lot of the time there is not enough other staff to utilise them as an ACT. I feel we are trying to juggle too many balls and doing a lot of things not very well. Head office appears to have no concept of what it is actually like in store and everything seems to be for their convenience*
- *Weekdays are usually far less "risky" than weekends: Saturdays are when staff levels are at their poorest, both in quantity and quality/experience, and I nearly always end up having to label, dispense, and check all prescriptions on my own...*
- *Over 11 years experience in the industry and I never thought it could get this bad!  
Pharmacists need to stand up for the profession before we get blamed by the public for providing a third class service.*

- *More and more is expected from us with fewer staff. If we don't perform then it becomes an issues with our operational process but how can we get our operational process correct without the staff that is needed? Capability and training is not the issue but the resource is!*
  - *I view every situation that I meet on every working day as a challenge to overcome. It provides me with a chance to improve on personnel and resource management and to tweak my prioritisation skills. As a Pharmacist, I am yet to be faced with any adverse situation that have made me want to close the pharmacy due to staff shortages/absence or high volume of dispensing. Shutting a Pharmacy only leads to members of the general public being put at a disadvantage.*
  - *Market-based pay is ridiculous*
  - *Targets getting harder to achieve with not enough staffqq*
  - *Never enough hours in the day to complete all the tasks expected to be done*
  - *everything is becoming target based..independent pharmacies dont contribute robustly to the community..its all about filling the pockets..pharmacists get underpaid and overworked plus told to meet targets as well... m just 25. my hair is already turning white. i might as well switch to a more clinical side of pharmacy. gain from all sides.. knowlege , contributing to society, manageable pressure and a rewarding wage with perks.*
  - *Often decisions regarding staffing which impact on safety are made by managers who do not understand or do not have the competence to ensure things are safe*
- 
- *XXXs have never worked in pharmacy and do not realise the problems we have to cope with although a lot of the time their hands are tied with having to keep to budgets.*
  - *Lately employers don't care as to how you manage a pharmacy on a daily basis as they are annoyingly focused on sales and medical aspect of pharmacy continue to be buried in a grave they dug there fire making working environments unsafe.*
  - *Take work home to allow pharmacy works safely unpaid*
  - *My employer is probably better than most others*
  - *The barcode system employed by XXXXX to time how long a patient is kept waiting for their prescription is ridiculous. Doing it every now and then may be justifiable for audit purposes, but doing it for all waiters means that pharmacists are under pressure to get things out quickly which is how mistakes happen. The stupidity of it becomes more apparent when you have no dispensers so you are dispensing and self-checking your own work, all the while being monitored as to how long it takes. This dangerous culture of speed has fed both customer ego and company expectations, as everybody expects you to do it quicker and quicker, and XXXXX already have a stupid target of 8 minutes per waiter regardless of how many items it is. Being slow is flagged up and i have been privvy to comments being made about 'slow pharmacists' by staff which is entirely unfair as everyone is different and will*

*work at different speeds. It angers me when i hear idiot staff tell customers it'll take '10 minutes' to do a waiter when you have 5 already in front of you. While i do think having a fast and efficient service is good, it would help if XXXXX took into account the environment in which you are working which could change at any time, as the pharmacy isn't always quiet and isn't always busy.*

- As an employee pharmacist working for a large multiple, I am treated as an ordinary worker in the store by my non-pharmacist store manager. Many times I used to plea for extra help, as it was very unsafe to carry on working in a busy environment with minimal staffing. It was clearly evident that in the store that I work, there is always a queue of at least 6 people. We are usually behind by at least two to three day with repeats and the size of the dispensary is totally inadequate for the volume of business we have. But whatever I say, the reply is the same - " we need to work efficiently" !! Unfortunately as we all know, each day the day is different- the phone never stops ringing, pharmacist needing to give otc advise, murs, nms, dossette boxes needs checking, telephone enquiry, flu jab. ehc, , supervision of otc p med sales, supervised consumption etc etc all this in addition to prescription queries. How can one pharmacist single handedley fit all this in 9 hours working day!! I feel that the current non-pharmacist store managers are brainwashed into thinking that they have enough staff when clearly there are not. The current staffing model does not reflect on the jobs that have to be carried out everyday. In the end I decided I decided to hand my notice in. I am now locuming approx 3 days per week and I feel absolutely relaxed and not stressed at all because I can pick and choose where to work- I have only be locuming for independents and it is truly very relaxing because there is enough support staff to allow me to do my job safely. I feel that pharmacy organisations and the governing bodies simply are NOT doing enough to fight for the safe working environment of the pharmacists. I think, the NHS would come to a complete halt if all pharmacist were to go on strike for a day. I do not think that the nhs england nor large multiple recognize the valuable work that the pharmacist do and all for minimum payment!! I truly hope that the large multiple do not dictate the future of pharmacy because they only have one aim and that is to make as much profit as possible with minimum staffing. Also, I strongly feel that pharmacist work too cheaply and give in too easily to low pay rates. Why? There should be a standard minimum rate, much higher than what the multiple are paying now! Why do fellow pharmacists not negotiate a higher rate and why do we work for a low rate for such a responsible job? We need a string voice to fight back!!*
- Buissness can't cope with dispenser absence or holidays. We have so little spare capacity we can not cope with absence. Support staff have often come in 2 hours before opening to work extra hours to ensure we can get through the day. Put in the situation where I feel bad that I turn down others managers requests for help. Irony is I am under spent on my budget but can't give the money away as there is no one to offer the extra duties to.*
- Extra pressure with flu jabs \_ but no extra help , could lead to safety issues if demand increases further*
- My responses indicate relatively good working conditions - this is unusual in our company and I feel fortunate to have a very good store manager. I would not wish to work in other stores without this support.*
- We are now providing a parcel pick up and drop off service which takes us away from our contracted job. When you have to stop and start during the dispensing process this can cause*

*errors to occur. We had no consultation with the employers re this service it is something we were told we had to do. As staffing is already at the bare minimum it puts more pressure on all staff especially in the run up to Christmas. we are not able to get other staff to cover when people are on holiday or sick. Staff morale is low.*

- *there are nowhere near enough hours to safely provide care for patients. everything is a rush and is supplied with a prayer that it has gone out right. additional services are similarly rushed. there is huge pressure to complete compliance forms eg sop implementation and virtually everything else so that you sign these to take on the liability that you are responsible, and realistically XXXXX have no concern for your plight. at a "XXXXX" meeting the [senior staff member from the Superintendent's office] actually told us NOT to tell the gphc inspector that we did not have enough staff. i know everywhere in retail is hard, but the worry is the headlong dash for business bears no concern for the welfare of the individual who is being dragged down into an abyss of potential litigation.*
- *XXXXX so far is the best company I have ever worked for . I never had a problem with my manager putting too much pressure on me to hit my MUR's and other targets but I think the company could invest a little bit more in employing more staff.*
- *Frequently the Store Management interferes with the working support of the pharmacy..... e.g. requesting help to reduce queues at supermarket checkouts.*
- *I recently reduced my hours, having previously worked for a multiple, and find there is much less pressure on financial matters and staffing levels with my new employer ( an independent pharmacist)*
- *I work in a busy pharmacy - around 18500 items per month. There is double pharmacist cover 3 times per week. An ACT has completed her her ACT accreditation this week. It has not yet been decided if double cover will be reduced now there is an ACT.*
- *I believe stores have enough operating hours, however it's up to the manager to decide where they want to use the hours: dispensary or shop floor depending on local needs*
- *I feel as if I'm working in a parallel universe where I try to deal professionally with everything I do to a standard I'm happy with,(dispensary and healthcare)and the target driven standards of my company.so much time is taken recording for audits that I feel I have less time to care for people.*
- *XXXXX store managers and area managers have almost a disdain for pharmacists, after working almost 30 years for XXXXX I have never seen staff and pharmacists so demoralized by understaffing and manager pressure. Beyond a joke, and it will hit them eventually when the good name of XXXXX, built up over many years, is destroyed by the current regime*
- *Financial cutbacks are now part and parcel of our daily working lives. Patient safety and standards have been compromised as a result of this. Pharmacists unfortunately are also left isolated when working in this environment. It is time that Pharmacists should be given a platform where their views and concerns can be heard.*
- *Their are ways in which my professionalism have been compromised without it been blatant, that would not have occurred in a decade before now.*

- *No breaks! No cover to have a break away from the pharmacy, so I could do a 12 hour shift and be unable to leave the pharmacy unless I need to use the toilet, if I am eating lunch and a potential MUR needs to be done then I would be expected to do it*
- *XXXXXX run with pharmacist managers. I am one myself and I'm paid to ensure we have correct staffing levels. I ensure that locums are never left without suitably trained colleagues, both out of decency for this locum and also because XXXXX encourage this. It has been reaffirmed to us many times directly from the superintendent pharmacist that if we ever feel we are being cajoled by higher management to reduce wage spending or sell products inappropriately we are to contact him directly. I have worked for a number of other multiples and have never had such confidence in a superintendent as I do in XXXXX. Targets are realistic and achievable.*
- *Sometimes the pharmacist is asked to work alone in the pharmacy with no staff at all*
- *Pharmacists are expected to operate the tills selling cosmetic stuff because of cut backs*
- *Self checking is terrifying. It is only a matter of time before a serious mistake occurs.*
- *There are questions where the answer is between half and minority a 1-10 scale may have been more applicable*
- *Quite often staff absence not replaced on some occasions had me and one dispenser to do 400+ items but still expected to undertake MURs and NMs these seem top priority than providing the fundamental service of giving patients their medication! Often arrive to branch with backlog from previous day(s)*
- *Staff sickness including stress and depression are more evident. Unrealistic targets have become a disincentive to try harder - when you are at capacity why do more. Rural areas and small towns retain staff, but how long before competent NVQ 3 staff migrate to the hospital service, as the registered technicians are already looking for the first available opportunity to leave a multiple?*
- *I FIND THE STAFF ARE A GREAT DEAL OF STRESS DUE TO THE WORKLOAD. THEY HAVE BEEN TOLD IF THEY DO NOT LIKE THE JOB THERE ARE OTHERS WAITING TO FILL THE GAPS. MOST OF THE TIME THEY ARE RUNNING LIKE HEADLESS CHICKENS NOT THINKING STRAIGHT. SERVING THE CUSTOMER, PUTTING THE GOODS AWAY. CHECKING GATES, DISPENSING, PERFORMING SERVICES OR BEING BOMBARDED BY PHONE CALLS BY HEAD OFFICE WHY THE FIGURES ARE DOWN, CUSTOMERS BEING RUDE AND DEMANDING SERVICE WITHOUT HESITATION ETC. DOING DOSSETTES AND NURSING HOMES, ANSWERING PHONE CALLS. ALL THIS I COME ACROSS DAILY BEING DONE BY JUST ONE MEMBER OF STAFF. COMPLAINTS ARE INEFFECTIVE, AS THE AREA MANAGERS TURN A BLIND EYE TO IT. I HAVE SEEN STAFF GO BURSTING INTO TEARS AND ALMOST AVOIDING ACCIDENTS WHEN DRIVING HOME DUE TO*

STRESS AND OVERWORK, AS A LOCUM I HELP OUT WITH WHAT I CAN BUT I GET STRESSED OUT AS WELL. WE HAVE TO PERFORM A NUMBER OF ADVANCE SERVICES AND THE DEMAND INCREASES. IF YOU DON'T MANAGERS COMPLAIN AND YOU ARE LIKELY TO BE TAKEN OFF THE LOCUM LIST. Pay is pathetic for locums and staff. MOST OF THEM GET THE MINIMUM PAY RATE. STAFF TURNOVER IS HIGH, MORALE IS LOW. MOTIVATION IS ZERO, AND SUPPORT IS ZERO. AREA MANAGERS DON'T CARE AND ARE NOT INTERESTED. SOME STAFF ARE COMPLETELY UNHELPFUL TOWARDS THE LOCUM

- I work in an intense dispensary in the same building as a busy surgery, various clinics and a dental practice. Salary constraints mean that we don't have full ACT cover or two pharmacists at all times but we have to deal with 4500 items per week, 50 DUS clients per day, flu service, minor ailments, EHC, 30+ medisure patients per week, NMS and MURs - all the usual services. In addition, we have a significant number of vulnerable patients requiring a fair amount of support from the pharmacy team. Since our act support was cut- to support other teams! - all the pharmacists have worked unpaid overtime to maintain a safe environment. The dispensers and techs have done the same- staying on after their shift to finish various tasks, working extra shifts etc. our non-pharmacist manager - a dispenser- has worked over, missed meetings and ignored management tasks in order to keep the dispensary safe but has suffered the indignity of falling short on her contract as a result!!! Our non-pharmacist area manager doesn't get the importance of trained, competent staff committed to a team and having local knowledge of our customers. He moved one of our ACTs to another store despite the fact that she had worked in our store for 20+ years, lived locally, knew most of our patients and was a key member of our team. Staff are being treated as spare pieces of furniture that can be moved around at will. People keep quoting Richard Branson re treating your staff well- XXXXX seem to have lost sight of that- don't get me started on market median pay!!!! At the moment we are over worked and under appreciated. Please continue with the fight to represent us- kick XXXXX into touch if you have to - they've been extremely quiet at the moment - because most of us don't trust the middle management- XXXXX talks sense and my immediate manager does her best, it's the ones in between I worry about.*
- daily e-mails about reaching targets and having to conduct unnecessary MUR's add to pressure and distract from accuracy.*
- Management appear to see cutting staff hours as a quick way to cut costs when savings could best be made in improving efficiency of management practices rather than compromising patient safety and staff moral.*
- Why do XXXXX stores budgets keep decreasing although as a company it's not doing too badly. my store cannot afford a dispenser when my store based dispenser goes on holiday. we just have to cope on our own as pharmacists. doing 10.5 hour shift with no breaks. where is patient safety. and when we ask our area manager he says no one stops you from having a 30 minute break. if iam on my own in the dispensary how can I leave dispensary unattended. i had a customer complaint when I went to the toilet. Since the Americans took over the stores there has been nothing but cuts. it's even dangerous when we are dealing with addicts and shop lifters.*
- Have often worked from 4.30pm to 10.30pm on my own when no alternative cover is available. Weekly conference calls naming and shaming when targets are not met.*

- *XXXXX are constantly imposing targets and making cut backs all the time however, I feel that most of the pharmacies are operating on unsafe staffing levels and the majority of the time are under qualified for their roles. Area Managers are not interested in how we work on a daily basis as long as we muddle through and hit our targets they are then happy about it. The cutbacks and intense pressure is increasing and it makes me feel miserable that this is what our profession has become. We are at the hands of such corporate organisations who quite frankly have no regard for their employees.*
- *Locum rates reduced across the board. Lazy indifferent locums recruited who have no interest in the pharmacy or its patients, to the detriment of goodwill in department & patient loyalty & service*
- *Employers are pushing for financial gain in all circumstances. Patient is their least priority, in contrary it sits top of our priority! This is the controversy! I think it's the culture of saving and making big profits which is sneaking into the profession, and both patients and pharmacists will be the only victims :(*
- *Commercial pressure and a lack of suitably qualified staff has led to a more stressful life as a Locum when working for a multiple - it could be worse I could be a relief manager !!*
- *XXXXX pharmacies are extremely understaffed and it is a serious patient safety concern*
- *XXXXX in house script ordering system, FRPS, labour intensive and cumbersome with poor IT. Pharmacist often left in situation where patient presents, having ran out of medication and script hasn't been ordered. XXXXX last message from their [Superintendent Pharmacist] emphasises duty of care and encourages emergency supplies when surgery open. Again FRPS is targeted at approximately 33%. FRPS affects patient safety, staff stress, discourages patient's ownership for own medication, devalues pharmacy professional role and increases medicines wastage. XXXXX commercial motive to lock in patient in anticipation of EPS.*
- *the non pharmacist area managers need to be educated to how much work and qualifications go into becoming a pharmacist. with the surplus of pharmacists the supervisor role needs to be scrapped and instead have two pharmacists per branch: one in charge of the dispensary and management and one doing a 'supervisor' role in the shop. this way the public will always have access to a pharmacist and at the same time the two pharmacists can check, dispense and carry out professional services without having to rush thus minimising risk to patient safety*
- *I worked as a locum for 5 years and said at the end I would work for the company I found the most supportive of their pharmacists - I did not think this was the case in the larger companies*
- *One of the biggest issues I feel is overlooked is decision making on professional matters eg whether to do a loan or not, imparting information which breaches confidentiality. These decisions are often taken by a manager who has operational accountability only and not professional that rests with the RP. They will happily undermine the RP authority. I don't stand for such nonsense and will not co don these actions just for the sake of a 'quiet life'. Independents are often better to ensure staffing is adequate or workload rebalanced.*

- *Long term staffing issues and newly taken staff with no pharmacy experience as the only dispensing staff not taken into consideration when setting targets. Pharmacists are expected to have 20minute working lunch break with no other time to rest throughout the day.*
- *XXXXX , are very quick to cut staff. I was not given a pay rise whilst all other members of my team were and rest of branch managers in my area did too!! They do not listen when you have a staffing issue in branch. And zealous when it comes to telling off their pharmacist managers. A lot of us branch managers are looking for other jobs! Regards Neglected branch manager*
- *MUR's and NMS are done on patient that do not need it, staff dictate that we have to do them or we'll be reported as a locum who is not obedient. pharmacist clinical judgment is no longer valid. we need to stop MUR's and NMS until we as pharmacist have control over them. i'm now in a process to write to government to take the funding away for MUR's and NMS because its no longer used to help patients instead its used as a way of generating extra income, which the government could keep in this times of austerity*
- *Staff numbers, including the amount of pharmacist double cover has been eroded year on year over the last three to four years*
- *Staffing levels are set at what is seen to be required to run a store but as soon as someone goes on holiday or is off sick or even on a rest break the store is running below optimum level and most of the time extra cover is not provided for this due to store budgets.*
- *Healthcare staff fast turnover and poor training so inexperienced OTC staff encroach onto the dispensary team who are already stretched.Never enough staff!*
- *The issues described above may not always affect patient safety, but they do affect both the patient experience and the health and well-being of employees.*
- *We have been pushed and pressurised to work without adequate staff to do more and more. This is stressful unsafe and unprofessional. We start dreading to come to work to see what we are going to face up that day. We are not listened. Retention among employees very poor. Staff in every level are extremely stressed like time bombs. I find as my many colleges to concentrate to my work by dealing the branch issues due to lack of staffing and back log of work*
- *The only time when there have been issues-the 'minor issues' as stated, it has tended to be due to the non pharmacy management having input. the pharmacy professionals are supportive and aware of the impact that poor working conditions can cause. I do not allow myself to be affected by 'targets' that i feel would affect my professional judgement.*
- *I felt that the push on MUR and NMS is a good idea. However, I feel that it is not fair to have this as a compulsory for locums covering weekends and evening shifts as these times are the most difficult time to get patients suitable for MUR or NMS, and subsequently reducing the hourly rate paid to locums is very unfair. Also due to the number of MUR/NMS set by the NHS for specific payment to the pharmacy contractor, these has subsequently put a lot of pressure on pharmacists (managers/locums) to complete and reach the targets, thus I feel a lot of the MUR and NMS completed are not justified and correctly completed but done so just as to reach the intended target so that they can get the payment!*

- *Pharmacists get heavily pressurised to meet targets, and are given unrealistic expectations, in particular by store managers who are not pharmacists or have not even worked in a pharmacy for more than a few months and so have no understanding of patient safety.*
- *too much work and too few staff*
- *We get phone calls by the non pharmacist area manager if we do not do two MURs a day. Even when a pharmacist has achieved their target they are sometimes asked to do a few more to help the area figures. We do not have enough staff to get all the prescriptions and trays done. Some of us have to come in early or stay behind after work (most of us already work ten hours a day without time for a proper break). XXXXX treat us worse than you would treat a dog. But many people are too scared to say anything. We have to pay our mortgage.*
- *Four years ago I was allowed XXX hours per week for staff cover. We are now busier than ever but I have to use less than XXX hours per week.*
- *I believe that XXXXX takes the safety of its staff and customers very seriously. I am happy and feel supported within my role*
- *Overall positive experience, the only problem is when qualified dispensers leave they are replaced by unqualified colleagues and it takes time to train a colleague to medicine counter assistant and dispenser assistant level. So the service to the patients will suffer as you find yourself in a situation when you haven't got enough skilled colleagues to dispense and at the same time you have to generate more time to properly train the new ones. In a busy dispensary it can be very challenging.*
- *My experience with XXXXX from a patient safety perspective is very positive. They simply need to invest more in the facilities though it is admittedly a difficult time for the company to do this. I am also aware that the staff levels vary from store to store.*
- *The company adds quite a bit of pressure for MURs and it's definitely not in the best interests of the patients.*
- *XXXXX pharmacies are continually under staffed the quantity and quality of support staff is inadequate, holiday and sickness cover is almost never provided, last Saturday for example the counter assistant was on holiday which they had forgotten so virtually no counter cover all day additionally no dispenser for 3 out of the 10 hours we were open. The company is constantly wanting us to do more and more with no extra resources pharmacists struggle every day to keep things as safe as possible but the company constantly works against us, with these conditions pharmacists are under intolerable pressure this is to the detriment of their own health. Managers do not care they just want the targets met there is no support at all. The only reason more staff haven't left is lack of alternative work. You work hard all day with intolerable pressure and stress and try your best it becomes an exercise in survival that's it and then you go home and worry about tomorrow it's only a question of time in my opinion until they drive a pharmacist to suicide but they won't care they do not care about staff they say they care about customers but they don't if they did they would help us to help them the only thing they care about is profit. I am so angry I can not even fully put into words how intolerable it is working in a XXXXX pharmacy.*
- *There has to be a change soon as it's just not worth it*

- *I work on a retail park and in the last four years there have been staff cutbacks while at the same time targets and workloads have risen. I only have a dispenser 50% of the time and often I'm totally alone in working the dispensary, chemist counter, photographic and click and collect. This is a dangerous situation. The work situation has led me to have regular sickness absence from work due to anxiety and depression.*
- *The pharmacy I currently work in is a late opening pharmacy and fortunately more staff are required to meet the core hours. The experience I have had in this store does not reflect the experience I have had in the past working in 'normal opening hour' stores which are a lot more stressful and understaffed.*
- *The way where community pharmacy is going is absolutely unacceptable and ridiculous. Supermarket pharmacies must not belong to supermarkets - the pressure is enormous on pharmacy managers. In between two fires! Public interest and supermarket (your employer)!? It has to stop.*
- *I am so glad I joined the pda. I work for XXXXX. I have one dispenser who is pretty slow and older so myself and my colleague tend to do most of the work. We dispense, self check, serve on the counter. On the dispensers day off we have no cover and we cover both the pharmacy and the counter. We are told we don't do enough items to have a cover or to get a full time capable dispenser. So we stay quiet because we are worried we will be hated by our manager who doesn't really care about pharmacy because she says we don't bring in majority of the money. She doesn't get involved in the monthly patient review. I know I should leave the company but this is probably happening in most companies.*
- *Staffing levels based on sales for cast figures, not on safe and effective running of pharmacy*
- *The team in the main shop I locum in are excellent, so I mainly check rx's dispensed by others. However, bad layout, the staff hours arrangement (counter assistant leaves and only dispensary staff left so have to sell shop items) mean that the dispensing process is constantly interrupted. Also the sheer volume of prescriptions and when we receive them means I am checking around 500 in a few hours, leaving little time for and possible extended roles.*
- *This had gotten worse over the years. XXXXX keep asking me for more MURs, when I remind them I'd like more staff, they say other locums don't mind, you must be a bad locum. Sure I can clear 3 days worth of PCS, but if I don't do 3 murs I'm inept? I once had to close a store down because I had one counter staff member and the store did 300 items per day. The manager said just do what you can, I said this was not safe, closed the store. The area locum Co ordinator told my agency to never book me again and that I was in the wrong for doing that. I waited until 1pm, but no staff were available, and just coping while trying to do everything was not safe. Nothing is done because reporting it is pointless, as XXXXX achieve the minimum hours set out in the Drug Tariff which is a joke.*
- *XXXXX pharmacy staff have the right under negotiation with usdaw to hav 15 min break after every four hours. This is deemed necessary for health,safety and wellbeing of staff. pharmacists only get 15 ins every 6 hours*
- *Always extra services are required to be performed without extra staffing hours.*
- *It's a constant pressure and we feel bullied that there are cheaper options (newly qualified).*

- *Long term sickness of pharmacy staff not covered, patient safety concerns not taken seriously, area managers do not respond at all to emails raising concerns, feel ignored and considered "rocking the boat" if highlight poor practice and whistleblow on those cutting corners and engaging in fraudulent practices. If you know the right person you will simply get away with anything. If you highlight genuine concerns you will be alienated and branded a "nuisance".*
- *Even when you complain to Pharm Inspector, they seem reluctant/incapable of tackling the situation and give the shocking answer of 'if you're not happy, leave!'*
- *Pay does not reflect the output of work expected by the employers*
- *Rates are an insult*
- *I was booked with one pharmacy from the list of the company mentioned for which I received confirmation of hourly paid XX/hour for some shifts. During my period of working there (as I was booked many times) I noticed that I haven't been paid for travel expenses. (XX pounds is the price for the train ticket for one returned journey). Because I was booked XX consecutive days/week I decided to book room on the hotel which I did not want to be paid by the company as it was me who decided this. I just asked to be paid only my train ticket (only one journey/week). Because of the delay of my payments (one or two months) and because I was on holiday I was in the position to tell to the pharmacy manager to be paid as soon as possible just for my locum work if there were such many issue with the expenses. I was finally paid when I came back from my holiday with a few amount for travel expenses which it was decided by that store and for those shifts confirm with XX/hour the hourly rate was reduced to XX/hour. I contacted the pharmacy manager to ask if it was a mistake but I have never received any explanation why my hourly rate was reduced.*
- *Under staffing and pressure on the pharmacists is immense. To conduct any sort of meeting with a patient is often impossible and I have been at the receiving end of abuse due to half hour waits on prescriptions. Being the only pharmacist and having to do consultations in between checking and being constantly interrupted compromises patient safety.*
- *IT IS DANGEROUS TO WORK AS A PHARMACIST RECENTLY DUE TO LACK OF STAFF. MOST OF MY TIME I WORK WITH GIRL WHO IS NOT EVEN AN SHOP ASSIATNT. WHEN I ASKED HER WHAT IS THE SOP, ACT, P-MED, GSL, POM-MED SHE DID NOT KNOW THE ANSWER. MOST OF THE TIME I THINK IF BIG COMPANIES REALLY WANT US PHARMACIST TO KILL OUR PATIENTS?!*
- *The main problem I have with my employer is the lone-working of the pharmacist for 11.5 hours on a Sunday.*
- *The open plan dispensary in Supermarkets should be stopped as constant interruptions from "customers" affects patient safety. The OTC area should be made separate with suitably trained staff and dispensary totally away from public so Pharmacists can work accurately with minimal disruptions. The price for the members of the public being able to view and interrupt the Pharmacist constantly is detrimental to patient safety. It's time we claim our Professional respect back and stop "The Pharmacist is easily accessible campaign".*
- *Within the space of 8 weeks I have been told in an email that with a little more 'tweaking' I could take more store from performing very well to extremely well to being told that if my*

*performance of key performances indicators does not improve in the next 4 weeks I will be put on a PIP !!!!!*

- *The answers I've given above would be completely different if I had chosen another company (such as XXXXX, XXXXX or XXXXX) as the main employer of my locum services. Most of the XXXXX branches that I've worked at have been staffed fairly adequately most of the time.*
- *On the minority occasion I work for a multiple (XXXXX) I find that commercial interests are foremost, even if they are disguised as providing a service to customers. Independents appear, in the main, to be concerned with profit margins (understandable in a way) but less so on adequate training of staff.*
- *My rates have, in the last 2 years dropped by £5 per hour with more demands placed on doing MURs etc. In one instance I performed 10 MUR's in one day at a 500+ item branch as the only pharmacist and the Area Managers response was "try to do more next time"*
- *Rates are an issue. When the recession started I was charging £25 weekdays and £26 weekends. The £26 has gone!. I can keep the £25 with XXXXX as I offer XXXXX qualifications (this will last until XXXXX when I would need the independant prescribing qualification that I am not going to get...no-one would fund me and I feel that at my stage of career it is not justified) If I worked for any other employer the rate would be less. I dont think there are any other professions who have not had a pay rise since 2008....I am struggling to remain on the same and many of my colleagues have had a pay decrease!*
- *I am a locum pharmacist who works as a counter staff, a dispenser, a technician and a pharmacist. I work everywhere in the pharmacy non-stop like a running chicken.*
- *At this rate and bearing in mind the number of years I have practiced since registering in 1995, I am now looking for a job as shop floor manager in a supermarket or departmental store where I am not risking patients lives because of the commercial pressure.*
- *Generally speaking, XXXXX are a good company to locum for. I have never worked for XXXXX as I have friends that have told me of the horrendous conditions they work in. Supermarkets like XXXXX and XXXXX that I regularly locum for- do not tend to have suitably trained staff- however because it is so quite, one can get away with it.*
- *I work for a very good example of a small village community pharmacy, whereby staffing is always pharmacist & dispenser & counter assistant. Fortunately, when I have worked there (so far) there have been no events of staff illness or absence.*
- *No designated lunch break for pharmacist normally on duty from 8.5 up to 11.5 hours on duty as RP.*
- *We are in an appalling situation where a Pharmacist is no longer having the control on the running of a pharmacy which directly impacts on the health and safety of a patient. Pharmacists are becoming more and more helpless as their role is being reduced and overridden by unqualified/underqualified people and financial interests are overtaking the*

health interests. The oversupply of pharmacists along with funding cuts have made pharmacists work under unsafe environment compromising on various issues.

- I occasionally locum for a number of different companies and find that weekends and evenings tend to be horrendously understaffed. A key example is a very busy XXXXX pharmacy which always tends to just have one shop assistant who has never used the dispensing system; this branch has over 50 substance misuse patients per day, and has acute prescriptions for a number of care homes, and not to forget the usual walk in patients - a very dangerous place to be working at indeed
- On two occasions I have had to contact the regional manager due to concerns over staffing levels (once just me and one staff member at a busy medical center branch for the first three hours)
- In XXXXX they leave the pharmacist on their own no staff to cover and the pharmacist has to self dispense check cds which comprises patient safety
- Big multiples tend to be the worst culprits, like my last employer XXXXX.
- I know a number of pharmacists not happy working for the large concerns in terms of stress and respect.
- Minimal staff Low rates short notice for shift alteration
- I choose to work at XXXXX because the conditions are much better than I experienced at XXXXX and XXXXX. The answers would have been very different, in particular for XXXXX where pressures were almost intolerable
- My rates have been cut since I first started locuming!! As my pharmacies I work for can get locums for £14 per hour!! Always told to meet MUR and NMS targets!! Work without breaks!! And no other dispensary staff!! And the last straw was I was refused a long term locum position due to the fact that I can't speak XXXXX and most of the patients in this particular pharmacy were XXXXX speaking!! Just find it so disheartening as I've studied hard to become a pharmacist and I have looked for full time work for over 5 years in central London with no luck and just as I thought I would have my dream post I am discriminated against because I don't speak a forgin language!!
- Staff from checkouts with no pharmacy experience were told to man counter and pharmacist expected to dispense, check, answer phone calls, observe sale, speak to customers, provide PGDs like ventolin and malarone, do flu jabs, nms and murs and put all stock at correct place and complete owings.
- XXXXX is the main culprits with staffing and XXXXX is the main culprits with having no dispensers but rather using the counter staff to dispense
- Pharmacists need more support, and employers need to stop cutting the rates or they will inevitably kill the profession
- I feel that since XXXXX announced the XXXXX takeover, our staffing levels have been ignored and we are doing the best we can with the hours we are given. We really struggle now to cover sickness and holiday and have had to rely on Locum support for counter service as there was no suitable option!

- I have been locuming for 6 months time after having left a management position previous to that. I have encountered many problems in pharmacies i have locumed in. Some pharmacies have been majorly understaffed and this is not safe working conditions. On one occasion i was working in a pharmacy in a medical centre for the first time and only had one dispenser working alongside me. I had been told that the manager and another staff member were off long term on the sick but had never been replaced while the remainder were off or on holiday. This i found unacceptable as the staff member was under incredible pressure and considering i had never worked in the pharmacy before, i found it very difficult to work under this kind of pressure or understand how this could be allowed to happen. While working as a locum in another busy retail pharmacy, i was told upon arrival how i had no-one working in the dispensary for the whole day and just a counter staff member. Considering i had only been in this shop for one previous shift and the fact that no cover had been arranged even though management knew that it was understaffed, again i found this hard to believe. Locums are being put under more and more pressure with having to work in under-staffed pharmacies while at the same time having to meet targets set by the employer. They do not realise that we have to adapt to different work settings from one pharmacy to the next, different work practices, different computer systems and different services offered in each pharmacy. This is unrealistic and unsafe, yet locum rates are being cut and we are being forced to work under these conditions or be out of pocket. More needs to be done to protect the locum pharmacists and the public as a whole by minimising staffing issues and self-checking, setting realistic targets and ensuring a fairer rate for locums. This situation needs to be addressed as soon as possible to prevent significant avoidable errors from happening. Also the cut-backs in pay need to be addressed, pharmacy has adapted over the years, more and more is being expected of pharmacists now and the pay needs to reflect this.*
- I am working in Devon where the standard to treatment for locums is much better than elsewhere in the country due to higher demand. This is not representative of previous places I have worked. Please provide us with further surveys to complete about staff skill mix and day to day working issues e.g. breaks.*
- I strongly agree with all the remarks made by PDA I've been working as a locum for other companies too where the problems where even worse (eg 6000 items/month and just 1 dispenser and lots of dossets- XXXXX). Just hope something might change in future.*
- made to work in ridiculous conditions, only to find that the place I booked I was the only dispenser and pharmacist and working at the counter...*
- Pharmacy profession is massively saturated, leading to work shortages therefore pharmacists battling for work, the pharmacy owners taking huge advantage of this, making ridiculous demands, whilst reducing rates of pay. Something needs to be ASAP, to prevent the profession going into meltdown. By allowing so many pharmacies to open namely 100 hours, it has exacerbated the problem further as pharmacy owners concerned about losing business reduce costs by reducing staff and demanding more services etc, making working environment even tougher.*
- I am lucky to have a small core of independents as my main employers who recognise the importance of the reputation they have built up within their neighbourhood.*
- XXXXX, is the same, most companies i work for i self check, have to dispense, label and take in prescriptions, alot of times i have been left on my own to work for long periods of time*

- The following situation did not occur when I worked for my main employer as a locum pharmacist, however I feel it is important to highlight this due to patient safety and professionalism: This happened when I worked in a GP practice-owned pharmacy (100-hour contract); I was left to work with a counter assistant who has yet to complete his training programme for a 8 hour shift on a saturday afternoon (until 10pm). I was expected to self-check all walk-in prescriptions, which included a CD Sch 2 script (I felt I had to double check with the patient's representative collecting the prescription to ensure it is the correct drugs dispensed as an extra precaution after self-checking) The member of staff had been made to work overtime for that week and had worked accumulatively for 70 hours already; coupled with his incomplete training on OTC modules, I was left basically to run both the OTC sales and dispensary, with the expectation of checking XXXXX dossette boxes from the previous day, all with 7+ medicines. I was told by the member of staff that this happens on a regular basis as a way of the surgery to minimise costs. This clearly puts patient safety at risk, not only because the pharmacist had to self-check everything during the 8hour shift (no break), but also for over-worked, tired and untrained staff to manage OTC sales! Very concerning.*
- I think we need to address the underlying issue of too many new pharmacists qualifying. If a locum feels the workplace is unsafe they should refuse to work there, but all the time that work is scarce (luckily not in my location) then locums will work for less money and in poor conditions and employers will continue to get away with it.*
- Treatment from locum coordinator office is very bad and affects my health and ability to work safely and therefore patient safety. Specifically, I have been told to move pharmacy with no notice to another branch 30 miles away. When I explained that I had already travelled 80 miles to get to the pharmacy, I was told that if I did not move, I would be blacklisted for any further work. I did move pharmacy and felt unwell for the rest of the day. This is a common occurrence. The locum coordinators threaten and bully locum pharmacists. I am treated like a piece of rubbish. A thank you for all my hard work would be nice.*
- Most pharmacy owners are not employing suitable qualified person to dispense so it compromise patient safety. It should be a legal requirement to have a dispenser present during the whole time responsible pharmacist is present.*
- Every branch I have been to has been short of staff*
- I generally have a happy working relationship with my employer*
- Big employees need to employ more staff. Self checking is risk for patient safety*
- I worked as a locum pharmacist at XXXXX from 2005 to 2015 on alternate weekends at the same store. During the last 12 months of this period I was pressurised to complete more MURs when on duty. Thinly veiled threats (from store managers/pharmacy manager) were made that if I didn't achieve 1 to 2 MURs per shift then I would be replaced with locums that would achieve this target. The store manager/duty manager would often come and visit me twice during an 8 hour shift to check on my progress with MURs - they never enquired about other things such as workload, staffing levels, satisfied customers, etc. I have also been informed that the store manager/pharmacy manager bonus is linked to how many MURs the*

pharmacy completes - I do not know whether this is true. XXXXX also have a system in place so that they can monitor which pharmacists complete most MURs - there seems to be very other measures of quality in place that I am aware of. I have not been offered any further bookings since my existing bookings were completed approximately May 2015. I must add that I have never had any complaints about the quality of staff that I worked with. The staffing levels at weekends were not brilliant; I would usually work with a counter assistant or dispenser or sometimes just a counter assistant. I would dispense/check my own work which obviously is not ideal.

- The conditions of region XXXXX for XXXXX (Managed by XXXXX) are appalling. There are so many deadlines and targets to deal with every day. An example is, you feel forced to sign patients up to EPS unfairly otherwise you will be held to account about the lack of numbers signed up. I believe you have to sign up patients in an unethical process. The worrying thing is that it has been agreed by the superintendent also!
- Two rates of pay - £21.00 an hour if completed 2 or more MURs £19.00 an hour if none or 1 MUR completed
- Most pharmacies I locum at have same problem, not enough suitably trained staff, dispensary staff not checking, forced to label, dispense and self check to keep up with work load. regular staff complain when you take breaks or go to the bathroom. forced to do things outside of SOPs (everything should be double checked yet it isnt, when errors are made blame pharmacist, when really should have proper dispensers/tech to dispense) just to make sure you will get bookings again. getting in locum pharmacist only to cover the worst of the worst stores, once worked at XXXXX, they had no counter staff from 3pm onwards, plus the pharmacy manager, support pharmacist and 2nd support pharmacist all off at the same time, along with regular staff. this is just small example. another one would be XXXXX, they have 200 substance misuse patients, in addition to care homes and regular repeats with only one pharmacist and low staff levels. took approx 20 mins, just to had in prescription as no one is serving at counter. the list just goes on and on.
- Staffing levels and quality of staff are often an issue at one of the stores I cover. The problem is that due to the over supply of Pharmacists you are often put in an impossible position where staffing levels are poor, there are no breaks and yet if you want to work you have no option but to put up with it. This can lead to almost intolerable stress levels. This means that as soon as I can financially afford leave the 'profession' I will do so
- I've been regularly locumming in a pharmacy where the pre-reg is treated as a dispenser because they're practically free labour so employers don't pay for extra staff. The pda represents pre-reg's; surely as an organisation with a voice that can be heard, we can represent towards the unfair treatment of pre-registration trainees too. After all, they are the future of our valuable profession and the standards must be kept.
- Pharmacists expectations have increased dramatically.
- working as a locum i find that most employers do have enough staff cover to provide a safe and efficient pharmaceutical service, there are some however who do not and a person not suitably qualified to provide this type of service has been asked to do so, which i do find rather disturbing
- This chemist is pretty good. Most places I locum are not so good.

- *I believe employers are wrongly taking advantage of the over supply of pharmacists in cutting locum rates.*
- *Murs and nms a load of nonsense, basically pharmacists are forever to these, even where you don't deem it necessary, as company has targets and scrounge for anything. Staff are also pressurised to add on additional pressure on pharmacists, if pharmacists don't comply, the staff can complain to area manger or rota office so the pharmacist isn't booked there again.*
- *Having worked for XXXXX and XXXXX in the past and feeling pressured to hit targets and make deadlines, it is a breath of fresh air to work with a caring independent who understands the pressures of modern pharmacy and puts staff and patients first.*
- *the working conditions of pharmacists is getting worse and its come to a point that I have decided to work in another sector and only work occasionally as a locum due to the conditions we have to work under*
- *Haven't had a pay rise for 4 years and working conditions are getting worse*
- *If the Pharmacy is not doing the competitive commercial t/o, then staffing is a major issue*
- *I feel I'm hanging onto my job by the skin of my teeth. Pharmacy was never like this. Every shop I work in the teams are behind with the workload. All the company cares about is profit, figures, services. They are not interested in patient safety, appropriate staffing levels, training time for staff, appropriate breaks etc. Each day I am worried about making a mistake due to the enormous amount of pressure I am constantly under.*
- *19 years qualified. worked as manager and locum. Locum now- very disappointed and discouraged by the pay, conditions. Feel very undervalued.*
- *We are given ridiculous targets and deadlines without the correct amount of manpower or support to deliver. Two things happen due to this, we deliver but cut a lot of corners to speed up the process which compromises patient safety or we just don't make the deadline or hit the target and we get an ear bashing for it, sometimes even on conference calls! At worst we don't get a bonus. This trend is consistently increasing and as a pharmacist I am now constantly afraid. Afraid of causing harm to the patient due to the huge amount of pressure I have bestowed upon me and the lack of support my employers do not provide. I am also afraid of reprisals from my bosses when I speak up or voice my opinions. A lot of pharmacists have learnt to suffer in silence just not to rock the boat or be singled out as trouble makers. How can change ever happen when no one is brave enough to stand up to unfair treatment? All of this just makes the work environment an unpleasant place to practise, even worse, a danger zone.*
- *I found myself recently working for independent pharmacy where there was no technician and no one with any sort of clinical training I was left to manage pharmacy with college students! That was in XXXXX area. Also I have to travel long distances to find job outside London because the competition for jobs is fierce in London. This affects my family life and work life balance. I would not be studying pharmacy knowing that after 5 years of hard work I will not have a well paid local job.*

- *Employers are taking advantage of the oversupply of pharmacist and paying us as they wish and making us work in an unsafe condition to save money.*
- *At the moment myself and the other locum have ensured that patient safety isn't compromised, however with a change of ownership at the end of the year, that will all change. there will be no second pharmacist cover and more pressure on targets etc*
- *Not all XXXXX stores are like this. If you would like to know which store you can contact me*
- *staff leave and are just never replaced so the company can claim there have been no job cuts. ie no job cuts but staff/hours reduced*
- *The drop in locum rates means that pharmacists must work more hours than before to make the same money. The work is becoming more demanding for various reasons (less staff, new services, targets), so this is an exponential increase in stress for the pharmacist and obviously the service we provide will suffer, and the risk of errors will increase,*
- *Employers care definitely more about their targets than their patients. They could increase their income in a different way.*
- *Locum rates are being offered really low especially to newly qualified pharmacists, employers are taking advantage of the fact of the surplus amount of pharmacists.*
- *I have been in a position where patient safety was compromised due to poor staffing levels. When I contacted the area manager and asked for relief I was told that this would not be possible, and that I would have to continue with my work. I had to make the call to stop dispensing and try and deal with the backlog of work, having myself, a dispenser and a trainee. When the area manager came to see what the problem was a few days later, none of the pharmacy team or myself were spoken to, or even acknowledged, but the pharmacy manager of the branch opposite was spoken to instead. I felt unsupported and unsafe in my work at the time, and to rub salt in the wounds, I still haven't been paid for the 3 weeks of work I completed well over 2 months later.*
- *I find that the rates have been cut with no option but to accept them because of lack of job availability and now despite having trained for years the pay is comparable to many less qualified such as dispensers in some cases. Something needs to be done!*
- *I do not work for any of the other multiples because of dangerously low staffing levels. Sadly XXXXX are now as bad so I limit my work with them. I am concentrating on working for independents.*
- **PLEASE DO SOMETHING! THE SITUATION IS URGENT!!!**
- *Pharmacists work under stress with reduced staff, targets to be met and with the increase in volumes of prescriptions it has become very difficult to actually give time to the patients. Liability is high*
  
- *As a hospital locum pharmacist, I have noticed the increase hostility when starting a new role. My main concern is with regards to training. Locums are being accepted for roles in*

*which they are not fully trained and employers are reluctant to train locums. For example. I recently started a position which I made clear I had very limited experience with prior to accepting the role. I was required to complete a log of 100 prescriptions for screening chemotherapy, however my employer cut this down to 25 as they were desperate to get me up and running, my request to do more on my log was refused.*

- *I locum mainly in 100 hours pharmacies, meaning that staffing levels are low late in the evening but, in my opinion, adequate. I do self check on occasions but the pace of work is such that I can make mental space between the clinical check and the dispensing process and do not feel unsafe.*
- *70% of the time I am not entitled to a lunch break as the pharmacy 'must be kept open at all times'. This greatly hinders my concentration and thus impacts patient safety.*
- *Pay and conditions have got worse since XXXXX took over...*
- *I have greatly reduce my work shifts for this employer as I strongly feel patient safety is compromised. I have now started working for other pharmacies with better working conditions,*
- *XXXXXhave a policy of providing sufficient staff for the workload. I think this is unusual!*
- *I mentioned to an area manager at a particular branch when he called in whilst I was there that a serious problem could arise there if something was not done due to cut backs and staff shortages. The current staff were under too much pressure coping with such a workload and trying to achieve unreasonable targets.*
- *Most of the time one person has to multitask because of inadequate number of staff. Patients waiting time is long and hence, they are agitated and even puts more pressure on staff.*
- *It's all about numbers, not about patients' need anymore*
- *Financial incentives are so impt is to companies that if you speak up about the other concerns eg patient safety, the line manager will think and say that if you are not up to the job, it's best to leave and find employment elsewhere. Other stores manage, why is it so hard for you?*
- *Staff leaving the company are not replaced*
- *it is really unfortunate the situation we are in in pharmacy. please try and see if we can organise a strike so the nation will value our worth for once*
- *Over time ban none replacement of absent staff and stores with untrained staff seem to have becoming the norm.*
- *Have to carry out normal dispensing task plus all the advanced level services with no extra help. Yet, we are asked to hit unrealistic targets and potentially not having a pay rise due to not being able to achieve target. Staff level has never been reviewed when Rx number keeps rising and yet employer advised us that we are overstaffed!*
- *Recently,pharmacy mangers have been compelled to cover only 40% of colleague's annual leave. Always understaffed*

- *Due to saturation of the pharmacist available there are indirect threat given about ceasing further work if the "staff" members who are not professional themselves don't feel happy or prefer other pharmacist who they have a personal relationship with*
- *The reduction in rates is an issue. Pharmacists are not getting the respect as professionals should deserve.*
- *I believe XXXXX are one of the better large companies. Experiences with XXXXX and XXXXX gave been less favourable*
- *we don't have enough staff to cover breaks properly or at the end of the day, have to lend staff to other stores at our busiest times*
- *Our Pharmacy bodies are too weak to bring employer to task and with the current surplus of pharmacists contractors are in the driving seat and when raises patient safety as an issue one is considered to be "negative"! There are lots of non-pharmacist managers out there who although responsible for the clinical governance in their stores(SOP requirements!) are just not capable of doing so because of salary budgets imposed or lack of management skills!*
- *Last 2 years at XXXXX have been a struggle with cut backs. The main problem being lack of staffing and never providing adequate cover during holidays or sickness. This makes working life for the company very challenging and I have often considered quitting because of it.*
- *Locum pay rates are reducing significantly and this needs to be addressed.*
- *No relief dispensers to cover shops in case of any emergency absence. My area includes 23 branches and every branch in same state*
- *Expectations are much higher for pharmacists - they provide more advice, support and services but this is hardly recognised especially with the wages decreasing by a considerable amount. Pharmacies are employing fewer people which results in pharmacists self dispensing and checking which is posing higher risks of error. More support and recognition for our work is required.*
- *In my experience, treatment by independent pharmacies is significantly better than at multiples. I also work at XXXXX as an occasional locum, but my answers above are not related to XXXXX.*
- *I have been arguing with area manager for over 2 years and no luck as of yet, recently been appointed a new area manager that has promised staff an increase in profit return of 2.5% otherwise the staff hours will be lost!! - it's getting crazy ... I hate community pharmacy ... That's why I have started a clinical diploma and want to move into hospital as a prescriber or even the CCG.*
- *Stress caused by understaffing leads to sickness leads to more stress for those left etc etc*
- *I doubt this survey will serve any purpose. The pharmacy business is no longer under the control of the pharmacists any more. The big chains own most of the pharmacies and the pharmacists work in those branches!*
- *The GPhC have their focus wrong. They seem intent on punishing pharmacists but not investigating the causes, i.e: pharmacy multiples' commercial policies. Whilst these are*

*formulated by non-pharmacists the superintendent pharmacist of these companies should be held accountable.*

- *There should be limit on what each pharmacist should check, i.e if a pharmacy dispenses above a certain number of items, they need to have a compulsory second pharmacist to maintain patient safety. Pay should also be protected. I won't be long when wages will dwindle to the same as someone with no qualification.*
- *SOP are just there for purpose of conforming with rules but impossible to adhere to especially when you work with untrained staff or short staffed and yet much is expected of you for services as well.*
- *No cover for holiday absence really affects the service we provide in a negative manner forcing the team to cut corners and so compromise safety in an attempt to maintain service levels and meet internal paperwork compliance targets. Moreover lack of staff makes the working environment stressful and horrible for all the team to work in and contributes to errors.*
- *The problem of adequate staffing levels is endemic in multiple retail pharmacies*
- *In general I think the majority of community pharmacists are treated unfairly, the hours are long and often without a break. Most places are either understaffed or have staff not suitably trained. There is also too much emphasis on targets set by companies which put added pressure on locums and employees, all of these factors are detrimental to patient care and safety and are leading to low job satisfaction for pharmacists.*
- *The employers, in their greed to attain profitability are cutting down on / not replenishing the essential dispensers, accuracy checkers or reception staff, causing a considerable pressure on the pharmacist, who has to do every thing single handed; even answer telephones, asking for beauty-aids, causing a further waste on the constrained time.*
- *I think I am very lucky to work in the XXXXX branch that I mainly work in - experience of occasionally working in other XXXXX branches is worse.*
- *On rare occasions, there are enough highly skilled staff in the right numbers in a XXXXX pharmacy. I was surprised to find serious shortages in staff numbers in very busy stores. But this is not all that has a direct impact on patient care. The pharmacy design in the various XXXXX stores I have worked in could do with being changed as the poor design has caused errors to occur. Things like the methadone shelving can cause errors and distractions on the front counter can easily occur. Also, the lack of trained staff in the right numbers means the pharmacist is often overworked and having to fill in doing more jobs. They often have to dispense CDs and other medications on the spot and as the staffing numbers are limited, this can leave the pharmacist self-checking for patients who are already vulnerable. MUR targets mean the pharmacist has to leave the dispensary to complete 10 a week and do the NMS calls to patients as well. Poorly trained store management do not understand the pressures pharmacists are placed under in stores and more often than not do not get appropriate staffing in the pharmacy even when they are asked if they can get someone in. They are often too incompetent and moody.*

- *A lot of pressure from head office to reach targets for MURS when staffing levels are insufficient.*
- *Locum Pharmacist rates do not reflect the risks that we are sometimes faced with in terms of pharmacy being understaffed, or being expected to check and meet targets such as those for MURs and NMS.*
- *I am fortunate enough to be in a position to choose whom I work for. However a few years ago when I started locuming I did work for one multiple in particular and based on that experience my responses would have been very different.*
- *Company takes on care homes and allocates to a branch without assessing capacity and staffing. Also not enough lead time or communication of contracts thus could compromise patient safety and professionalism*
- *Because of the low supply-demand of pharmacists most of the employers do not value us anymore. There is always another pharmacist to fill in. Very detrimental to the profession.*
- *Only short staffed due to unforeseen circumstances. Stress highest it has ever been but employer doing best to provide relief staff and also recruit. I have been told not to worry about any targets until staff levels have improved.*
- *Most employers prioritise on profitability Staff welfare and patient safety are secondary*
- *Pressure for MURs can effect patient safety and the effectiveness of the MUR as you end up rushing both the MUR and the check of any waiting prescriptions. I have never trained to give Flu vaccinations as I know that this would be another thing I would be expected to do when I should be checking prescriptions. The vaccinations are booked in quarter hour slots throught the day with no regard for support staff to dispense and label waiting prescriptions. I'm all for expanding our role but we need sufficient cover. I have been locuming for 25 years and love my job but commercial pressures are more and more affecting patient safety.*
- *The company is more focused on mur and nms targets than the quality of service provided or patient safety or date checking etc I have my staff checking dates as we give them out but out of date products have still gone out at busy times. The stress on all staff is huge as when people are ill , proper cover is not provided and threatening letter are sent to branch weekly irrespective of the branch situation. As a pharmacist , I am doubling up as counter staff and am still expected to hit targets !*
- *Our support staff levels have been cut by around 50% over the last 4 years, whilst our dispensing business has grown, and services business has increased by 300%. Staffing levels at time are dangerously low I feel, but I just get told "that is what we are allocated".*
- *I am very lucky with the independent pharmacies I locum for. The conditions I work under are generally very good. I am rarely under pressure which I find hard to cope with. However, I have done days at XXXXXX, XXXXX and XXXXX and the experience has sometimes been so bad that I never went back*
- *Main employer is entirely profit driven and increasing cuts staff which are now operating at a bare minimum with no holiday sickness cover provided which could compromise patient safety.*

- *I don't work for multiples any more as worried about these issues. Fortunately I can locum for a good independent but who knows how long it will be able to survive financially?*
- *Raising concerns about lack of sufficiently qualified staff, availability of cover when staff are absent etc is met most of the time with silence or worse pharmacists are made to feel they are working inefficiently by management. The increasing workload is also heavily affecting dispensers and healthcare assistance, who often complain about the enormous stress they feel. This leads to an increasing number of staff absences, creating a vicious cycle. Patient safety is definitely playing second fiddle to targets and profits.*
- *I am a Manager and I am very proactive in insisting upon training and recruiting counter staff capable of achieving NVQ2 in dispensing services. These are used routinely to support planned and unplanned staff absence. I have also insisted upon the same from existing staff and recruited and trained nil hours MCA staff. My experience is that my employer will support this but the Pharmacist has to take the lead and be proactive in dealing with the personnel issues this approach throws up. This may mean changing employees hours and days of work and correctly changing duties performed and expected. It may mean not being "liked". Too many pharmacists accept the status quo and are managed by their staff. It should be the other way round! I have worked with several non pharmacist area managers and they have all been only too happy for me to adopt this approach as long as I do not cause THEM extra work. Yes I have targets but I can achieve them if I have qualified staff to do the 'supply' work. Pharmacists need to start taking charge of the situation and stop being afraid of staff who say "I have always done this" or I have always had this weeks holiday! We need to manage holidays properly and fairly too. Lots of shortages are self inflicted! This all means taking back some of the power we have given away in adopting non managerial roles. I follow SOPs properly and have worked hard on the operation of my pharmacy to ensure it is safe even on the odd occasion I have to go shorter than I would like. I got a good from the GPHC recently. I appreciate I am lucky with my employer. I have also always ended up loved by my staff.*
- *I currently have to work in a unsafe environment due to low staffing level- I'm just relieved I go on maternity leave soon!*
- *So much better than some companies I've worked for. However, No cover for unplanned staff absences. No plan/cover for training.*
- *due to the lack of pharmacist cover I find myself having to work after store opening times to finish the work off, as otherwise it could lead to having to rush to check prescriptions which would endanger patients.*
- *In most cases, the pharmacy and pharmacist is being dictated to by a non-pharmacist store or deputy manager who openly admit "to not knowing much about pharmacy". Hence all they see are the potential monetary gains from services, and not much in the way of ensuring that there is adequate staff to provide a safe & efficient service.*
- *Part of the problem is that the rate of pay for dispensing staff is so poor that I believe it affects their motivation and how much they care about accuracy - too much dependence is left on the pharmacist for accuracy checking.*
- *Na*

- *XXXXX generally do a good job of replacing staff at short notice for illness etc. by switching staff fro other branches, but they inevitably become stretched too thinly on rare occasions putting a lot of pressure on the remaining staff and pharmacist to keep up with demand.*
- *The problem of patient safety is worst at weekend because the highly qualified staff work during the week and the locum is left with un qualified, inexperienced staff at weekend.. Most of the time with no support at all.*
- *Considerable pressure to undertake services (MURs being just one example) for commercial reasons which (because of time expenditure) are inappropriate and potentially detrimental to patient safety*
- *Sunday staffing in XXXXX is unacceptable majority of the time and impacts patient safety*
- *XXXXX uses a computer program called XXXXX that calculates staffing levels based on script numbers, OTC sales, and services. This program does not relate to real life. In my branch my XXXXX figure does not allow me a dispenser for all of the hours that the branch is open, resulting in me having to self check. In my opinion there should be a minimum staff level of at least one dispenser, one person on the counter, and at very busy times an additional staff member to float between the counter and the dispensary.*
- *I've only worked for XXXXX a few times but they seemed like a good employer to me in terms of patient safety and staffing levels. Their payment system for locums is terrible though. Like drawing blood out of a stone. I had to wait over a month for my first payment and another of my colleagues has experienced the same.*
- *There needs to be an urgent action taken to manage the regulation of how employers manage pharmacies and the provision of suitably skilled staff in the pharmacy.*
- *Conditions in pharmacy for pharmacists have not improved or regressed in the forty years I have been qualified eg 20 min break in 9 plus hour day. Training for all staff supposed to be done during work time but never any staff to allow this to happen now yet area managers and training dept insist this has to be accommodated . Pharmacists expected to do at home as never any second pharmacists !*
- *The main issue is the insufficiency of staff hours that the employer can afford to provide with the meagre margins now provided by the contract and the dilution with Services which are not funded to the level that enables full support cover to be maintained.*
- *There is usually not any dispensary cover at weekends and bank holidays so I have to self check. All dispensary staff have to help in the shop due to too few staff so all operations are continually interrupted. We have targets of ten murs a week and three hundred flu jabs per season as well as a general 'services income' target. This is linked to the pay rise and bonus of staff as well as the Pharmacist. Obviously, if I fall behind my targets it is not just the Area Manager who is angry now....a neat Company ploy!*
- *There is an increasing workload but a decreasing resource provided by XXXXX*

- *My pay has gradually been eroded during the 9 years that I have worked in XXXXX pharmacy as a locum. I am still working to keep my skills up after retiring from my hospital job. The pay situation is appalling. We do more knowledge based work, work that required professional judgement than before but are worse rewarded for it.*
- *-Level of staff is very important for day to day running of pharmacy and patient safety ;*
- *The rate of pay for pharmacists have deteriorated heavily over the past few years. The average wage should be set to. Minimum of atleast £25/hr for Locum pharmacists. This is to maintain the professionalism of the job and to maintain job satisfaction. The current rate does not even meet the standards and responsibilities we hold in the profession. If no further action is taken to rectify this issue, I am sure there will be national outcry to put things right. The current rate of pay by XXXXX pharmacy is set at £19/hr and the company is looking to decrease this pay even further.*
- *I know I am extremely fortunate to be working for 3 very special independents. They value me as much as I value them.*
- *I have been told my overtime budget is zero.*
- *My main employer refused our rates to £21/hr claiming who does not like it will get no job, is bullying me and other foreigners I know and does not follow Equality act 2010, probably because recruited one bully from XXXXX and some XXXXX guys who understand retail only and do not care about dispensary. Please help!*
- *XXXXX locum rates have been cut by £1 to £1.50 per hour and only if enhanced service i.e. MUR, NMS, flu jabs is performed then extra money is available - extra £1 per hour on average*
- *I worked in an Independent Pharmacy where the staffing situation was appalling. Staff left and were not replaced. Qualified staff were constantly off sick; I left because I couldn't work in such stressful conditions any more.*
- *just over stressed all the time*
- *Government cut backs in pharmacy will lead to more deaths eventually. How many errors/fatalities will it take to legally impose one qualified dispenser and one qualified counter staff through all the opening hours of the pharmacy per 1000 times a month at least?*
- *All the additional services we are asked to do especially dossett boxes are not accounted for properly staff are calculated by items. This is ridiculous when you consider how time consuming a dosset box is*
- *Pharmacy has been turned into a profit driven commercialized institution. Patients are only superficially recognised as the major concern, whereas in reality maximizing profits and achieving business targets is the primary and only objective. It is a sad state of affairs when patients are being treated as numbers and not individuals. We do our best to provide proper holistic care to our patients and where possible minimise our exposure to the target driven realities of modern day pharmacy. The provision of services has further worsened the situation. Why should a pharmacy team have to deliver 400 MCUs a year if they do not feel*

*there are 400 patients whom require such a review. It's a shambles really, but then again, so is our current healthcare system.*

- *Margins have been cut, especially for Independent Pharmacies. Work load has increased especially in requests for MDS patients.*
- *I work for an independent pharmacy and therefore am not governed by protocols of larger multiples. Part of working for a smaller pharmacy requires the pharmacist to carry out multiple tasks. Most of the time it is not an issue.*
- *The branch of XXXXX where I work most of the time is generally well run. But I have worked in other branches (particularly some 100 hour pharmacies) where I have been left on my own to run the pharmacy. This is usually early morning or late evening, but clearly any prescriptions done during these hours have to be assembled, labelled and checked by me, and I can see that this may compromise patient safety.*
- *XXXXX is all about money and NOT patients. Never have enough staff, staff never gets paid for there mileage to collect from surgeries on time(3 months at one stage), and pharmacists expected to unpack orders, clean dispense and check while pharmacy staff fill up store shelves and serve on check-outs. Store managers only care about check-out waiting time but not about the long waits at pharmacy.*
- *No transparency on whether lunch is paid or unpaid. Usually don't have lunches off and get no actual undisturbed break*
- *The above only applies to independant contractors where I have worked. I have previously worked for XXXXX, XXXXX and XXXXX. XXXXX do not provide adequate staff cover, often expect pharmacist to run the counter and dispensary as well as have the minimum amount of staff. Their automatic repeat management system is flawed and in my opininon unethical. The constant pushing of advanced services often results in a neglection of essential services. XXXXX are the worst company I have worked for. Pharmacists can be left alone for 1.5 hours in the morning and at night. At times I have been left with ONE member of staff who was not even OTC qualified. A complete shambles. I have been a locum for around 5 years and generally try and stick to independant contractors. Like any business they want to make money but I find their ways of working more ethical and they have a greater respect and concern for patient safety in addition to actually listening to any concerns the responsible pharmacists gives.*
- *When working for Multiples, mainly XXXXX, rates of pay have fallen dramatically. I have not changed my rate of £25ph since 2009*
- *As a locum because of the fear of not getting booked we don't complain but work alone most of the time. This gives us no time to do clinical check or even call prescribers when issue arises. We are also forced not to give long waiting time even when working alone due to staff absence or on break. All in all Pharmacist are not in charge of the Pharmacy but the store manager is ...they over rule our decisions most of the time to keep 'customer' happy regardless of health consequences. This in turn gives the patient no confidence in Pharmacist and get verbally abusive which is happening in most pharmacist now. Pharmacy technicians have less responsibilities and get paid more or less the same rate; some get £15-£18 per hour!*

- *Staff cut backs are making it more and more difficult to meet targets. I personally try not to let this affect patient safety but this means the pharmacy services and claiming take a back seat. But I can see how some pharmacists let it affect the way they work which could impact safety. They put less staff in store and promise relief staff to cover illness and holidays- but they are massively lacking enough relief staff. If we have 10 staff who each take 5 weeks holiday a year then someone will be off EVERY week- thus we need another permanent member of staff to cover- but they don't seem to realise this and rarely give us relief staff!! If this continues to be a trend then patient safety will surely be negatively affected. At the end of the day something has to give!!*
- *Have had to reduce my fees from £27/23/20 as other locums have started asking for less money/ hour and I have heard of some working for £14 We must reduce student pharmacy numbers or what's the point of studying for 5 years to earn that?!*
- *I know of Locums who have worked in pharmacies where fridge items have been left out overnight (and not duped afterwards), patient returns put back on the shelf- and a lot worse- out of dates popped into plastic bottles and new label put on with a new expiry date (anyone questioning it is told it was accidentally popped out for a blister pack) Their professional integrity states that they should report the matter however their personal situation- paying the mortgage, supporting their family etc- will not allow it because apart from their main form of Locum employment they have nothing else. I damn the powers that be for putting them in this situation.*
- *Most XXXXX pharmacies are chronically understaffed. XXXXX (and XXXXX previously) introduce initiatives and new systems (eg repeat prescription ordering service for patients) which can take up a large amount of staff time with no extra resources. Pharmacists are constantly nagged about meeting various targets for services etc (we have targets for MURs, DMRs, flu jabs, prescription numbers, sales, staff training and much more) with utterly inadequate staffing. XXXXX's staffing matrix (XXXXX) is a complete bad joke which utterly fails to take into account the time it takes to do Nomad trays and the time we spend chasing up prescriptions and other problems. Getting any sort of pay rise is only possible if most targets are met. Pharmacists often perform MURs of doubtful value just to meet targets and services are constantly disrupting dispensing. Working conditions are deteriorating and all employees are extremely stressed.*
- *I am very fortunate as I have an excellent working relationship with my employers who addresses any issues after open discussions.*
- *Some locums get £14ph*
- *I feel stress levels for employees have increased greatly and that the company does not act until there has been a safety incident and then the fault is deemed to be caused by the employees not as a result of policies of the company.*
- *Financial incentives are given to complete MURs, a lower rate applies if you do not manage to do one in your shift even if you can't do one because the staff you are working with are not suitably qualified to be left while you go in the consulting room. Many will just do an MUR over the counter in this situation because they feel pressurised to do one in the shift. This is also because you know if you don't manage to provide a service you won't necessarily get*

*booked again, in preference for someone who maybe is willing to just 'do one over the counter'. Hardly 'effective' provision of a service.*

- *Stopped working for XXXXX as rate is being lowered, XXXXX being sold to XXXXX and rate will be dropping from £21 to £19. Also XXXXX relief managers get &15/hr*
- *Locums are difficult to Find As It is, but when hrly rates are cut, mileage isnt being honored, and murs have to be imposed without the Right Level of staff... Then It becomes a liability then. So no One wants to work then*
- *Pharmacist's should consider strike action*
- *I choose not to work for the big companies mainly because of what I have heard from others. I am fortunate to be able to find enough work with small companies.*
- *At the moment I work for XXXXX which is soon to be XXXXX, until the change happens the future remains u certain as XXXXX currently have a poor reputation for being too market driven and tight*
- *walking into a pharmacy with hardly any suitably or adequately trained staff makes you think twice about getting booked for that pharmacy again. the increase in workload on top of numerous distractions e.g. OTC, or helping someone find razor blades from shop floor can only make things worse. unpaid breaks which last an hour- do we really need that long to eat a sandwich? some places don't even have systems in place for breaks. if you ask or do, then the look their faces says it all. it will only be a matter of time before they call you or say come back to 'check please'. low pay rates, this impacts morale and self-esteem! other professions are firm with what they want to be paid, what makes our profession fall so easily? these pitfalls must be avoided in order to keep the profession's integrity. at the moment it seems the lay public and close friends think pharmacy is a 'joke'. these views must change. ideally £25/hr weekdays and £28-30+ on weekends should be the norm locum rates. with ever increasing workload and services how on earth do they expect you to break even at £17/hr. i have car payments to make, bills, mortgage, XXXXX costs and alsorts to pay for. soon enough people will leave this field and move on to bigger & better things.*
- *Non pharmacy related managers do not understand anything how pharmacy should work and what it is like to the pharmacist. If you raise a concern then you are told to be incompetent which is a direct threat to your job. Only lip service to the patient safety and in reality it's money money and more money.*
- *Pat rates cut ,travel rates GONE,cancelled work at no notice.VERY UNHAPPY would NEVER go into pharmacy again,a very bad career ending.*
- *I worry about and fear for the future of locum pharmacists. I was once called by a pharmacy owner to see if Iwas free toprvide locum cover. WhenI asked him about the rate, he said £12/hr. I hung up the phone on him.*
- *We pharmacists urgently need changes in legislation to stop employers being able to keep staffing levels below minimum and also to reduce our salaries at the same time they are asking us to deliver more and more services*
- *I think it is in a real bad state, but nobody seems to care*

- *There need to be in all pharmacy a dispenser whose job is mainly to dispense*
- *Chain pharmacies are openly abusing pharmacists and threatening them with the pharmacist force that can be sourced from abroad mainly other European countries. Commercial wishes are forced upon pharmacist's professionalism which is affecting almost every single patient. I was quite many times forced to do MURs in a separated cubicle rooms and not knowing what other patients were advised and went on. Basically, pharmacist has not much input to clinical lead of pharmacies rather a pharmacist is a tool to make as much money as possible. It is not just pharmacists also other health care workers such as dispensers technicians or health care assistants are working under extreme conditions. Patients are definitely at risks and with a more serious tone; patients are ignored. Chain pharmacies should be revised, re-structured and the true pharmacist-led pharmacies should serve the public who pays every penny that all chain pharmacies earn. Enough is enough. How much more these chain pharmacies will use and abuse their staff and never do anything serious about medicinal waste but just closing their eyes. Why their repeat services is most of the time ending up wasting medication. Enough is enough. It is time to tackle this huge problem as soon as possible.*
- *Rates are being decreased whilst work load is increasing together with an increase in mur and nms targets If a complaint is made from a customer because service is not quick enough mainly due to lack of staff then this normally falls back on the locum who then loses his place as a locum Mileage isn't being paid*
- *The current state of affair is such that there may be no incentive, in there nearest future for anyone to aspire to be a Pharmacist.*
- *My main issue is pharmacist having to do everything in the pharmacy including serving customers with make - ups, tissue etc whilst you have a patient with a prescription waiting to be seen at the counter. I do have to check all the time due to insufficient hours allocated to pharmacy. Have to do all dosette trays and being interrupted all the time from both unskilled staff and queries from customers directed to me which skilled staff could easily have dealt with In a nutshell pharmacist are*
- *A lot of the time I have found myself doing self checks and dealing with patients/customers at the front counter as the company has said that they cannot allow us to have a dispenser and a counter assistant at the same time as the pharmacy cannot be allocated any more hours*
- *The gphc seem to be spineless compared to its professional equivalents in promoting what pharmacists actually do for the public. The British public generally think pharmacists just dispense and check prescriptions. They don't know what else we do and this would give us more respect as a profession. Also the reduction in pay is appalling. Doctors and nurses have gone on strike for a lesser pay cut. Furthermore, there is absolutely nothing being done to stem the supply of pharmacists, which has ultimately reduced competition and quality within the profession.*
- *Majority of the focus on pharmacies is now based upon providing services and making money. The focus on accuracy checking and clinical checking has deteriorated thus making us rush and increasing the potential to make mistakes. Rates of pay have reduced and as more pharmacists qualify and the field becomes saturated, it seems it will continue to reduce*

further. After 5 years of study, this should not be the case. The high volume of pharmacists qualifying each year has resulted in a shift in people's perception of the profession and has reduced people's and staff members perception of the level of responsibility required and the importance of the profession. Something needs to be done about the number of students entering the pharmacy course at entry level.

- *community pharmacies just seems to be more money and target oriented then anything else. increase workload, cutbacks in staff and pay and exploiting the circumstances.*
- *Non pharmacist area managers are now determining pharmacist decisions and superintendent pharmacist are just rubber stamps for the multiples. Pharmacists are now just treated as shop attendants*
- *the big chains have to be stopped. However we the pharmacists are to blame, why can we not unite? There is always a pharmacist ready to work for less or in worse conditions. As a group I'm afraid we are pathetic! If we stood united the large chains would have no choice but to change.*
- *Pay for pharmacists are just shocking atm. Quality of locums are very poor. The retailers are taking full advantage of profit with none of it being dispersed to any one, expectation of this to get worse*
- *companies are pushing with more and more services and less staff*
- *My answers would have been different for XXXXX, for whom I work less time.*
- *Staff always comprises of pre regs and apprentices, because it is free labour for them. The company is never prepared to pay for decent staff who can do a good dispensing job.*
- *Planned to work long hours without any discussion - often 10 hour shifts with lunch break of 1 hour only about 50%.this is in addition to 2 hours travel per day on average. Time in lieu given for this when it suits the company.*
- *Being expected to check prescriptions on my lunch break, while on a long 10 or 11 hour shift.*
- *The job has become ridiculous and the moral distress at unprecedented levels. The lack of proper rest breaks is a total violation of human rights which impacts upon the individual's wellbeing and effectiveness and patient safety. How has the profession reached such utter absurdity where the voice of the professional has been drowned by the voice of capitalism.*
- *Good training but it's a business like the rest of the multiples*
- *I constantly worry that a major dispensing error is going to happen because of the huge level of scripts and insufficient staff*
- *XXXXX pharmacy are purely driven by financial gain. Managers will tell you to perform service targets which are sometimes impossible to do whilst dispensing. Errors are rampant and there is rarely any time to spend time consulting patients. Even with the huge turnover of rx, they push and push with unprecedented greed for more and more items a month. Their pharmacists work in appalling conditions without help or support, infact we are reprimanded if we fail to achieve targets for services because we have been spending time carefully dispensing and checking. Whenever you air your views they will skirt around the issue or lie to make your argument weak, they will "check the cameras" and "report back" that it was so*

*quiet why is the relevant pharmacist complaining? They cut back hours for dispensers just to save money with the explanation that "we are over staffed" when the matter of the fact is there is no time in the working hours to do everything they need you to do. You end up working as a pharmacist and doing the job of two dispensers. They threaten you with "reviews" and pile the stress on you that you begin to see the dispensing as the least important thing. They are the worst pharmacy managers in the UK. Stopping at nothing to make more money. We need to act NOW before another patient dies as a result of XXXXX greed. We need an external audit on all their pharmacies to see the real truth behind the scenes. The corruption that exchanges patient safety for money.*

- *My locum fee has gone down by 25%! This was allegedly to pay for more dispensing staff!*
- *A huge problem I have found is that many locums decide not to take a break for lunch or at any time because lunch becomes unpaid. I have taken ten mins previously and half an hours pay was deducted and I feel that this can have detrimental effects on patient safety*
- *I am now working at least 10 hours over my contracted hours without pay and it is expected*
- *Pharmacist only given 20 minute break for lunch with no other Breaks in 9.5 hour shift Staff no longer given coffe breaks Only lunch break Locum rates have been reduced but workload has increased.*
- *Being told to work in an environment of 'safer care', yet insufficient staff. Tired as have to stay late on many occasions (unpaid!) to try & keep workload in check. Given target after target but not the resources to achieve them.*
- *Regional and area managers very rarely seem to have an understanding of the issues within stores often being managed by inexperienced store managers with little or no pharmacy experience or understanding*
- *The number of staff hours have reduced and reduced. Frequently we are working well below the staff hours allocated to the department. There is very little extra cover during staff holidays or sick, or busy times eg Christmas.*
- *Most staffing problems caused by illness and the company being v slow to replace members of staff and then doing so with untrained staff*
  
- *Everything we do is planned out to the seconds it should take by the staff thereby dictating the staffing levels. In reality this is inappropriate as it means that we are not able to do our jobs. Spending time with patients, clinical queries etc are near impossible as we are so tight on time to actually complete the straight forward dispensing and checking processes as it is. Staffing issues are a real issue and never rectified when there are absences/sickness resulting in an increased work load on those working at the time and an impacts on patient safety. On completing patient safety reviews in my store 90% of the time the reason for the error reported is stress/workload/pressure.*
- *I think that XXXXX has become one of the most dangerous company to work for. Although, in the theory it looks like there is emphasis put on patient safety, in practice, patient's life is*

*endangered by the managerial irresponsible decisions of not providing staff/ enough staff or at least qualified staff.*

- *Non pharmacist staff are not well enough informed in the need for the person final checking to not be involved in the assembly of prescriptions or there isn't enough staff for this. Pay is too low*
- *A severe lack of pharmacy knowledge and understanding of the job is held by managers which gets worse as you go up the hierarchy*
- *In my opinion it is really difficult as a pharmacist to be responsible and accountable for everything in pharmacy without any authority and any support from management. Because of lack of support from employer pharmacy support staff mostly do not have any respect for pharmacist and do not acknowledge the importance of the pharmacist role which in turn have impact on public opinion. Majority of non-pharmacist are in management and senior management roles and most of their efforts go towards undermining the role and value of pharmacist. A recent development because of oversupply of pharmacist is that managers mentioning this all the time to pharmacy support staff that how many pharmacists are available and applying for one vacant position and how easily they can find a replacement*
- *Having previously worked for XXXXX/XXXXX as a pharmacy manager I have seen a steady decline in the working conditions over the past 4 years (my history with the company). I can't honestly tell you of one person working for the company (at any level - MCA to regional manager) who isn't under unreasonable amounts of stress. Locum conditions with the company are much better than permanent staff conditions... for now*
- *I support my staff make sure we serve the patients who are in front of us in the safest and best way we can when we are under pressure and prefer when we have to make a choice to leave services such as MUR s for another time or day. I start early finish late work hard and get underperforming at my review we got goods from our society inspection so no pay rise no bonus it beggars belief MURS are more important true they do benefit the patient from time to time but its just seen as £28 in the till.*
- *Patient safety is not just by staff shortages but also the expectation of the pharmacist to undertake several tasks at the same time. The demands are unsustainable.*
- *The pressure on pharmacists seems to be increasing , more time in the consultation room, yet also staffing levels are under pressure . It's exhausting every day at work at the moment*
- *No breaks given during long 8hour shifts.*
- *When working I try to ensure that patient safety is not compromised due to lack of staff, however customer service is most definitely affected. All the companies that I have worked for seem to have lower levels of staff (those leaving/ off sick/ on holiday not being replaced) or replacing staff with less qualified staff. This means that waiting time increases, staff morale is reduced and potential for errors increases. The time available to talk to patients is also reduced and stress levels for all concerned increased. As a locum it is difficult to address this situation as it reduced the chances of a rebooking. I have noticed a reduction in rates of pay and travelling expenses, this week I was travelling for over 2 hours per day and was reimbursed £3.36, barely worth the effort of claiming!*

- *Company commonly uses pre-reg students to replace contracted employees as they are subsequently free staff for the business*
- *The buildings in which I work as a relief are often dark, moldy, in disrepair/dirty and poorly ventilated and are unsafe for customers, employees and not fit for the storage or reconstitution of medicines.*
- *I think what a pharmacist is getting paid now is a joke, we are getting lower than nurses with all the responsibilities on our heads. Something needs to be done*
- *XXXXX believe in paying staff as little as possible and are driving down the standards of Pharmacy Practice. Patients have noticed the difference in corporate attitude*
- *Understaffed underpaid . Locums are on different pay rates. I am paid an extra pound per hour in comparison to my fellow colleagues. Newly qualified pharmacists are paid 2£ per hour less than me . Workload and expectations of targets are exactly the same . So very unfair . Nurses and doctors are paid over the odds for emergency cover / bookings . We as Pharmacists are not. We should go on strike as a profession to fight for better rates of pay and working conditions ( GMC members are better represented than GPHC members and I feel our GPHC / RPSGB need to do more and stand by us to provide better pay rates and working conditions and training )*
- *Understaffed, unqualified staff and pressure from area managers to perform MURs on top of daily dispensing of 600 items.*
- *Staff all work extra hours for free to even get close to getting all the work done. Nowhere to properly sit down and relax away from anyone doing work during breaks. Don't have time to take a break most days due to never ending work load and more demanding patients that refuse to wait and complain if a lunch break is taken. When asked for support, just get told in different ways to prioritise things. Targets are set and said to be important to make sure pts get services they deserve but constant badgering means we all know it's for monetary gain*
- *There is a focus on pharmacy managers that makes career progression without taking this route. I understand that some are happy to take this route but as the career is meant to be taking a clinical focus, it is bizarre that by welcoming this clinical approach I will be limiting my own career progression. When I started my current role, I was warned that I will need to self check regularly when there are staff holidays and sickness. They actually planned for me to self check rather than provide cover.*
- *Too much pressure to do MUR*
- *Unsurprisingly I have now left this company. In addition to appalling staffing levels, all 'store managers' are long term locums and have no employment rights. However they are expected to undertake full managerial responsibility and are given onerous levels of paperwork and unrealistic targets. In the meantime the company pays no employers NI (perhaps the inland revenue might be interested?!) In recent years pre-reg's have replaced qualified dispensers in most branches and so the Locum 'managers' are trying to support and train without enough support staff to do so. Pre-reg's are just seen as 'free' staff by the company and it is no surprise that XXXXX came bottom of a recent C&D poll of exam results.*

XXXXX don't care whether they pass - a new lot will be along the following month! The company only manages to attract pre-reg students who have already been rejected by the bigger companies and as a result they are a pretty poor bunch at the start with little hope of being lifted to a satisfactory standard in 12 months. All told this is the worst, most unprofessional company I have ever worked for.

- Thank God that I only Locum as part time pharmacist. I work as a Chemical Engineer full time. What a difference in the way that you are treated. Wild horses will not drag me back to working as a full time community pharmacist. Nearly all of the pharmacy contractors that you listed behave in the same appalling manner. They cut back qualified staff and put more pressure on the RP. To add insult to injury, there is unprecedented pressure to do MURs and NMS because of the financial gain to them. XXXXX for instance expects Locum to collect keys to open up the pharmacy and lock up at the end of the day because their counter staff only works from 9am until 8pm while the pharmacy opens from 06.30am until 10.30pm. You get abused by their customers and if you object to being treated shabbily, they will ask you not to come back and cancel any pre booked shifts with immediate effect. XXXXX Pharmacy are also one of the worst culprits. no staff, long hours, terrible pay and you have to wait for weeks before you get paid because they have a habit of losing your invoices. You leave messages when your payments is late, no one contacts you or apologise. I really regret studying Pharmacy and I have dissuaded all my children from taking up Pharmacy as career.
- The turnover of staff is high especially in XXXXX. Staff are always off with stress. Then the dispensary is left for the Locum and if you are lucky a part time dispenser who probably has alot of complaints. Patients waiting times are atrocious. Lack of staff makes the Locum look incompetent. In some cases the manager helps if he/she is not off as well with stress.
- Patient care and safety are not the main concern money is.
- staff is not always pleasant ,, rude behaviour with pharmacist ,, racist comments for customers ... like " bloody foreigners"---
- XXXXX in XXXXX area is getting from bad to worse. Overtime ban meaning no staff replacements for absences or sickness. No staff replacement for staffs who left the company yet targets need to be met.
- The company that I am working for is relatively safe and appears to look after staff glow, hence not compromising patient safety. However I am concerned with the pay cuts considering the expectations and the implications on us.
- The market is changing a lot , but I find that the cutbacks for what concernes employees had become ridiculous . There are moments when we do not have time to go to the loo or to remember to drink water. The situation is bad as well for te locum fee which is back to the fee I got paid in 2006 when the cost of living has increased a lot. The profession is undervalued and I do not seem myself working as a pharmacist much longer. And, as for myself, Others think this way
- due to over supply of pharmacist all pharmacy companies including independents feel that they can undermine pharmacist. It is a worrying situation.

- *When all staff are in a branch, normally this will be a safe level of staff, however when there are holidays or sickness I feel there can be a safety issue as a lot of the time there is no cover.*
- *My responses would be very different if I did not do most of my work for independent contractors. They fortunately still seem to be very patient-focused*
- *try to only work for small community pharmacies*
- *Why are pharmacists not entitled to breaks, most pharmacy chains will not pay for breaks or lunch, I feel that fact seriously endangers patient safety, as the most responsible member working in a pharmacy you should be entitled to a paid lunch break at least, I feel that this is even more important than understaffed pharmacies*
- *Not paid enough*
- *No staff use multiskillers*
- *the pharmacist:item ratio is now driven so tight that staffing levels are so low that it does not allow safe staffing levels in cases of illness or holiday as there is no extra cover. All my pharmacy staff arrive at work at least 1/2 hr before they are due to start in order to help*
- *Turnover of staff means employees are always in training as they work which impacts on service levels.*
- *Many large pharmacy chains cut staff or don't replace sick staff which in turn increases pressure and workload on the staff - causing a massive backlog with more and more time pressures on the pharmacist to check the continuous mountain of baskets... Which half the time you are having to stop and query prescriptions with gps which adds more time pressure... Unfortunately it doesn't seem anything will be done until something very serious happens*
- *The pay cut is not only demoralising but also devalues the profession. Intake numbers of students must be regulated to prevent this. I have now changed profession as the remuneration was not worth the stress and the risk*
- *I feel we need a decent break without having to check to function accurately and sustain it.*
- *Generally fairly nice to work for. I locum for XXXXX one day a week, staffing levels are awful and staff tend to be arrogant*
- *Employers are taking advantage of locums and reduce the rate of pay on purpose. They are not willing to assist and expect a lot from pharmacists eg MUR, NMS targets, due to financial situations of the company*
- *Staff levels have been cut by 50% since new owner took over. No overtime is allowed and staff are not routinely allowed to work extra hours to cover other staff holidays or sickness. Suppliers are often not paid so that orders cannot be fulfilled e.g. for special orders and managers have had to pay for stock using their personal credit cards in order to fill prescriptions. Delivery driver numbers have also been reduced resulting in some patients not receiving items on the day they were due. Numbers of near misses and dispensing errors have risen due to staff working under constant pressure due to low numbers in dispensary*

*and counter- currently only 3 hours above recommended minimum staffing level calculation when fully staffed but owner still states staffing costs too high.*

- *Weekend rates have dropped. Support staff levels have been lowered. Servis targets continue to be increased. SOPs are in place but can not be adhered to due to the above reasons. Processes are in place to SHOW the GPhC that w obey clinical governance but it is impractical in a real life situation*
- *I really feel that a career in pharmacy is as good as running a newsagent or a shop. Pharmacy as a career is driven by a commercial objective rather than patient safety or patient based care. The reward -salary offered is insufficient for the amount of care provided to an individual patient. Do you think or do you justify that a doctor or dentist should get more money than a pharmacist when a pharmacist provides a holistic care for the patient in question?*
- *The company show no remorse toward the patient and their main purpose is financial gain only. never is patient priority and never will be. Staff are well under trained.*
- *The main purpose of doing MUR is meeting targets rather than truly for patients benefits.*
- *I have worked for both large and small multiples, independants, supermarkets, OPDs, as well as locuming .All this has given me invaluable experienced no all fields of pharmacy for more than ten years now. I find the general trend as regards to patient safety has deteriorated dangerously. Patients are not the priority anymore. Large companies are competing for more profit even if it means patient welfare was drastically jeopardised. Whilst loccuming, I have had even worse experiences regarding this serious matter . MURs , NMSs , and the rest of the so called "services" are all just words and patients are being dragged into consultation rooms to keep the managers happy. Pharmacies are managed by staff who have not got any training in management . The pharmacist with all her expertise is being placed in a really awkward position as to whether she should focus on her patient or take instructions from a newly qualified dispenser who has become her manager ??!!! These examples are endless. I am very pleased that the PDA is finally taking this issue seriously, but as for me even if a change will happen soon , it's too little , too late as I now have resigned from a job that I loved so much! My patients do miss me greatly as they thought I genuinely cared for them , and I miss giving them the service that I thought was the standard that the Royal Society expected. It is a shame that I am now planning to move out of uk only because I felt I could not do the job I have been trained to do !*
- *Pharmacy is far too business driven. We are being forced to do multiple MURs in a shift even its its very busy, just to meet targets. This compromises patient safety as there becomes a back log of work while having to carry out the murs, followed by a rush to check faster! If we don't do the MURs because we don't feel its the right time to carry it out, a negative feedback may be logged against us which affects any future work we may get. Please stop the over supply of pharmacists!*
- *As a locum I have worked in a pharmacy where I labelled and dispensed many eps prescriptions but when I asked a long term dispenser to second check she became aggressive and called me lazy. When I explained it's for patient safety reasons she just went on to say "other pharmacists do it themselves". She also went on to say she will let the manager know to never book me in again. I now do 90% self checks just to stop losing locum work.*

- *Can't say I was happy when rates were reduced arbitrarily, calling Sunday a near-normal working day. So, no rate increases for at least six years.*
- *MURs are the only thing they are interested in*
- *My answers would have been completely the opposite if I was still working for XXXXX or XXXXX pharmacy*
- *Reducing rates*
- *To minimise these, companies should franchise community pharmacies to pharmacists, as seen in Canada and sometimes in the USA. The government should commission services directly to independent pharmacist practitioners, who do not have to own a pharmacy. This could bring savings to the NHS.*
- *Employers are expecting staff to give excellent service but are not providing the resources*
- *So far we have been staffed not bad but this year have had 3 members of staff leave and only replace one so two members of staff down*
- *XXXXX is not a safe environment to work in at all. They have even taken staff from the cashiers or who work in [the clothing department] to fill in the counter assistant role on several occasions within the past couple of weeks. It is an extremely scary place to locum!*
- *Only locum sporadically but have not had any pay reductions from XXXXX since working with them the last 2 years.*
- *Many pharmacies do not have any cover available for when members of staff are absent or are off sick (even when on long term sick leave). This leaves the remaining staff under higher stress and can result in more mistakes happening, which is worrying from the point of view of the pharmacist in charge. There are often low staff levels at weekends or later hours, which can be typically 'quieter' in terms of walk in prescriptions, but many tasks are relied to be completed at this time and can't be completed without constant interruption to serve at various counters. I believe many multiples are beginning to operate at these minimal staffing levels, which I believe is often detrimental to patient safety and also the wellbeing of the staff themselves.*
- *As a Locum Pharmacist I have had my hourly rate of pay cut a couple of times. This is a non-negotiable situation - take it or leave it !*
- *Staff are not fully trained to be dispensers due to there is not enough to resources or no dispenser available due to their part time contract*
- *Many times locum pharmacists are offered short shifts (of just 2 or 3 hours of the working day). This is regularly at short-notice. Due to the difficulty of acquiring shifts and gaining experience as a relatively newly qualified pharmacist, it is hard to refuse such an offer even if the pharmacy is not local.*
- *Staff levels cut to the bone in preparation for off site dispensing which may never happen. When branches get staff off sick they are collapsing! Company is then pulling staff from other branches and bringing them down also. If GPhC inspector had walked into a branch I have in mind a couple of weeks ago it would have been shut immediately on patient safety*

*grounds. Even though branches are short staffed and pharmacist's are stressed to the eyeballs, they STILL expect you to be doing MUR and NMS!*

- *We are increasingly pressured to perform services without the extra staff backup needed to keep basic dispensing provisions running, I often find I have to take work home in order to keep basic tasks up to date, we no longer leave work at work and therefore completing CPD as an extra becomes increasingly difficult. Demands for quick service from customers combined with pressure from employers to provide MUR etc means you always feel like you are pushed beyond your limit and comfort zone. I don't know any pharmacist working in today's environment who doesn't feel pushed beyond their limits, we all live our jobs and chosen career but pressures are becoming beyond a joke!*
- *I have nearly always found this employer gives a safe place to be a locum, with well-trained staff and I don't have any concerns (but have previously worked in pharmacies where the staffing is not safe- I don't work there anymore)*
- *Pressure put on us pharmacists to deliver services| profit is increasing every year, targets and expectations escalate with zero consideration of the costs a pharmacist has to pay. In most cases those expectations are unrealistic and not considering pharmacists daily load. My health has deteriorated significantly since I've been in this job. I'm seriously considering a career turn.*
- *The lack of qualified support staff seems go be an ongoing problem, mainly due to dispensers seeking employment with other companies (due to all of us being overworked) or different careers paths altogether.*
- *Locum work has become a depressing job. I wish I had done medicine now. At least the BMA support their workers.XXXXX and XXXXX are a joke!*
- *Not really aimed at locums*
- *It's not just XXXXX, all of them just copying each over.*
- *I find my employer to be fair and has increased staff when requested. Patient safety is a top priority.*
- *In August of this year, in the week prior to the BH I worked at two shops where there was scheduled to be just myself and another dispenser. I managed to persuade other local branches to loan staff from their branch for a couple of hours, this relieved the situation to a degree. I wrote to the pharmacy supt's office about this lack of staff. They responded by promising to contact the XXX and the XX. I have had no response to this. Additionally, since then, I have been offered very little locum work !*
- *Pharmacists and staff are put under great pressure and are stressed. Complaints are ignored. Most of the managers are European and accept the Conditions of work. Staff don't respect them either and their job becomes very difficult. If they make a complaint they are told they need management training but the staff are not disciplined. When errors occur we are told to be careful and no heed of conditions of work is taken.*
- *This doesn't really cover my experience as I work for a few firms and hours vary so hard to say which is main .*

- *Slight variation from shop to shop. However please look into why XXXXX do not provide any stools/chairs for staff in their dispensaries. If someone is pregnant they'll put one in. As soon as the baby is born this is removed. A shameful practice when a pharmacist is asked to stand from 9-6.30 with only a short sit down for lunch.*
- *Half hour lunch in a 12 hr shift for the pharmacist*
- *For a pharmacy that is doing over 4000 items to only have one pharmacist and a healthcare assistant is just ridiculous*
- *I think there is too much emphasis put on the 400 MURS, I believe a lot of what we do is in fact reviewing people's medicines. It adds pressure in a busy pharmacy when you have to leave the dispensary to do your 'minimum two a day' MURS.*
- *budget cut backs for stores and user staffing are putting a major risk on patient safety*
- *None payment of satisfactory travel expenses. But you have to go and work else you will not get work. Locum rate still too low even though the economy has improved considerably.*
- *There appears to be a growing trend of dangerously increasing work loads in the pharmacy. Staff are often off sick with stress and in some cases companies are finding it difficult to recruit new staff. Staff often say they are better off working on the tills as the wages they get not much more in relationship to the responsibility they have working in the pharmacy!! Etc, etc. Accuracy Checkers find they cant check when they are the only one in the dispensary with pharmacist, etc, etc. Another issue is sometimes, some staff try to bully you into making an unsafe sale claiming the regular pharmacist does. I personally don't believe the claim, it's usually a ploy to reach financial targets!*
- *I think its time Universities reduced the number of places for pharmacy students,because there are not enough jobs there for the newly qualified and employers know especially in community pharmacy they can pay less than the going rate.employers are taking the piss when they can get off with paying a university graduate less than £20 per hour in a profession where the slightest loss of concentration could lead to loss of life.i think it's time pharmacists all joined a militant union which has more clout than the PDA has.*
- *The pharmacists are over worked and underpaid. Where double pharmacist cover is required, this strategy is not employed.*
- *I know I am very lucky and probably very unusual*
- *No staff and high demands. Just a massive mess.*
- *Also work as locum (mainly XXXXX), conditions are MUCH WORST than XXXXX... the pressure is too much nowadays! I'm thinking of even leaving the pharmacy sector altogether!*
- *MURs & now Flu jabs are required to be conducted by a single pharmacist often conflicting with other statutory pharmacist's duties*
- *The threat of unemployment is used as a means on incentivising pharmacists . With comments such as Eg if you don't feel like you can do this not a problem I have a stack of CV on my desk Would be a shame not to see you again*

- *Too much financial threats from employers due to availability of locums, so that pharmacists are so powerless in their jobs with big companies*
- *Looking to change companies as the staff shortages and dictatorship of managers is impacting too much on patient safety and my stress levels are getting too high.*
- *Mur targets and the push for 400 as quick as possible is a weekly battle. Nms figures are also pushed and with the new nhs flu vaccinations being done by pharmacists its targets targets targets. Pharmacy has become more of a business than s healthcare option.*
- *Locum rate cuts have been a real kick in the teeth, we are no longer appreciated and respected by 99% of pharmacy employers. We are all professionals and they should treat us how they would like to be treated if the roles were reversed.*
- *Pharmacists are required to do more for less pay. Staff recruitment would need to be looked at across the business because sometimes we are left with unqualified staff to work with.*
- *The pharmacy staff do not respect in all means and do not consider as a profession because the managers who are almost entirely unaware of the pharmacy standards and ethics , pressurize staff on the targets. Sometimes, this culture of targets brings unfavorable conditions of practice . Moreover , there is abundant supply of pharmacist and In order for pharmacists to ensure get their Locum work , I believe they succumb to the desire of staff rather than keeping standards . In other words , I believe the regulatory body is kind of indirectly responsible for the compromise that may have been causing in the pharmacy practice on the standards of pharmacy .*
- *pharmacists have plenty to do whilst working, this includes double checking yourself as there are hardly any staff! Also doing murs, supervised consumption and spending time talking to patients who require help and advice. Branches now also expect pharmacists to put stock away and it is not a job of a pharmacist! We are here to offer advice without appointments and use our knowledge when checking prescriptions to make sure doses are correct etc....lack Of staff and other expectations allow less time to do this*
- *Major issue is minimum wage support staff, working 15-20 hours a week only. This leads to a high staff turnover, repeated absences, lack of motivation and therefore new and inexperienced staff unable to do anything by themselves. XXXXX, XXXXX, XXXXX, XXXXX and XXXXX seem to be the worst offenders in that order.*
- *Working for XXXXX pharmacy as a responsible pharmacist they provide excellent support staff and training along with clean tidy environment to work.*
- *Very lucky to be working in an Independent professional pharmacy.*
- *lucky to have one dispenser , who would not even dispense for the pharmacist as they will be busy processing prescriptions for exrx a service XXXXX offers for repeat prescriptions to increase the volume . Pharmacist expected to label dispense and check all prescriptions for waiting patients and calling back . If you do not comply , staff give negative feedback and you are not invited to work here again as other pharmacists just get on with it . Also due to XXXXX giving you a paid break you rarely are allowed to leave premises and expected to check prescriptions whilst on your break and staff continue to hand out prescriptions when you do decide to go out . I as a Locum have arrived late to XXXXX pharmacies and found staff already have started labelling and dispensing patients prescriptions with no RP*

- *I am looking for another job , unsurprisingly, the stress of this one is unbearable, so disillusioned I am looking to work in another field and give up pharmacy all together. I would not recommend my current employer or in fact pharmacy in general to anyone and the pay rate has been eroded over my career from quite good to very poor, the pay relative to the workload and the stress of trying to do your best for patients and keep everything safe, is completely ridiculous. I have decided I have to give up and do something else this job is going to make me ill too.*
- *I feel that rates of pay have been cut to a point that many locums feel it's not worth the additional stress of walking into potential carnage especially at a weekend. Often the teams I work with are professional but swamped by the work load.*
- *Otc sales are encouraged for gsl products.*
- *Locum rates have deteriorated in last year I feel my expertise and experience have been ignored as a blanket minimum rate is applied. Public opinion of pharmacists is high but employer respect has diminished clearly as large companies are reducing hourly rates I feel the PDA is in an ideal position to apply pressure and set minimum rates and rates which reflect experience and knowledge. Thank you for organising this survey*
- *As Locum pharmacist we are required to work long hours with unpaid lunch. Rate for XXXXX is £19 even some ACT's are paid more. Rate is not worth the risk you take in short staff pharmacies with backlog of prescriptions*
- *Saturdays can be bad because the counter assistants can at times only work there on Saturdays and if there is no one else in the dispensary a part from me so it can be quite disorganised especially when it comes to finding prescriptions. It's difficult to do everything in the dispensary and be the responsible pharmacist.*
- *There is a lot more work for a pharmacist to do and be responsible for with reduced number of dispensers or other staff to support.*
- *Never seen morale so poor in CP for over 25yrs. Constant demand for increased items and services by managers in CP is very stressful , demotivating and demoralising .*
- *Each pharmacist has responsibility to ensure they are fully comfortable with what happens when they are RP*
- *GPhC should be aware, do not punish individual pharmacist when they make mistakes, punish the employers who are too mean to provide qualified staff instead!*
- *As a pharmacy student I have worked for large companies and independent pharmacies too. This is my input to the survey. I hope this information is useful.*
- *What are you the PDA going to do about the situation? And what can you do??*
- *Something has to be done. I am considering changing profession due to these working conditions. I'm sure a lot of other people do too. I would rather change profession than risk others.*
- *Locums are poorly looked after by most employers - poor staffing and pressure to hit mur targets to avoid not being booked in the future*

- *We are expected to carry out all the extra services like flu MURs DMRs, increase our item output with no increase in staffing levels. I'm only two years off retirement and it can't come soon enough!!*
- *n/a*
- *None*
- *Lack of professionalism when dispensing, e.g labels with spelling errors, labels stuck upside down and bent etc.*
- *The patient focus ethos of XXXXX is why I work for them. I would only work for XXXXX or XXXXX if I was desperate for income.*
- *I believe this survey is crucial , not only for protecting the pharmacist salaries but for protecting their qualification which we have all studied hard for and sacrificed a lot*
- *Something needs to be done. I come home from work so depressed about the lack of quality of work. Constantly covering company's reputation but for more work to end up on us. Part time jobs for working mums are hard to come by so you try and speak up but are fearful to look unhelpful unsupportive and afraid to lose your job or be moved to their stores which would not fit into your work home life balance. There is in fighting between staff as well as with customers through sheer exhaustion. Mark Koziol I have met at uni and he inspired such enthusiasm about pharmacy. The reality of pharmacy now is that we are dogs bodies. We are side stepped for cheaper pharmacists who don't have common sense or experience. Locum bookers prefer cheaper Locumboard not caring that they do half the job in store. Please help us. I'm permanently exhausted by this expectation from head office. Not one person there could handle my job for an hour. All shop staff feel the same. We all want to leave and are looking for other jobs but it is easier said than done when you have to consider children, school times and location. I love my job but have not felt like I've done pharmacy for the last 3 years. Company overload is with homes, talks of not covering staff absence. Being left on my own with counter staff, answering phones all day. We do services, flu jabs, insurance claims everything to bring money to the COMPANY and they don't acknowledge the fact that we risk our lives and reputations when we step into pharmacy. A fatal accident will happen it just depends on when.*
- *The targets of doing 400 MURs and NMS seem to be a major factor one of my employer insists upon, with penalties made to the Locum Pharmacist if the target of at least one or two each day are not met. XXXXX Chemists in particular do not pay the Locum Invoices until frequently reminded about them- they are meant to pay 28days from the day the invoice is raised(usually by the 5th of the month) and is part of their "contract" with Locums, but they continuously do not abide by this. It may even be 3-4 months before a payment is made. One of the reason I still work for them is because there are now far too many newly qualified Pharmacists who are willing to work for £15/hr, or less, which I refuse to do.( My rate with them has been reduced by them from £24/hr (on Saturdays) to now £22/hr and this is better than having no job at all. My own opinion about NMS is that patients do not wish to be "pestered" so frequently by the Pharmacy and they always say that their own surgery is monitoring their new treatment so do not understand why Pharmacists are "repeating" the service( except patients who have started on new Inhalers who, I believe, do benefit from the*

service). I have also come across, quite frequently, many Pharmacies employing shop assistants(unqualified staff) to assemble prescriptions but as a Pharmacist the final responsibility lies with me so I do need to be vigilant, as always.

- Pharmacist should be provided with sufficient qualified staff and greater amount of pay despite the greater amount of pharmacist available . By reducing pay and less staffed pharmacies , pharmacist will be overworked and pressured and the quality of care ultimately delivered to patients will be affected.
- This represents my main client .The picture with other clients is very different.
- The way these large chains operate are putting patients at risk but it's hard to speak out when it's happening everywhere.
- One aspect you haven't addressed is the 'downgrading of of a clinical role' in the NHS from band 8a to band 7 as the pay rates are lower and differ with up to £4/h. As a locum I have often done a band 8a job and got paid for a band 7. The job responsibilities and accountability are often much more for locums compared to permanent staff. I have had comments about payrate and expectations on my performance is unreasonably high 'because you cost a lot' or 'get paid a lot' or 'eran more than we do'. My annual gross income is no more than that of a band 8a pharmacist and I have 35yrs of experience as a pharmacist. I am happy to discuss this in more detail if you want to contact me - [EMAIL ADDRESS REMOVED]
- Can get left on the pharmacy counter by myself therefore not able to fully give appropriate advice as would like. Ringing the bell sometimes helps sometimes makes no difference to obtain assistance.
- Pharmacist don't get the respect and appreciation they deserve for what they do from their employer and for locums the staffs
- XXXXX are by far the best company i have worked for as a locum - I wouldn't work for any of the others now, as I only do it 'to keep my hand in'. I certainly wouldn't be doing locums for the money!!
- From a XXXXX pharmacist's perspective, our senior management do not have much contingency plan or spare capacity to cover absences due to sickness or holiday for pharmacy support staff such as ACT, dispensers or counter assistants. This create unduely unsafe work practice in an already highly pressurised environment. For my store where no covert CCTV is installed, burglary is a commonplace on a weekly basis (including police reported stolen POM from dispensary). Although XXXXX management have recruited security in store, it is assigned randomly to our store once weekly. Our security guard have also been threaten by shoplifter with used needles, however police cannot investigate without CCTV footage to press charges. In summary, XXXXX are not only compromising patient safety with lack of backfill for relief dispensers but our personal security with their unwillingness to install CCTV at high-risk stores despite police advice, numerous weekly reported incidents and direct witness statement from the public
- Understaffing is a major problem and the staff which are there aren't suitably trained to assist the pharmacist. High volume of work leads to me as the pharmacist doing majority of

*work myself which is not good practice at all. This leads to high stress levels which further compromises patient safety.*

- *No lunch breaks as queries keep coming even on the short time off to eat your lunch*
- *Lack of resources are the main cause of patient safety issues*
- *As a locum I have worked for every company out there. What I have found is locums are treated in very bad way. Managers plan their shifts to have as much as staff as they want and logins are left with very little staff, and on some cases left with a single untrained person who has started as little as a day ago during the peak times. I have found myself doing the whole process of prescription from labelling to assembling and self checking more than 75% of the time. I also find increasing pressure put on locums to get extra services done regardless of whether adequate help is available and find that Managers in most cases managers expect locums to do their extra services for them so they don't have to do them themselves. In addition I feel that the continuing decrease in hourly rate is a disgrace especially with the increasing amount of work and pressure locums are put under, and feel that if things do not change pharmacy will hit rock bottom and will struggle to rise back to an acceptable and safe level.*
- *I have found that in my main place of locum, on days where the staff levels are appropriate, those staff will not be fully trained. I work an evening shift with one member of staff who is a new starter and has no qualifications*
- *Employed pharmacists are arranging staffing levels so that there are sufficient staff when they are working, but when locum pharmacists are working, only one member of staff is provided, who is not trained in the dispensary, or often not even counter trained as they are new. This also means that the locum is left alone when the member of staff takes their break and is then the sole person running the pharmacy - answering the phone, serving on the counter, carrying out services, dispensing and self checking prescriptions, dealing with prescription queries. This inevitably results in long waiting times for patients and causes customers to complain, further taking up the time of the pharmacist, and hindering service to the rest of the patients waiting. This is a ridiculous environment to work in and extremely unprofessional – the opposite of what was portrayed to us about the role at university. Furthermore targets are imposed on locum pharmacists with respect to services, often with cuts in pay if a service is not achieved for the shift, or a threat of not obtaining future bookings. Achieving these targets is extremely difficult given that the locum is not provided with sufficient levels of staff and is therefore carrying out the work of support staff, tying up valuable pharmacist time preventing the pharmacist from seeing patients or checking off prescriptions. This often results in employed pharmacists complaining to the locum about prescriptions left over for the next day. This is highly unacceptable and the PDA and RPS need to take action to resolve these issues.*
- *Most stores we have to self check esp late night stores after a certain time when staff go home. Toilet breaks are a no no. Because there's no one else there. Unless you are planning on closing the pharmacy for five mins in which case store managers frown upon you as your not working. Our targets are the biggest nightmare for any pharmacist. Isn't making sure ppl take their medication, adherence and getting a "medicines health check" apart of being a pharmacist. Why does the nhs pay £28 for the contractor to do so? The nhs should of never given contracts to supermarkets. Their job is food. Their managers only know about food.*

*And they think we should sell any medicines to any one like they are sweets! Just to get the money in. That's why they are putting p lines on the shop floor for self selection. I think it's a disgrace. Cuts in wages, offering incentives for performing an mur/nms!! People don't focus on the quality of the service when they aim is the incentive at the end of it. It's a world gone mad*

- *I have been in this job for 12 months. Prior to this I worked for XXXXX Pharmacy in [LOCATION REMOVED] and found the working conditions to be extremely dangerous with poor support and pressure from management to achieve unachievable targets. However, I have filled in the survey as requested with details of current employer who is pretty good*
- *XXXXX constantly have very little staff in nearly all the branches I work for. Some branches need double cover and this is hardly the case when I work there. Some conditions are awful- dirty sinks, small cramped places, dust everywhere. The existing staff work hard but they are expected to work outside of their contract with no reward at all.*
- *As long as money is involved. Patient safety will always be compromised. Pharmacy school should include business course to teach future pharmacists how to get more money, instead of how to help more patients..*
- *There is a tension between staff who are target driven because they are anxious to meet targets, eg MUR, imposed by company and those wanting to provide a patient centred service.*
- *These pharmacies are so incentive driven that the patient service is forgotten about. The main branch i work at does approx 35000 items as it does many care homes, prison contract prescription. It is soo pressurising to keep to deadlines to send these medicines out that you dont have time for breaks. There aren't enough dispensers and there counter assistants that barely know what they are doing. Staff are always leaving and new staff come along which makes the process even harder and longer*
- *Non pharmacist managers are nightmare to work with! Their lack of pharmacy law and ethic's knowledge is often magnified by commercial pressure, resulting in creating a working condition which compromise patient's safety!*
- *Pharmacy becoming very commercial and target driven which does not involve caring for patients or their wellbeing. It is all about cutting down staff and putting pressure to achieve targets.*
- *There is little evidence that good ethical practices are imposed as the norm by the resident pharmacist. Labelling is imprecise and perfunctory.*
- *in some pharmacies i have worked as a locum, there is no dispenser.*
- *I have recently reduced my hours with XXXXX and no longer work in the branch I was referring to when I filled in the above survey. Most of the dispensary staff - two pharmacists and two experienced dispensers left the company as a result of stressful working conditions - lack of staff and lack of support from senior management*
- *Patients have become numbers, pharmacy has become all about making money, at the cost of patients. Locum a are pressurised and made to feel like it is common practice now for*

*pharmacists to dispense and check accurately and clinically what they dispense. At that pathetic rate aswell. RIDICULOUS.*

- *Staff are sub standard, no time to train them or manage them out of the business. More focus on audit tasks, some of which are carried out in duplicate. Regional pharmacy manager more than happy to have pharmacist dispensing and self checking in excess of 200 items per day and then decides to give you grief for not having joined a conference call.*
- *Under staffing in a major issue here...I often work a staff member down due to holidays or absence nit being covered*
- *Pay rates for dispensers is much under local rates, even is the hours are available no trained/skilled stuff are available.*
- *You mentione PDA was looking into the pay rates for locum pharmacists, this issue is really serious and needs to be looked into. Although my fulltime work is as a locum pharmacist hence not really affcted by this but it matters to those that work full time as locum, pharmacists. Most of the pharmacy shops have been reducing rates because supply is more than demand, but I think this is appalling for the professional level of the job and the risks that is taken by the pharmacist. I think there should be a minimum bar for pay rates. There should be at least a little respect and dignity for the profession.*
- *Working as a locum in independent pharmacies is difficult. There is often conflict between what is the Right thing to do and what is financially profitable to the business. There is a lot of pressure from employers of independent pharmacies that may affect the decisions of locums.*
- *I have the good fortune to work for motivated independent pharmacies in the community sector*
- *I also work for other large companies such as IXXXX, and the conditions are the same. I often feel pressured to deliver services such as emergency supplies on weekdays just to keep customers happy.*
- *I have filled this survey with regard to the focus (my main employer) but I have worked in pharmacies where the staffing-to-workload standard is so appalling. Didn't turn up in further bookings.*
- *I have worked for a number of pharmacy providers including XXXXX, XXXXX and I believe that my employer is far and above the most patient focused. XXXXX set the standards of staff costs as a percentage of turnover, which is set quit unacceptable low. This means that they are usually very low on dispensary staff. This staffing percentage has really been driven lately as result of each lucrative sell-off of company. Resulting in greater pressures on existing and future staff to perform better for less. The other chains are happy to work to the same ratios as it suits them, in terms of profits and it is now seen as a suitable industry standard. God help the men and women on the ground of UK community pharmacy and of course the reason why we exist, the patient!!*
- *I am lucky the the few XXXXX stores i work for are really well managed and that this is rare. I used to work for XXXXX full time and they are terrible! Patients will die if they are allowed to continue with the way they work. They are an embarrassment to the proffession!*

- *Practically every shift I find there is at least 1 employee off sick or on holiday and I am told this at the start of each shift. Often I feel that the manager has booked off their holidays, to coincide with their day off, so as not to disrupt their days at work. Only yesterday I did a shift at XXXXX, where I had no support staff whatsoever! Essentially I was doing the job of 3 employees. I had never been to the store before, so I took my time with everything and took sufficient mental rest breaks (thankfully it was a quiet branch, but running back and forth meant that it was non-stop work). Also, I find that even when a prescription has been dispensed by a dispenser, often they don't sign the dispense box, so I send it back to them (for which they are unhappy, as their regular RP doesn't make them do so) and sometimes they don't even apply the labels! I believe they should address these issues in yearly bulletins to reinforce to their staff the importance of patient safety and legal duty that following the correct dispensing protocol holds. Finally I am finding an increased number of emergency supplies being given, due to items being missed of the complete repeat prescription services stores now offer. Some of them have a robust audit trail where the patient signs what they have requested and so you can show the patient that they got what they ordered, but others don't and then people start pointing the finger and patients can lose confidence. Again I feel one of the reasons this is occurring is due to increased work load on support staff (which has a knock on effect to the RP).*
- *I feel that all that matters is money, they tell us we have more hours tha. We should and we can't catch up with workload, people are doing more mistakes and I find myself doing a lot of extra hours unpaid and Not acknowledge or thanked by XXXXX who puts a lot of pressure on us to get everything done*
- *The target culture linked to performance rating means that any professional service is just used to judge your ability and I often hear of pharmacists carrying out murs on patients at the counter and not in the consultation room. I have also seen many pharmacists doing murs on patients who don't meet the criteria just to get management 'off their back'. The job of a pharmacist is just becoming harder and harder as more services are added and nothing taken away. Then on top of this staff have been cut back to a minimum. I believe targets not patients are all the multiples are interested in.*
- *There is usually no Locum guide available and sometimes can be difficult getting key information from staff especially if they have only been employed by the company for a few months*
- *Community targets are becoming more important, and pushed even for Locums. Sometimes it is not possible to complete a service when there are many patients waiting. Making a Locum work like a dog is unacceptable and very dangerous increasing chances of disowning errors.*
- *Locum rates for XXXXX have dropped and considering the pharmacy is open from 7am til 11pm, we end up tending to work a 9 hour shift , either with an early start or a very late finish. Despite working these antisocial hours the pay has cut down with time but work load seems to increase. Staff need to be trained up as I feel as a pharmacist we have to do everything , dispensing , OTC queries and even putting stock away since dispensers just aren't trained enough and don't seem to understand the importance of pharmacy tasks.*
- *I work for independent pharmacy. However when i used to locum for XXXXX, most of my answers would be otherway around.*

- *We are set unrealistic targets. Disciplinary if these aren't met. Threatened with phrases such as ' there are too many pharmacists & wages are dropping ,'*
- *I disagree wholeheartedly with an ACT checking off medication and the RP having to be held responsible if an error has occurred, this just does not make sense. I have seen and even supervised ACT's undertaking training and don't think IT is suffice for the massive role they are taking on. Some of their tutors are so lenient or they are so understaffed that they provide short cuts or easier routes into hurrying along ACT's accreditation. Just wrong. A pharmacist is a pharmacist - 5 year degree not a 2 month half baked course to allow sometime high school fall outs the role to check scripts. The idea of an ACT should be scrapped on all levels!*
- *Rate of pay is decreasing everyday and yet responsibilities and targets are increasing despite the fact we are self employed locums and gain no financial benefits for all extra work we are made to do*
- *They rates they offer are so low and exploit newly qualified pharmacists with the relief pharancist pay*
- *XXXXX only cares about profit. At least in the bristol region. Pharmacist wages went down and work load and pressure has increased. Non pharmacist managers took the lead of many pharmacies, taking also professional decisions that should be made by qualified staff Only. Very worrying*
- *Employers seem to only pay attention to making profit and give less attention to care of customers. Government is letting the profession down by ignoring the huge churn out of pharmacists as if it not doing any harm to the profession. Pharmacists are expected to do more for less than what the income used to be. Sometimes the idea of responsible pharmacist does not even make sense when you know that if you are to follow that it is a duicidal route. Other staff in the premises are having more to say than pharmacists now a days thus the responsible pharmacist idea run its course. Yet if any mistake or error results in to harm of a customer the pharmacist gets done.*
- *Was told today that the new regional manager requires 2MURs a day. If the Manager/Pharmacist does not regularly get this Area Managers have been told to " get rid" As I have not had a review with a line manager for nearly 3 years how they are to implement this I do not know*
- *It's a good survey to be done but would be even better if we can do something to overcome these problems and let the employer realise that how serious is a pharmacy business and patient safety matters and understaffed pharmacy and underpaid employees would make the pharmacy team make more mistakes and eventually patient safety is comprised which of course would not be good for the employer itself and the business.*
- *The role as a pharmacist has become increasingly more complicated and demanding, and we are still having to provide the core essential services in ever growing numbers, and to more impatient customers. This puts a great strain on our working practice and it can be very easy to feel very pressured to rush and cut corners. I do feel great concern that newly qualified pharmacists do not have the time to acquire confidence in their job, and lack the experience to work at the pace they feel comfortable with. And I have also witnessed young pharmacists*

*being "bullied" by disrespectful customers who assume it is their fault when the service is slower or less efficient. Thank goodness my 25 years has given me a tougher skin!*

- *Staff loyal but thinking of moving elsewhere because so busy.*
- *XXXXX are the worst for under staffing issues. They are followed by companies such as XXXXX who are following the path of XXXXX almost exactly in all facets of the business*
- *This position taken by corporate companies is disgusting. Milking pharmacies for their commercial benefits.*
- *Although a very good company to work for we could certainly do with another staff member at least 3 days out of five. I self check a lot because my only dispenser is usually doing other jobs eg putting away stock, doing blisters, answering telephones and it just builds up if I wait or stop her each time we get a walk in patient*
- *I think that XXXXX take their responsibility seriously and try to maintain patient safety as much as possible.*
- *It's getting worse. It's easier for me as I'm not the main bread winner. But there's no jobs, ridiculous rate of pay, no travelling expenses as 'we are in a state of recession and have to watch our expenses' says XXXXX! Hilarious! It's as if they don't realise we have bills and are hit by recession and fuel is not free for locums!!! XXXXX is one of the better companies to work for. Good staff but terribly understaffed and bullied by managers everywhere. Staff are constantly leaving and work to unattainable targets which keep moving. I feel so sorry for them. But because it's understaffed you are suppose to unpack stock, answer phones dispenses label and then check and serve patients whilst still trying to do MURs and NMSs. I don't mind but I'd rather concentrate on my clinical role but they save money on staff so that locums like me have to do their role at no extra expense. There's huge patient safety implications in this. I used to love pharmacy and still do but I'm surrounded by sad overworked understaffed pharmacies*
- *Simply put, targets and financial goals are being given too much weight in a patient focussed situation. The over competition within the industry is clearly leading to a direct reduction in quality. By allowing pharmacies to open and operate within metres of each other has clearly resulted in the unacceptable competition of the Healthcare Service, which should be consistent across the board. The clean profession is beginning to stain.*
- *I am a full time Locum so work a lot with other companies, I have found XXXXX and XXXXX to have a similar situation, from my experience this also applies to XXXXX and XXXXX, XXXXX and XXXXX surprisingly are better than the rest*
- *Some employers forced you to do Mur which generally doesn't benefit patient because you do this in a rush.if you cannot do any Murs wages reduce by 2 pounds per hour*
- *Oversupply had led to exploitation of the workforce, I personally don't see the situation getting any better when there are more schools of pharmacy producing graduates, and this falls right into the hands of the employers who can exploit the market to their needs, all the companies go on about patient care etc etc but behind the scenes employed or self employed it's more about the services to increase income which is a shame as when I qualified it was about the patient not about doing mur's nms etc etc with reduced workforce no wonder pharmacists are over stressed' I feel sorry for the current graduates coming into the scene as*

*graduate with debt and feel forced to take on jobs they wouldn't normally do at ridiculously reduced rates, it's a shame that the current state of pharmacy is in*

- *In my current pharmacy there are no issues like that generally speaking however in the previous one XXXXX as well there was not enough adequately trained staff that is why i moved to another branch*
  - *Understaffed, unfair on patients and pharmacists.*
  - *Profit based rather than patient based.*
  - *The governing body is toothless and employers know it*
  - *No job opportunities out there. Hence working for extremely low rates. Feel extremely undermined*
  - *It is obvious and clear to all people involved in pharmacy*
  - *The replies would be different for most of the other multiples, but due to my experience of them, I rarely work for them and couldn't consider them my 'main employer'.*
  - *I find it extremely dissatisfying that pharmacists who have spent 5 years studying if not more get paid the same if not less then individuals whose jobs require no intense prolonged studying periods. Also, as a pharmacist the responsibility we hold is extremely stressful as the safety of patients is in our hands and sometimes it seems like the pay does not actually reflect the pressures and risks of the job.*
  - *Ill treatment by staff. No dispensers. Demand for. MUR by regular manager whilst they do none for whole week. Severely slashed rates, at the demand of 3 persons work load*
  - *I feel pharmacy as a profession is undervalued regardless of sector. I feel the pda also needs to campaign for pharmacist in the hospital sector who are also over worked and undervalued.*
  - *There should be a law imposed preventing a pharmacist from working on their own and thus not compromise lone person safety*
  - *Lunch breaks are minimal usually 10mins and tea breaks are on the go and usually a cold cuppa. This can lead to patient safety issues. For some reason the legal requirements of 2x15min breaks and 1hour for lunch are not applicable to pharmacists.*
- 
- *Over the years I've worked for the big chains: XXXXX, XXXXX, XXXXX (now XXXXX) and I've come to the conclusion that their service is more target driven than many smaller multiples. XXXXX is a smaller chain that's done well to reduce pressure on the pharmacist by being reasonably well staffed. I hope they can keep this up.*
  - *often least amount of staff at days end when everyone is tired*
  - *-Cutting staff is major issue. -Having new staffs means lack of competency and extra pressure on pharmacist. -Lunch and breaks hardly given to pharmacist as only one pharmacist in store and none of the store closes for lunch hours i.e pharmacist are expected*

*to work more than 9 hours without break. Gphc needs to look into it If they really wanted to support the pharmacist and increase patient safety.*

- *there needs to be a STANDARD staffing level based on activity*
- *PHARMACY AS A PROFESSION HAS BECOME A BIT OF A JOKE. IF YOU DON'T HIT SILLY TARGETS YOUR LIVELIHOOD IS AT RISK. THE POWERS THAT BE ARE MORE CONCERNED WITH FILLING UP WHAT LITTLE SPARE TIME I HAVE WITH ALMOST POINTLESS CPD. HAVE A NICE DAY:)*
- *Hospital NHS Pharmacist*
- *Comunity pharmacy is target driven . for profit purpose you do more with less. I never had enough staff to do the job properly.*
- *Reduction in staff hours coupled with increased workload is putting patient safety at risk in XXXXX. I have personally raised this issue with the superintendent office but for several weeks there is no response. I have spoken with the PDA and intend raising concern eventhough it will put my livelihood at risk*
- *I don't spend a lot of time in community for my Locum employers therefore my views of the company might be skewed*
- *This is a small, but busy pharmacy. Most of my working days I work alongside an ACT. When she is at lunch I work on my own in the dispensary, and occasionally have to check my own work. I have a 15 minute lunch break, and no real morning or afternoon breaks. I am sure this is true for many pharmacists, who tend to work long hours with no breaks, and have done for many years. This should never have been allowed to happen, as I'm sure fatigue often puts accuracy at risk.*
- *too much to do with less time and long hours with out even a break and no payment for the extra hours worked*
- *Decisions on covering the pharmacy during an unexpected absent of a member of staff is sometimes taken by a store manager who does not have a clue of how the pharmacy should operate to be safe and legal. They often impose overtime ban which can affect the safe operation of the pharmacy.*
- *I have just stopped working for XXXXX, and was previously employed by XXXXX. Both of these organisations the answers to the questions would have been completely different, which is partly why I left. I am much happier with the local independent where you only answer to the pharmacist ower who understands the problems.*
- *A problem with XXXXX is they now employ non-qualified area managers who do not understand Pharmacy in my opinion. This used to be the case 50 years ago when I worked as a student for Timothy Whites and XXXXX. It is a complete backwards step and shouldn't have been allowed*
- *Managers and staff are put under so much pressure to provide services that the pharmacists on duty may not be trained for for personal reasons eg Flu Jabs and yet the particular stores are expected to provide the same target as stores with pharmacists who are trained to do the jabbing all the time. Other services that these stores can provide as extra services like Smoke Cessation are not taken into consideration to suffice as service for the community,*

*when there is another branch a few stores away providing Flu jabs. Demoralising for the Pharmacists who cannot do the jabbing but good at offering other services and a pressure on managers to make sure they have a pharmacist that can jab and meet the target set for ALL the shops. Are the other services not important esp when smoking for example is rife and we get customers who really need our help? Flu jabbing is offered in surgeries as well so its not that anyone that needs it is going to be left out?*

- *I am off sick due to stress caused by being severely short staffed for 6 months and working late.*
- *Pressure on achieving targets are often 'sugar coated' in relation to improve patients overall healthcare and experience, eg protect general public from flu for flu jab on private patients/ or racing to get NHS patients pre-book for flu jab. This feels inappropriate as we are salesman trying to just sell, only this is not a car but vaccinations. When number of vaccinations wasn't as expected, you get feedback from management to 'get them in'*
- *There seems to be a constant struggle between the operational and professional side of the business and I feel that the front line staff are caught in the middle. I thought that a head office should have a joined up strategic and supportive role.*
- *There isn't enough time to train staff. Staff are not trained or vetted enough before they start to work safely. The stress is detrimental to the mental health of all staff.*
- *A lot of places have not got a proper consultation room & the sink facilities are very unhygienic*
- *Where I work there are unqualified over the counter staff selling medication . I think there should be a legal requirement for the staff to relevant cpd.*
- *In the last year pressure has started to build month by month.*
- *Staff are seldom covered when on holidays or ill and are being replaced less and less when they leave. Every other week to 'fairly' distribute late shift until 7pm the pharmacist is left with only a member of counter staff for the last 30 mins and must self check. The alternate week is technicians. Pharmacists self checking is accepted practice, except for official checks, and I am often made to feel uncomfortable asking for appropriate checks in larger branches.*
- *I mainly work for independent pharmacies. However I work a few weeks a year for XXXXX as a locum. If XXXXX were my main employer my answers would have been very different.*
- *The pay rate for XXXXX is very little.*
- *it is hard to judge whether we have adequate staff, I just know it seems to me that we are constantly up against it. I never feel satisfied that we are providing a service that is comfortable, with respect to workload. Everyone is stressed and works extra , without pay, in order to complete the work. patients are often kept waiting. I am dissatisfied with the service we provide, y partner gets his scripts dispensed elsewhere, because I am unable to provide the assurance his meds will be ready on time. That is a sorry admission!*
- *New additional staff member has been recruited, so situation should improve over the next month or so.*

- *the pressure on pharmacists now makes me very very sad to say I no longer enjoy my job after ten years as a highly skilled pharmacist the job is no longer enjoyable. I work ten hours plus sometimes with no break no food and not enough staff and on top of which expected to do all the normal services plus mums and flu jobs and all manner of things that are just not possible for one pharmacist*
- *When saving money comes before patient safety, staff feel suffocated especially the responsible pharmacist.*
- *We work in a very small pharmacy - 1.5 pharmacists and 1.5 dispensers. On a Saturday morning, a pharmacist works alone for 2.5 hours otherwise staffing levels are appropriate*
- *I just moved to Hospital outpatient pharmacy job as a Bank pharmacist 2month ago after 15yrs in community. Work is fine. No target, no push and patient focus but staffs are spoiled, complains a lot, demotivated, takes time to do anything and lots of absence. They are also moody, sad and bully people around makes me wish I didn't join them and don't look forward to work every morning.*
- *I think I'm very lucky*
- *i find the Sunday trading environment particularly vulnerable as this is where there is little / no dispensary support staff*
  
- *I am sure that all pharmacies are doing much the same and cutting back on staff I order to meet profit targets. However this means that it is harder to meet the targets for service, etc as the pharmacist is required to be jobs that could be performed by a health care assistant or dispenser, such as unpacking stock or serving patients. It does also feel particularly at busy times of the year such as Christmas that the shop is a more important area of the business as extra staff are available to come and help manage the queues but the pharmacy is left to manage despite it's increased workload too!*
- *N/a*
- *I am contracted to work part time (job share manager) and ALWAYS work significantly in excess of these hours, up to 15 hours per day. RP always self checks on Sat as no dispenser. No ACT or tech so spend most of everyday accuracy checking under time pressure which I think reduces your clinical checking ability.*
- *With electronic script the increase volume of workload has coincided with reduction of staff as they must be preparing for off site dispensing*
- *Not uncommon for dispensers to carry out dispensing activities in the absence of the RP in shops that are short staffed- i.e before and after opening times. None monitors this.*
- *As a locum I work in lots of different pharmacies and sadly the situation in most of them is that there are often not enough staff, I have been left on Saturdays in pharmacies I've never or rarely worked in with just one or two young students for the whole day so no-one who knows exactly how the pharmacy runs and where everything is and often no-one who can dispense leaving me to label, dispense and check. This is a horrible situation for me to be in as I feel even more responsibility and pressure than normal because I am the only person looking at a prescription, thus I take much longer to check them to ensure patient safety and*

*end up getting very stressed. Being a locum I also feel that I can't complain about the lack of suitably trained staff as it could mean I won't get employed again because I'm being 'awkward' although if I ever felt that patient safety was drastically being compromised I would of course speak up. Also I feel that a lot of pharmacies put emphasis on getting prescriptions checked quickly rather than accurately and schemes such as minor ailments are pushed onto patients and items given out left, right and centre so that the pharmacy can get the fee and the time isn't taken to check whether the supply is appropriate or if patients are receiving the same items regularly which could be an indication of a more serious underlying issue.*

- *I suppose it is unavoidable but commercial considerations often seem to be more important than interests of the patient. Too many scripts, too few staff, too long spent on the phone getting best discounts.*
- *This year XXXXX have massively cut down staff hours and double cover pharmacist and driver's hours which have put pharmacist and the staff under immense pressure which is putting patient safety at risk but we have no option .*
- *A good company to work for.*
- *Sometimes work for larger companies eg XXXXX, XXXXX, If I answered the above questions based on them, the answers would have been complete opposite. They need a pharmacist to function, everything else they will compromise to suit them.*
- *XXXXX have applied a new staff modelling programme which has meant that my store doing 1800 items a week including 50 MDS patients, now only has the pharmacist, dispenser and ACT covering the chemist counter and doing all the dispensing. I have lost one full time dispenser. Their plan is for me to train the full time Health Care Assistant to become a Dispenser so no one covers the shop floor anymore and she will be available to cover the chemist counter and dispense after carrying out all the cumbersome shop floor processes. This training will take time and in the meantime everyone in the store is unbelievably stressed. The MDS room is away from the dispensary.*
- *I am lucky and well supported in the pharmacy I manage*
- *XXXXX Pharmacy have cut staff over the last few years. I found out that regional managers will not get bonus ( and area managers) if they do not achieve targets on staffing levels. Unfortunately their bonus comes before patient safety. As well as working with minimum staffing levels we are not allowed to cover all the hours lost from sickness / holiday (even dispenser hours). The hours we can cover depends on the Area Manager (who is not the RP or even a pharmacist). We get told that if we cover more than they allow us they will not pay the staff. (A manager in XXXXX Pharmacy even payed a dispenser from their own pocket- and told the area manager who did nothing). This year an overtime ban was put in place in January, February and March in our area as we were over budget!!-even though the holiday year changed from Jan- Dec to end of March (i.e. April- March from this year) so staff had to take extra holiday between Jan and March! It was very dangerous working like that. I have complained to the superintendent of XXXXX in writing about the staffing levels but sadly my e-mail has been ignored and I have not had a response. It is hard challenging a company as big as XXXXX. Although they admit XXXXX is not accurate (how XXXXX claim to work out staffing levels) they have not increased our staff this year to compensate!- Only reduced*

*hours. Sadly many pharmacists are too scared of being 'managed out of the business to speak out.' So we have to put up with this or leave.*

- *pressures from management saying NO overtime to cover staff hols/sickness will inevitably affect patient safety and service.*
- *Not given adequate tools to do job safely.eg old fashioned printers producing label which are unclear and which don't stay stuck to where they were intended.*
- *If there is any safety concern, I am able to open discussion with my employer to address any issues*
- *There has been an investment in staff in the last couple of months, so situation has improved.*
- *Patient safety may be compromised by the turn over of staff due to retirement;resignation; and trying to improve the skill mix via training to provide the best possible service.*
- *This survey will show my experience only with my main employer, but because I work in many places I can tell that e.g. in XXXXX I have been completely alone for up to 5 hours in a row (several times and without previous warning) in the pharmacy (where I had to serve, disense, check and supervise addicts), XXXXX in 50% of branches they are very short of staff and these are not only temporary problems staff just have been told tht they don't need more people here - unfortunately it seems that they do because the whole branch was a week (!) behind which made some specials had not been ordered only because the Rx was in the bottom of the pile for several days... Also in some independents I have had only one counter assistant during the day - so all - checking, dispensing, putting order away, ordering services was on my shoulders...*
- *Severe staff-hours cut affecting services and patients safety and amount of pressure on responsible pharmacists*
- *I am very pleased with Tims and Parker. I do choose to work in the branches where I feel most comfortable however I have always found them to be very professional and well staffed and although there are all the same targets and pressures to provide services there is support to do so and none of the aggressiveness I have found working for XXXXX and XXXXX.(Ruthless area managers)*
- *N/a*
- *It's all about the bottom line. Simply make money get paid nothing meet kpis. If not get threatened with your job.*
- *A relocation of extra compliance aide boxes to the branch has resulted in there being a bit too much work for the staff levels. Not cut backs.*
- *We are an independent pharmacy within a GP surgery. The GPs are very supportive of the pharmacy and the need for patient safety but we have so far failed to meet profitability expectations. I find it hard to understand how to make any profit in this environment. We are providing a fantastic service for people in this community but surely there has to be enough profit to make it worth the investment?*
- *meeting targets are a constant worry and affect my focus at work,*

- *Employees are underpaid compering to other professions what results in loss of qualified staff and constant training of new. Just check avarage age and time of employment of dispensers.*
- *Patient safety is not even considered by the multiples - profit is king.....*
- *The pressure to carry out services, eg NMS, MURs, EHC, Flu vaccine, smoking cessation, health checks is ever increasing with no additional funding for staff including Pharmacist and dispensing staff. Failure to carry out services results in threats of loss of bonus, failure to invest in additional staff cover and disciplinary action.*
- *I have found the lack of patient safety has scared me enough that I have just handed in my notice after 26yrs as an employed pharmacist.*
- *I locum for an independent on Saturday which has very little prescription business that day. This is why I am happy to locum for them as a lot of the issues you have asked about do not occur. I will not locum for most of the chains as it is too difficult and not worth the hassel for a single day.*
- *Forced to do flu injection service when I think the facilities in store are insufficient and I believe the training I gave received , though approved, is inadequate and I do not feel competent*
- *Budgets are in place for staff hours, where in most occasions if there is holiday or sickness, staff are not replaced (overtime minimal).*
- *It would be helpful if there were GPhC recommended standards of required/expected minimum staff hours per pharmacy dependant on number of prescriptions and services offered. These should cover both pharmacists and trained/training ACPTs, technicians, dispensing assistants and healthcare counter staff.*
- *Unrealistic targets and pressure being moved store if any concerns are ever raised have a detrimental impact of patient safety.*
- *Patient safety and wellbeing as just become ' lip service' in the company, as how can patient safety be at the companies major concern, when we are bombarded by emails every day with tables naming pharmacist who have and have not achieved their targets and shaming those who have not. This is done by senior managers who are pharmacists themselves and should know better. There is never enough TRAINED support staff and God help you if one of them is off sick ( which equates to 50% reduction in staffing level ) as you will get no help from head office, but still are required to meet your targets.*
- *stress levels for pharmacists have increased tremendously over recent years, yet we do not see any increase in salary, just get given even more to do.*
- *Availability of another for the purpose of checking depends upon the prevailing workload in a pharmacy. Therefore just saying that a qualified other is present does not automatically mean that they are 'available' in any meaningful sense of the word.*
- *I feel that as a locum I should be able to provide feedback to the employer, but fear of losing bookings means that I cannot afford to be critical or express any concerns of patient safety due to reduction in staffing levels.*

- *XXXXX are cutting staff or not replacing those that have left on the promise of the offsite dispensing hub, which despite being mentioned a few years ago has yet to materialise. The go live date is constantly being pushed back, which means workload is either the same or increasing with less staff to help in the majority of branches.*
- *Unfortunately the employer refuses to discuss staffing situation with the pharmacy team members. One only needs to look at near misses log to see the impact of pressure on the pharmacy team.*
- *Financial cutbacks has resulted in reducing staff level to minimum and often leading to understaffing during planned or unplanned staff absence.*
- *Quality of service provided to patient would improve if more staff available to do the daily routine chores*
- *I'm VERY lucky to have fully staffed shop but who knows what the future holds for us??*
- *Have to use 160 hours per week for staff excluding pharmacists, yet when I started 4 years ago we had 191 hours, yet obviously we are now busier than ever.*
- *Pharmacy is a service driven healthcare professional, which I do understand, everyone has targets such MURs, NMS, flu jabs, smoking cessation etc, which I don't mind, am happy to provide all these services if it benefits patients, but the fact is when your employer is telling you I want these many MURS, NMS and flu jabs a week and a phone call or emails of bullying nature is something I myself did not sign up to pharmacy, of course I want to help patients, make them feel cared as a profession in community pharmacy, but having emails or phone calls sent from your employer of a bullying nature just defeats the object as a profession, and not even having a basic understanding of what a MUR or NMS is, if employers continue to pressurise pharmacists a mistake is more likely to happen which will have severe consequences on patients, and also the fact is there is oversupply of pharmacists, cheaper too and u r replaceable with a another cheaper pharmacist if u r not hitting ur targets, it's sad to see the way pharmacy as a profession is heading.*
- *ETP has increased the workload hugely of the pharmacy, but we have ben given no extra staff to cope with this and we still only have 1 computer to do everything on. We are usually running a few days behind on prescriptions which means we end up rushing when a patient comes in to collect one that has not been completed yet. The stress of the team has increased as a result of this workload, and so have our errors. The stress has affected my health too, and as a result of this I have given up my job as full-time manager and am now working as a part-time pharmacist only.*
- *staffing levels are often at bare minimum so when there is an issue such as sickness or holiday there is very little flexibility in coverage to maintain safe staffing levels. Even under these circumstances pressure is still put to achieve targets such as MUR/NMS when staff/patient safety is at risk*
- *This pharmacy is run exceptionally well with regards to patient safety. That is the reason I work here the majority of the Time. Most large multiples this idea is on paper but not adopted fully so patient safety is comprised.*
- *The future outlook for pharmacists is GRIM.!*

- *depends which shop I am working in and if I am put in low staffing situations more because I am a very experienced pharmacist*
- *Pharmacist rates are dropping (sometimes close to what an employee would get working in Jaguar and Landrover - £15/hr) Employees are not offering any incentives to do extra services (MUR, NMS, Flu Jab, BP checks) but are happy to replace you if you are doing the services Some staff do not show same level of respect if you are second pharmacist and are young*
- *My main area of work is hospital pharmacy because I recognised the crisis that was developing in community pharmacy after returning to practice after a career break to have a family eight years ago, things have deteriorated even further in community pharmacy, compromising patient safety all the time.*
- *Many of the branches I work in are understaffed for the volume of work due to cut backs. Often holidays are covered but absence due to staff sickness is not. I have had to take measures in some cases to reduce the work such as only allowing customers to call back for prescriptions or not doing other services so as not to close the pharmacy due to it not being safe.*
- *Not been locuming for very long*
- *Patient safety is always paramount*
- *Financial cut backs and commercial pressures by my employer have the potential to impact on patient safety*
- *.*
- *Staff payroll has been significantly affected by the financial cutback with the employer making cuts to staff hours twice over the last 12 months. There is a complete zero overtime policy regardless of staff absence due to sickness/health reasons or planned holiday leave. This leaves the entire team stretched to the limit and stressed, leading to more errors and lower overall effectiveness and performance. However, despite the cut in staff hours, targets remain the same and great pressure is put on the team to achieve this. In an attempt to make the best out of a bad situation, compromises have been made to ensure patient safety always comes first, sometimes at the cost of longer waiting times and prescriptions taking much longer to process, dispense and check. Self-checking is avoided as much as possible especially on prescriptions of controlled drugs or large prescriptions. This delay causes frustration and anger among patients which then translates to more stress for the pharmacy team. More stress, lower effectiveness, anger among patients; it is a vicious circle. We endeavor to always put patient safety above all else (incentives, targets, cutbacks, time crunch) but this is a continuous uphill battle.*
- *I work in a busy XXXXX pharmacy. I often self check. I am often left with only one member of staff, who may not be a dispenser. My line manager and pharmacy coach are not pharmacists and have not grasped the concept of patient safety.*
- *Not enough relief staff available to cover sickness absence*
- *Locum pay rates are being cut year after year. Only in June this year XXXXX again reduced the locum rate by a further 50 pence an hour. They are getting away with it and will do it*

*again next year. It's so disheartening to take on so many additional services and increased workload yet be paid the same as ten years ago. Enough is enough it's time the PDA stood up for us and put a stop to this barbaric practice.*

- *I only Locum on Saturdays but do feel as though some branches are inadequately staffed*
- *We are busier than ever, but always aiming to perform even more efficiently and safer*
- *Unqualified staff put on front counter or often because of breaks dispenser is distracted having to dpo counter as well They never employ extra staff or locum technicians to cover holiday or sickness and it is pure greed. My uncle who had a tiny pharmacy drew £80kpa 20 years ago. All these companies are not poor. At least at the end of the day the dispensary is organised at 11pm but as for XXXXX they are so greedy they run days behind on their PCS and work in chaos.*
- *Workload is overwhelming and support and resource levels are minimal. Staff sickness and staff holidays are rarely covered leaving the pharmacist in an extremely vulnerable position. The fact that most store managers have limited knowledge about pharmacy means that the expectations of work output are highly unrealistic, extremely challenging and I achievable.*
- *I believe XXXXX slashed staff levels approx 18 months ago with the intention of rolling out the off site dispensing (OSD) project. OSD has been delayed with no imminent sign of happening for the vast majority of branches who are left with crippling levels of understaffing.*
- *There should be a set ratio of walk ins/frps on a daily basis vs staff level and this ratio should be a core pct requirement which is looked into during gphc visits and pct visits. Companies are taking away retail staff adding pressure on dispensary staff which is ultimately impacting on the customer and customer safety and there should also be core hours required for retail. I appreciate there is brief reference in the drug tariff but this is open to interpretation and manipulation by companies not just limited to my current employer. The last company i worked for threatened me with disciplinary action if i did not open the shop whilst i was on my own asking for at least one staff member not necessarily a dispenser be found to help. Companies will not comply unless there are legal consequences. It doesnt help matters that government cut backs and pharmacy income have been reduced and part of the business making a profit 8s to make such staff cut backs.*
- *A lot of the XXXXX pharmacies i have come across are under staffed meaning i as a locum have to help out a lot in terms of dealing with customers, labelling walk in prescriptions, dispensing walk in prescriptions and helping to put stock and orders away. When i speak to other staff members they are also very frustrated with the situation and i think because they are employees they are less likely to speak out to area managers.*
- *I happy PDA is conducting this survey. But I would be more happy if they can influence the outcome and make life of the pharmacist worthwhile and repectable at work place by giving a right work environment to support patient safety. I am worried about the future of the patient in the hands of the multinational who are syphoning their profits to reflect thier position on XXXXX and their shareholders. All the best !*
- *The major company's and supermarket pharmacies put more focus m targets and making money rather than caring for the patient. The customer is more important than safety of the patient, unlike an independent where there is a greater level of care for the patient*

- *XXXXX is about to launch a new healthcare people model which is unfeasible as they are going to phase out customer assistants and healthcare assistants. essentially it will only be pharms and dispensers. who will do the delivery or man the counters? currently it is really unsafe in XXXXX stores. One store failed its gphc visit in XXXXX , they pumped in staff and 4 managers to arrange a pass and now its teetering again. PLEASE STOP XXXXX!!!*
- *new enhanced services are great for pharmacy. However the pharmacist has still to do the day job. Therefore under constant pressure and so mistakes happen, and still no breaks because of work load.*
- *Locum hourly rates have been cut by £3 per hour four years ago and have not been increased since. Also travelling expenses have been cut at the same time from 45p to 30p per mile and have not been increased since. During that time the company has insisted initially of imposing a one MUR target per day and now in the past year that has increased to 2 MUR's per day with no increase of remuneration, in addition to the increasing pressure of electronic prescriptions.*
- *Staff shortage everywhere. They are trying to cut down staff; not replace who leave and expect the sky from the pharmacist.*
- *As a pharmacist I am under constant pressure to supply more services and meet more targets and am informed by my non-pharmacist manager on a weekly and sometimes daily basis whether or not targets are being achieved. I am fortunate to work with an experienced team of technicians and dispensers but find that they are under more pressure to achieve targets and carry out more tasks - this causes them to rush and I have noticed that even the most experienced staff are making more mistakes.*
- *Need a official break*
- *I am extremely lucky to work for a small chain ( 3 branches) where the owner is a pharmacist and prioritises safety over profit! Loyal happy customers, committed hard working staff.*
- *Cut back , staff shortages and excessive workloads coupled together with lower and lower rates of pay are becoming common place. How can they be justified ?*
- *Huge staff cuts over the years have turned a job I previously enjoyed into an endless cycle of stress where I'm constantly striving to minimise risk to patients when there aren't enough members of staff to adequately provide the service we are contracted to provide.*
- *I left the XXXXX group to work for small independent chain because XXXXX were awful regarding staffing etc*
- *Lunch / break times to be recorded made mandatory on the RP log or pharmacist sign in sheet will probably ensure safer working practice*
- *Most XXXXX pharmacies are running on minimum dispensers at the moment because their new dispensing robot is not up and running yet. The company does not by default have two pharmacists working together on some days during the week even though the volume of prescriptions exceeds 500-600 items a day. This creates a lot of pressure on the single pharmacist on duty given that he or she has to do MURs, NMS, deal with customers' problems/queries etc on top. Also, the backlog of undispensed/unchecked prescriptions created as result means scripts have to be dispensed/checked on the spot when patient*

*comes in to collect. This puts additional pressure and distractions on the dispensers and pharmacist.*

- *Cheap poor pharmacists & support staff are ruining our profession. More services on top of increasing Rx volume with less resources can only lead to errors & reduce patient safety.*
- *Commercialism overrides professionalism*
- *When working at weekends the branches tend to be staffed by students who don't always seem to be trained properly.*
- *Pressure to complete MURs means that they are not always worthwhile. It is more important to me to target the patients on lots of medicines and ensure understanding and therefore compliance than to achieve a target number of MURs which is sometimes not realistic.*
- *I believe my preferred Locum employer (XXXXX) in the stores where I have chosen to work is probably much better than the other major supermarket Pharmacies. I realize I am fortunate in not having to work full-time to cover a mortgage.*
- *Waiting times puts a lot of pressure on the dispensers, which results in errors, which the pharmacist picks up on but if not, can result in harm to the patients. Workload is not being managed adequately across most pharmacies I've worked in.*
- *Most staff members I work with I consider not capable for the job but have the qualifications to carry out the role. I think all members of staff should accept responsibilities of their own errors and own decision making instead of blaming the responsible pharmacist who may have been there but not directly involved.*
- *Parcel pick up and collection has been added to the pharmacy which takes up staff time and no additional allocation of staff hours have been considered*
- *XXXXX is one of the very few pharmacies I am willing to work in now. I have stopped working for XXXXX and XXXXX due to staff shortages.*
- *Hours for the pharmacy team are being cut back every year. Lost two full timer equivalent in the last two years, yet work load continuously increases. No extra support when people are off sick or on holiday. Cover has to be arranged yourself within the team and expected to just manage. Targets still have to be met and performance graded without consideration on the lack of support or workload in the pharmacy.*
- *I FREQUENTLY WORK UNDER UNSAFE CONDITIONS DUE TO EXCESSIVE WORK LOAD AND POOR IT SYSTEMS*
- *The reason I choose to Locum at XXXXX is because they are less financially aggressive/forceful as the likes of XXXXX*
- *Issues identified during employment: staff shortages, firing off experienced staff to reduce overheads, new and unskilled staff, poor dispensary layout and low efficiency of the dispensing process, half the time the dispensing staff were not trained adequately, managers emphasised on targets (some were ridiculous e.g. text messages) despite the unsafe environment of the pharmacy. A significant blame culture, especially on pharmacists by their store manager. As store manager was not a pharmacist there were clashes in views and*

*interests (patient care vs targets), recommending useless murs e.g. on eye drops, In some stores there was no continuity of service impacting patients access to their medicines and causing unnecessary delays. Complaints were forwarded to management who appeared to have already been aware of the issues but were not able to rectify them due to pressure from higher level management. I have highlighted these issues to management and consequentially left. Although other pharmacist colleagues were good to work with and otc and pharmacy product range was satisfactory. Cpd materials were readily available for pharmacists. Staff rooms were adequate. Line manager was friendly but pressure from higher level management on manager was significant. Line managers forced to work in stores due to pharmacist shortages. Line managers aware of the risk to patients due to poor work practices but seem powerless to resolve the issues due to company focus on targets targets targets. Wouldn't work there again or recommend anyone else to.*

- *Pharmacy is dangerous domain.*
- *In my experience , XXXXX provide a safer environment to work in than other employers*
- *Targets set from head-office are completely unrealistic and the pressure to achieve them is beyond measure. How can I achieve targets when I have NO support from my staff and everything is judged on a financial point of view and NOT patient-safety point of view?!!!!!!!!!!!!!!!!!!!!!!*
- *Locum around once a month in community pharmacy, otherwise work in commissioning organisation/ GP practices*
- *Superintendent Pharmacists have been able to dump all responsibilities on to the Responsible Pharmacists.*
- *Always understaffed. Focus is always on the shop and to make more money. The dispensary is left in a poor state with clutter and messy; in every XXXXX dispensary there is so much dirt lying around and equipment is not maintained properly with regular checks and replacements*
- *Small team in pharmacy, when one person is absent this amounts to 30% less staff.*
- *With so many pharmacists looking for work it makes it very hard to raise concerns about safe working levels in the dispensary. The response seems to be "Maybe you are not suited to the job". I've been qualified 7 years and it is getting worse.*
- *Low staffing levels are not usually intentional-recruitment is a big issue mainly due to the pay level compared to other less stressful retail jobs*
- *100 hours pharmacy no scheduled lunch breaks high support staff turn around due to unsocial hours and poor pay - lidel pay more for operating a till than XXXXX pay for dispensing a prescription - long shifts eg 12 hours! - store manager and team leader pressure for MURs and NMS,flu targets etc - for example half way through grabbing a sandwich team leader lines up a MUR! It's hard enough to get away to go to the loo!*
- *My experience is that independents are much better, that's why I have decided to only work for them. I used to work for XXXXX and it felt very different, very pressured, and my answers would have been quite the opposite.*

- *I am very satisfied with my current employers. Not so with previous. Based on previous experience, I believe the GPhC should set minimum number of suitably qualified persons working in a pharmacy at any time based on items and services provided. I left my last job as the daily experience was an unbearable accident waiting to happen. Thank you.*
- *Feel short staffed almost all of the time now*
- *I am very lucky that I work in this very professional independent pharmacy*
- *Company rarely, if ever, covers dispensary absences properly, so branches are just left 'short' and end up with staff working harder to cover- there are no relief dispensary or counter staff. I've left a branch recently, partly because I felt staffing levels were not appropriate - I ended up going in early and/or finishing late most days to book in and label scripts. I repeatedly asked for more double pharmacist cover and was told the branch didn't need it - since I've left the branch has gone from half a day to a one and a half day's double cover each week. As a relief, the way ACT SOPs are enforced branch to branch varies massively and is a concern (which I have raised but little has been done), and there are a number of branches where workload is so poorly managed that self checking is inevitable as staff are tied up in other tasks (there are also instances of Saturday working with just counter staff). Where staffing is such an issue, there are obviously safety concerns, but there are ethical issues for me with the company as well - for example having what I believe to be inappropriate products on weekly deals, and giving staff incentives to sell them. When I raised concerns and said I didn't agree with us selling a product in such a way (it was XXXXX) - I was told by my area manager that Superintendents had given it the OK, and that was that, even though I had been reasonable and asked to see the evidence base or for an alternative product.*
- *Under staffed over pressured*
- *I was working as an employee for 4 years and it was exactly the same situation.*
- *Staff holidays and sickness are not now covered adding to extra stress and patient safety can. Be compromised.*
- *Stock availability an issue due to 'wholesaling' and poor responsiveness and availability in company warehouse. MDS unit and process for transmitting Rx information to offsite robot fundamentally flawed*
- *My deafness prevents me from engaging in locum duties.*
- *Its the same conversations in majority of branches, everyone is short staffed and are not getting support however short staffed suggests you are missing people that should be there to carry out work. The reality is those missing people are not missing they were never there in the first place. The minimum amount of staff to be able to function has become the norm now and sadly its become acceptable. A ban on paid overtime unless authorised by higher management and an increasing expectation to deliver more services.*
- *Low volume pharmacy often with one Pharmacist and one colleague so although the colleague is qualified and able to do second checks they are often busy on the counter and cant easily be called into the dispensary*

- *It depends on the size of the team- the impact on staff shortage is greater when the team is small and therefore has a higher impact on the pharmacist in terms of work load, but in a big team other pressures are brought to bear of the quality of service provided.*
- *Patients do expect a community pharmacy to give out their medicines within 5 minutes and are very demanding...regardless of how long their script is and how many patients there are before them and expect majority of things to be in stock. Waiting times should be explained to patients as they do not understand the waiting process and this is far quicker than hospital out patients or TTAs*
- *Staff hours have been cut significantly in most stores in my area over the last 18 months Overtime is banned except by prior agreement of the area manager so there is no opportunity to cover last-minute absence. Maternity leave and holidays are not fully covered Focus is on MURs and NMS almost to the exclusion of any other issues Additional help is not put in until a branch reaches crisis point - too late!*
- *Safeguarding patients relies on pharmacists being prepared to ignore pressure and being confident enough to say that if I am the Responsible Pharmacist I am duty bound to put safety first.*
- *XXXXXX used to be very patient and community focused Now it's all about targets and money yet staff have hardly any training on new services a long time after the service is released.*
- *At the moment XXXXX Pharmacy is not a good place to work and the targets lack of staff and not enough budgeted hours are compromising patient safety. Have a meeting with my area manager next week but if nothing changes I'm going to look for another job. The stress is not worth the risk for patients and definitely not worth the money. Again it is definitely not a good place to work.*
- *the training to become in a pharmacy assistant (nvq1) is a joke. A companies as XXXXX using this staff as main workforce. Budgets and targets are with a big difference the most important issues for the companies .*
- *The main problem I have in my pharmacy is staff absence or holiday does not get covered at all and manager is trying to swap around the shift so to use other member of staff to cover each other so most of the time we are one to dispenser down and sometimes I work with one dispenser rather than three which supposed to be and that matter has affected me a lot and I feel lots of pressure on my duty shift as a part-time pharmacist because the company wants to save money all the time.*
- *As I only work as a locum one day a week (Saturday), I do not experience the same degree of pressures that other locums encounter so I am not really in a position to comment. However I stopped regular weekday locums over a year ago because of the targets ( MURs , NMS ) and the pressures.*
- *Within community setting SOPs are used inappropriately if errors occur & you cannot prove that you followed SOP to the letter. Just Culture and errors/ near misses are reported on the computer system and monitored by headquarters....this can feel like the no blame culture is not being upheld at Management level. Lessons are learnt instore and where possible*

*improvements made. However this BIG BROTHER culture makes staff nervous about reporting and possibly losing the job/status.*

- *Staffing has got to the point whereby it is dangerous to public health. I have lost count of the times where shortages have been "covered" by students and all other shortages being ignored. As a consequence I have noticed a stark increase in recent times of both near misses and patient safety incidents. When things do go wrong, and it is brought to light (ie when an inspector is due, ONLY THEN is any sort of support given - and when the inspection/visit has gone it's right back to square one) Management only cares about professional service income and not about whether the daily bread and butter services are being completed to a sufficient standard. Training of health care assistants is also borderline - many I have encountered are not of sufficient standard required for the job at hand - and simply default to refer to the pharmacist.*
- *There should be surprise inspections by the GPhC so that inspectors can see the actual running of pharmacies, rather the facade that is presented when an inspector calls.*
- *I no longer locum in pharmacies if I am not happy with their systems as I am semi-retired*
- *EFFICIENCY HAS A LIMIT, BEYOND WHICH PATIENT SAFETY IS COMPROMISED.*
- *They are a brilliant company to work for*
- *I am in a more fortunate position than other colleagues but am also quite feisty and will not tolerate pressure that might compromise my professionalism and ultimately patient safety*
- *The drop in rates means I can't afford to turn down a shift despite the low staffing levels. I can't complain.*
- *Commonly seen in larger multiples - large amounts of work load, sometimes more than they can take on / handle. Also not enough staff to cover job roles.*
- *XXXXX is disgusting. Do NOT work for them.*
- *Less focus on core job, more focus on action plans, reading emails, sorting issues created by head office, paperwork and targets*
- *I am fortunate to have sufficient staff and freedom to utilize staff to ensure sufficient support*
- *I also work as an independent prescriber although the practice clinical staff are supportive I feel they are too busy to be asked most of the time which means pts concerns on the minority of occasions may not be able to be dealt with at the time of consultation*
- *locum for various pharmacies/company's and have found stores like XXXXX especially have a very pressurised environment. Its very stressful at times especially when there is lack of staff and you are being made to rush checking patients prescription to get everything done including mur/nms.*
- *It's often the lack of management competency by the managers causes problems. Young pharmacist trying to run busy pharmacies without the organisational ability. They're not training staff, communicating with them, dealing with problems quickly enough, delegating duties etc. Training in team building and leadership would help!!!*

- *I have a good example - a patient went into her usual pharmacy; decided the queue was too long. Took her rx across town to another pharmacy. She had just been prescribed amlodipine; fortunately a NMS sign-up interview picked up that she was taking simvastatin 40mg. This could easily have been missed and could have resulted in harm because she was not using her regular pharmacy.*
- *Every XXXXX pharmacy I work in is short-staffed. Staff are rarely replaced when they leave/ absent and workloads and target stress the pharmacists and staff. Mistakes are bound to happen under these conditions. It is so bad that I am considering leaving the profession after over 20 years.*
- *Shop staff are being cut so dispensary staff spend a great deal of time manning tills instead of creating an efficient dispensary flow*
  
- *staff cutbacks, no /little money to cover holidays and illness reliant on staff swapping shifts or working for time in lieu, unrealistic 'without fail must be achieved' targets eg murs, nms, eps sign ups, flu jab bookings, health checks, travel health etc etc etc leading to excessive stress levels, increased risk of errors and after almost 20 years in the profession I am thinking of completely leaving the profession for good. Not good for customer safety or satisfaction or staff health. never known it so bad.*
- *Targets and income from services have meant my employer has forgotten the reason we are here. For the patients.*
- *FRPS which is automatic ordering system that most pharmacies do at XXXXX doesn't work half of the time or doesn't get done on time due to staff shortages hence constant emergency supplies and delayed medications.*
- *Working for a smaller multiple def an advantage here. They are quite old fashioned in many ways but have high ethical standards generally.*
- *I believe this is only the case due to previous battles I have had with higher management. They now know that imposing conditions which compromise patient safety will result in the restriction of activities which can be managed safely and commercial targets come last.*
- *More attention should be given to pharmacy support staff - it is irresponsible to hire staff who can barely read and write and who have no inclination towards helping patients and provide them with minimum training and pay just because pharmacists can take all the burden and responsibility of their incompetence.*
- *Generally speaking XXXXX are exceptionally good at looking after staff and patients, however as more and more money disappears from dispensing the pressure is v gradually going up, we are still no where near the problem levels of the likes of XXXXX though*

- *Figures are the most important for my employer.*
- *Patient safety is very low compared to company restrictions and budgets and such. XXXXX are extremely disappointing to work in terms of staffing and allocation of colleagues and many staff are rushed through training due to high turnovers of staff.*
- *Been in many stores short staffed with no dispenser for first hour of day (8am-9am) or evenings in busy hundred hour pharmacies and you're dispensing/checking/dealing with queries . Also Saturdays have the sane issue where can just be a counter assistant. Too many part time flexi contracts rather than perm full time people for continuity*
- *its a very difficult time - every where seems to have similar levels of stress and shortages*
- *Although my main employer is XXXXX, I have worked for XXXXX for which the answers to the above question would be very different*
- *I always read about new STANDARDS. standards here, standards there... but where is the standard that guarantees a certain balance between patient quantity and staff levels. They get public money. There has to be a rule saying: average x-prescriptions dispensed per day = there has to be an average x-level of QUALIFIED staff.*
- *XXXXX- Need to self check XXXXX- poor staffing levels llyods- poor staffing levels*
- *Waiting time pressures affect patient safety. MURs can take time and because of these targets the quality of the MURs drastically diminishes because you are rushing through them. Not enough time is spent with the patient. Some employers are under cutting locum rates to save money with inexperienced pharmacists in very busy stores.*
- *Very different from my previous experience working for a supermarket pharmacy :)*
- *XXXXX has sold a deal to XXXXX which is low on staffing and so meets 'budget' . However I don't think the Americans get the nhs contract and the actual staffing levels needed. XXXXX is going down the same route . XXXXX is enforcing a store staffing profile where local pharmacy stores won't have retail staff any more but everyone is healthcare or dispensary trained. You might think that's a good idea but as an existing dispenser, healthcare assistant or pharmacist expected to stack shelves, change promotions, man non healthcare counters , how rewarding is that? And how safe to spread fewer staff across more roles? Like stretching the last bit of cling film too far I reckon . Most experienced staff are leaving in droves. New , cheaper recruits are receiving minimal training and lacking the benefit of heritage staff wisdom . Daily is running around multi tasking, trying to avoid mistakes . We don't come across as safe . Having spoken out more than once, I have been threatened by area manager to button it. Nobody wants to whistle blow as they fear detection and disciplinary. The norm has become unacceptable for most . Customers find the grass ain't necessarily greener elsewhere . Complaints from customers are commonplace and understandable . Many appreciate we're understaffed but field managers deny this is the case. It won't surprise you that I hoping to go to an independent where o can be heard and exercise some control on working more safely.*
- *Multiples led by target driven non pharmacist AM's who have never worked in a dispensary and the Multiples hiding behind SOP's to protect themselves and not interested at all on workload pressure. What a Shambles. Pity the new Pharmacists.*

- *Reasonable minimum staffing levels need to be set nationally.*
- *It should be lawful to staff pharmacies appropriately, very dangerous actions by the capitalist monsters.*
- *Store managers are extremely jealous of pharmacists and locum salaries so will do anything to disrupt the pharmacy routine. It is long overdue that the pharmacies operate as separate entity to the grocery side of XXXXX. The store managers and area managers just do not understand pharmacy and never will. I have been working for them for 15 years. Time to move on.*
- *Have only just started locum services in the area after running my own pharmacy for 23 years, so have only a small sample of pharmacies to report upon*
- *pressure to complete targets eg, MUR's?/NMS. is relentless Constant E-Mails and checking up.*
- *My company's salary model is task based and due to the nature of our business we are reasonably well staffed. Some of the phone calls from colleagues requesting help reveal some very unsafe situations.*
- *all pharmacies should have two pharmacists, with the supervisor role being scrapped and given to one of the pharmacists and the other being the manager. the second pharmacist can play as a dispenser and counter assistant with one counter assistant being removed (a qualified pharmacist will give more safe sound advice OTC). having two pharmacists will also mean better provision of services like MUR's and vaccinations. The public would enjoy having a pharmacist who is always available on the counter and this will also increase the profile of the profession.*
- *I find that staff regularly work in the dispensary having not embarked on their NVQ level 2 training.*
- *NHS Flu service introduction has introduced a level of training requirements not seen before in a short space of time, and no provision has been made within the company for recompense of this time, expectations have been that the training is done in own time, urgently.*
- *With increase in services that take time I feel those higher up have forgotten that scripts still take up all of our time*
- *Does community pharmacy have a viable future at all.? Not in my opinion.*
- *Threats of disciplinary action and job losses are now a daily thing if commercial targets are not met. Staffing levels have been cut so far that it is now impossible to practise safely. Concerns fall on deaf ears, and any issues raised are turned back on the concerned party as either a performance or capability issue. The profession is in trouble, pharmacy is now big business, and it seems that patient safety is of far less importance than the profit on the bottom line. If I could leave pharmacy - I would.*
- *I have worked in multiple firm branches but find that independent pharmacies know their core business values but dont demand the excessive mur and nms targets. I am lucky as a locum to have found an independent pharmacy that believes in patient centered care and not profit driven incentivisation programs.*

- *I feel we have enough staff if we only concentrated on dispensing prescriptions. All the rest of it is what eats up my staff and my time. So in order to get everything done I end up dispensing and they do the tedious paperwork*
- *Repeated reminders that principle one overrides the commercial interest when safety is in question were totally ignored....leading to me feeling I had no other choice than to resign my position and leave the company*
- *If i am honest i would say that i am totally exhausted. I am a hard working pharmacist, i stay with the company because i have a strong loyalty to my pharmacy colleagues and patients. I work hard for them, and to support and motivate them. I do not do it for monetary rewards (the goalposts always move anyway!)' the more you do the more you get asked to do. I did 700 flu vaccines one year, the target the next year was 900! I would do anything to be able to go back to the way pharmacy was when i started out 20yrs ago (as a saturday girl) - today it is not the same profession! The values have changed, the pressure is immense. I have no work-life balance. Last month i did 32 hours unpaid overtime and this doesn't include the hours i spent at home catching up on emails and NHS contractual work. If i could do something else, without losing my house, then unfortunately i would get out tomorrow. Because of the pressure i can not even think about starting a family - i don't know where i'd find the time or be able to cope - my work has taken over, and i don't know how long i can mentally sustain the pressure. 😞*
- *My main employer is suffering from having a minute dispensery with hardly room for two people. I take my time making sure I do as good a job as possible. Not ideal but I do enjoy my work and the help I can offer my community.*
- *When staff leave we are being forced to recruit internally to replace them and this means we have to train staff up from scratch thus leaving our trained staff under extra pressure and our skill mix is incorrect.*
- *There is a need for uniform training and proper assessments for all those involved in pharmacy. Often guidance is given but not being followed by staff. Perhaps better training and assessments would help, together with more open and honest dialogue, and support.*
- *Generally staffing numbers decline a little every year making the situation gradually worse and worse*
- *Failure to pay nvq2 and nvq3 staff a market rate wage is resulting in acute staff shortages on the south coast for XXXXX.*
- *I think accuracy check should be compulsory*
- *I work as a locum on the odd weekend so it is hard to comment*
- *We are not allowed any overtime hours to cover staff holidays so if one is off I can be left alone in branch when staff member is collecting prescriptions from surgeries! Not safe for me!!*
- *When working for my main employer as a locum, I arrive to find the store is severely short staffed and that members of my team have to work elsewhere in the store leaving the pharmacy understaffed, rushed and stressed with the workload. I often have to self-check under pressure situations, hardly ever get to counsel patients due to a build up of work. It is*

*the patients who miss out on important healthcare advice. Also have to always serve at the till which is not what a locum pharmacist should be doing.*

- *Only half hour lunch in a 12 hr shift*
- *Staffing levels are based on otc sales and not safe dispensing standards. Cost is put before safety.*
- *I personally think that self dispensing and then self checking should be made illegal. Self dispensing has huge risks and can compromise patient safety. I also would suggest that there should legally be a minimum number of trained dispensers per branch (depending on how many items they do). There is increased pressure on pharmacists from employers to deliver services such as flu jabs, mums, nms, nominations, deal of the week, to name a few. Working under such pressure with no/minimal staff is very dangerous.*
- *Basically big chain pharmacy companies have destroyed pharmacy in the UK. they have had a big impact (mostly negative) on both patient safety and working conditions of pharmacist. Most pharmacist only realise this when its too late, and you can see this as alot of pharmacists are either planning to immigrate to another country or change careers. and the sad fact is its getting worse yet GPhc are doing nothing about it.*
- *Working conditions are poor e.g heating, lighting, state of repair of premises. However these affect staff morale and wellbeing rather than patient safety*
- *Staffing levels recently mostly affected by sickness, but no cover available when requested*
- *Conditions have to change before patients are harmed. Staff are unhappy and overworked. Creating a dangerous working environment.*
- *My opinion agencies should also be included in this survey, they book locums at low rate and don't seem to ask about staffing levels or service provided by the pharmacy. its like your expected to just put up with it.*
- *I feel Regional Managers are catalyst for the pressure and are hiding behind sponsors to apply undue pressure to deliver targets. Time wasted because Employer thinks more NMS should be achieved no insight to the location of Pharmacy away from GP Surgeries and false NMS prompts pressure unrelentless and unnecessary. As audits don't improve performance only prove the obvious that its dose increase, guest, change of form or not for listed conditions.*
- *We are always running to catch up and, while patient safety remains paramount and is not compromised most of the time, we could give a much better service with proper staffing levels*
- *I have just resigned from XXXXX after 15 years as I feel working conditions have become unsafe, even dangerous, putting myself and patients at risk. Short staffed, unqualified staff replacing qualified staff, extra tasks expected with reduced staff, and management response is simply to "manage staff and workload better" without providing sufficient staff.*
- *Currently work in intense pharmacy next to health centre 4500 items per week, 60+ DUS clients. Two pharmacists most of the day so lunches not a problem but services take up one*

*pharmacists time especially In the flu season and our act complement has been cut from 1.6 FTEs to 1 FTE resulting in increased pharmacist workload ie checking methadone dispensing. In addition we have lost experienced staff through retirement, transfer to other stores or disillusionment and any replacements have been untrained or partly trained and unused to our pace. Manager and area manager non-pharmacists. Area manager has little idea of how to run pharmacy- consistently underestimates time needed to complete tasks- eg on-line flu update training should take "30 minutes" - 2 hours was more like it and that was on my home PC- considerably faster than in-store computer. Fed up of hearing senior managers saying that service levels are too low but every "new" innovation takes three times as long to man than the previous system!!! Done 80 flu jabs in 2 weeks- smashed our target!- but of course MURs and NMS suffered- what a surprise!!!! Guess what the theme of last weeks area manager conference call was! Grrrrr*

- *The basic dispensing work gets completed; there is not enough time for staff training, updating skills etc.*
- *usual pressures to do MUR or you can't get bookings*
- *We lose customers because we are so overworked. It's a false economy to keep us working short-staffed as customer service suffers and morale gets ever lower.*
- *Staff shortages main problem*
- *Cut back in skilled trained staff in the pharmacy and ever increasing workload with Eps services and audits increase the likely hood of problems involving patient safety directly. The huge pressure on the pharmacist to oversee the training of unskilled staff and administration involved in services is leading to breakdown and illness of pharmacists we are at breaking point managers will not go above the budget for staff in the dispensary even if patient safety is at risk.*
- *Answers do not provide the options needed in some cases - difficult to generalise and may give false impression that is worse than the true one.*
- *I work for an independent Pharmacy now but I used to work for a multiple. The difference is vast: my current employer is supportive, helpful, considerate and professional; the multiple I worked for previously was not. The multiples are money orientated and target driven rather than customer focused.*
- *XXXXX are a good company to work as a locum for.*
- *The people who decide what is a suitable staffing level clearly have no understanding of what it is like to work in a busy community pharmacy morale amongst pharmacists I know is terrible.i am seriously considering another career,and many dispensers are leaving as their job is also very stressfull.Customers who are dissatisfied with the levels of service take their frustrations out on the staff in front of them, but they are not the ones at fault and are usually doing their best to try to do all they can for the patients despite the circumstances. Store management is unsupportive or even if they are the staffing budgets are so tight they haven't the money to get a proper level of staff. The company say they are investing in staffing I see no sign of it and very much doubt things will improve.*
- *MUR's are now dictated by counter staff who don't have no clinical qualifications to judge why a MUR is needed for a patient. finding that if pharmacist decides that an MUR is not*

*clinically viable a complaint is made to locum office to complain that a MUR was refused,,example that recently happened showed that a patient took 3 different strengths of thyroxine because it was more than 2 items a member of staff (not clinically qualified) decided that a MUR should be conducted, regardless of the pharmacist explaining that the patient is not suitable for a MUR...this is happening all the time...area managers are telling staff to bully pharmacist to do MUR....please abolish MUR now or have a structure where only pharmacist gets paid for doing them and not the big companies...same goes with NMS*

- *Extra services are required to be provided by the pharmacist like vaccinations and other advanced and enhanced services without double cover or enough staff which makes it very stressful and unsafe for both pharmacists and patients.*
- *Big pressure is put on reducing overtime but at the same time there's pressure for new services to commence and to drive business*
- *Ordering by head office resulting in lack of continuity of brands. Having to dispense multiple brands for one patient. Increase in requests for medipaks which are labour intensive taking staff away from the dispensing process as they have to spend so long on the phone sorting problems to protect patient safety due to lack of communication between agencies. We seem to have to act as a safety net.*
- *Good so far but going down the hill*
- *Though most of time trained staff, recently staff recruited have been school leavers on the front counter. Have been on their own for some of time which means supervising them and making sure they are ok and not being able to get on with dispensary duties*
- *Staff hours have been severely cut and this impacts on safety of both the staff and patients. Staff fall ill easily and then are not covered when they're off sick and the work piles up and the remaining staff do unpaid overtime and on and on it goes!*
- *Cuts in staff hours seems to be the norm, holidays and sickness means less hours to cover the same amount of work. Second Pharmacist cover has been removed in several busy pharmacies (10 000 to 15 000 NHS items monthly)! in the name of increasing profits. Most pharmacies in this region are being looked at to remove/reduce dispenser hours even further especially in light of proposed robot dispensing (if it ever gets to work).*
- *Pharmacy is such a bad career choice*
- *Constant pressure, near-bullying from area managers around MUR, NMS , flu jab targets, told budget allocation means we can have to go from 2 to 1 dispenser plus supposedly trained dispenser/store manager for a couple of days a week but reality is they are never available to help. Never been as stressed or near to breakdown in over 25 years, would leave straightaway if I thought it was better anywhere else*
- *Employer demands/expects more and is unable/unwilling to provide necessary support. Glad to be nearing retirement, feel sorry for my younger pharmacy colleagues.*
- *My job is the bane of my existence and I feel hopeless in it. Constant commercial pressure, unrealistic expectations and inadequate staffing leave me in a situation where I constantly am forced into compromising decisions*

- *Expect you to make the company your life without looking after you*
- *I have worked for other contractors such as supermarkets who have an appalling attitude to staffing levels and general safety in pharmacy. I refuse to work for such employers like XXXXX and XXXXX. I do work for my local XXXXX and XXXXX who have good managers who fight for their pharmacies.*
- *With the onset of living wage it can only get worse . The pressure in community pharmacy is becoming a real problem - current NVQ qualifications do not guarantee a knowledgeable dispenser compared to one with experience . Every pharmacy should have an ACT or 2nd pharmacist for minimum 50% of the time*
- *I do locum sometimes and self dispensing and cheking is very common in XXXXX and other superstores like XXXXXs*
- *Remuneration is lately very poor with more work demanded*
- *There are more pressures to do more with less. Due to lack of recruitment we don't have suitably qualified people to take up any vacated postions*
- *No cover for sickness or any type of absence. People from shop who have been employed for less than fee weeks are brought into the dispensary to pick products some inky 16 yo. Incredible. No training "just pick it up as you go along" 18 yo were going into the Cd cabinet until i stopped it. 16 yo were getting the blue rx meds ready. I think they were asked to pour methadone when they were busy i heard.*
- *Am very conscious that experience/seniority now counts for nothing in setting hourly rates.*
- *Best of a bad bunch.*
- *Having systems in place allows for an easy flow which aids compliance. It is a major help to have staff that respect the position you hold.*
- *It's all money orientated & you have to fight to get more staff due to over strict budgets which could impinge on patient safety.*
- *We are part of the XXXXX. So if we as a pharmacy group have not met our budget then the society can't take the profits to re-invest into the other parts of the business. At the moment the food industry is where the money is mainly being re-invested*
- *The pharmacy counter staff do try their best, but I am often dispensing, checking AND trying to fit in an increasing number of services with no extra support. Most often, there is a lack of good dispensers that actually DISPENSE.*
- *This is the reason why I work for an Independent owner - have worked in the large multiples - not a comfortable or totally professional environment.*
- *Increased pressures due to etps which have not been received or requests for repeat prescriptions not compiled by surgery in 2 working days.*
- *too many services and high volume of scripts not matched by suitable staff hours leads to standards being compromised most of the time*
- *None*

- *Recent circumstances have led to a change in my working pattern. There was a time when I worked for a small chain of independent pharmacies and in that case I would have answered "most of the time" for questions 5-8. I have since stopped working for them partly because of this.*
- *Poor staffing levels Poor training Rushed through healthcare assistants and dispenser training. Regular long shifts with missed breaks or overtime Poor quality MURs concentrating on getting them done to hit target Atrocious queuing Demoralised team Reduced pharmacist cover in favour of a non pharmacist manager ACT.. Patient safety is not the paramount consideration*
- *Lunch break needs to be introduced as compulsory.*
- *I am the pharmacist and my only staff member is a pre-reg student*
- *I like this employer (which is why I'm now employed by them!); I am well aware of other places where I've locumed where the answers would be quite different.*
- *Employing skilled staff is very very difficult at the moment. There's a serious shortage of capable OTC staff, dispensers and techs. The issue of employing EU pharmacists has not provided a solution to the problem. The complaints about pharmacists not receiving decent remuneration are complex: some newly qualified are not ready to take on the role of an RP post qualification. Pharmacists getting up in arms about rates need to show that they are committed to do the work, not be lazy and not be so concerned about the rate that quality of care is compromised. Additionally, global funding issues - PSNC contribute to the smaller pile of money available to fund additional staff. FinanCial incentives to poach patients from small chains is happening a lot. Highly unethical and very unprofessional when it is slurring people's reputations. This has happened several times from XXXXX & XXXXX. They also sign patients up for EPS without their consent (verbal or written) and then COME INTO THE SHOP. To get the patient back. Including complaining to the GP practice.*
- *Every year the situation deteriorates. There is no recruitment, development and retention policies in place to train and motivate staff. There appears to be little career progression for the majority. The main criteria for the appointment seems to be how cheap will they do the job for. We also use pharmacy students to "help" at no cost which I feel is ethically and morally wrong*
- *Pharmacy has changed a lot over the last 25 years and not for the better. The Locum rates at appalling given the level of responsibility we have and how hard we have to work. Non pharmacist, Prof colleagues of mine laugh at my rate and punitive 20 mins break in my 9.5 hour shift. Unrewarding and unsatisfying. Quite frankly - just dangerous - all for the profits of multiples - I do not wish for my name to be used in the survey! Thanks*
- *This company re uses patient returned medications in many of its branches which is unsafe, highly unethical and totally illegal*
- *Over a period of 20 years, there has been a slow and steady change from adequate staffing to inadequate staffing. I am no longer prepared to work under these conditions and have recently applied to be removed from the GPhC register.*
- *Working for an independent, owned by a pharmacist an 20GPs has its benefits. After years of disorganised staffing cover the GPs have lost patience and I have been appointed to manage*

*the staffing etc. So training is prioritized appropriately and Rotas prepared so we can forward plan absences....the downfall is that I do not have the authority to bring in temp cover when needed, hence my marking in the survey. This may also change in the short term.*

- *Financial cuts have meant that a member of staff who retired has not had her hours covered for the future. The staff are finding it increasingly difficult to work with this situation and some of them are complaining about the unnecessary stress it has caused.*
- *We have locum free area so it puts lot of pressure on pharmacists to get time off and have to organise with other employed. Pharmacists for exchange also sickness can have big impact on the services provided*
- *Advanced/Enhanced Services are a cash cow for the multiples. They couldn't care less about the staff. Patients do not benefit from MUR's. But the pharmacist is forced to put patients lives at risk, as well as risking their own career just to keep their job. SOP's are only there so the pharmacist can be held responsible by the employer.*
- *Situation varies between groups & random situations arise. I have decided not to work for certain firms or at certain locations because of experiences or the comments of other pharmacists. Once I was asked to attend one hour earlier - and then told I would be on my own to man the Dispensary PLUS counter for 3 hours!!! When I passed this information upwards the following day, Head Office said this MUST NOT HAPPEN & I should refuse to cover such a shift. I should insist on at least one 'colleague' being present as an absolute minimum.*
- *I believe that setting bonusable targets for MUR, NMS & any enhanced service under NHS contracts should be made a breach of contract. Such targets impact on patients safety because without exception undue pressure is placed upon ALL members of staff & the potential to corners to be cut & errors/mistakes to be missed.*
- *At the current time & having worked for several large multiples, I find XXXXX to be the best large community pharmacy company to work for as a locum. Staffing is well organised, stock is very well controlled & staff & patients all seem very happy with the services provided. I am very apprehensive about working for the company when it is to be taken over by XXXXX pharmacy in February 2016 but will reserve judgment until it happens in reality*
- *Patients safety is secondary to profit margins in spite of gphc code of ethics to place patient as first priority.*
- *I do not think talking about the main employer is a non biased way to do this survey. There are many independent and other multiple organisation pharmacies that I work in that I need to self check and have lack of staff. Slowly, I stop locuming in these places as the cluttered environment is a threat to patient safety*
- *Problems occur when staff take holiday. It puts extra pressure on the rest of the staff who are already working hard. There is just no spare capacity in the system.*
- *sometimes worked evening shifts with no dispenser or counter assistant - only a person there for safety reasons sitting in office - have to label, dispense and check myself - sometimes a whole queue of patients waiting and only me dispensing*

- *If PDA can liaise with GPhC to curb this menace. I do not understand the responsibility of GPhC. Is it just to punish pharmacy professionals. What of the companies and pharmacy premises if they are not complying to basic standard*
- *As a locum, I see this pressure is getting into all companies now.*
- *The workload given to me on a Sunday is extremely heavy and most shifts I find myself working 30-40mins after the store closes to get things done, because if things are not done 100% perfectly as the manager wants it we get abused on a whatsapp channel for the Sunday team*
- *None*
- *Extra' money may have been allocated to the salary budget but this has not necessarily been spent and it appears to be policy not to allocate underspends in one area to other groups especially stores may not have sufficient qualified technicians meaning pharmacists have to do that work but the underspend in the technicians budget is not allocated to providing extra pharmacist cover.*
- *The situation is probably worse in the company than my scores indicate as I am not prepared to be browbeaten by non pharmacist manners where professional issues are at stake.*
- *In some pharmacies there are no counter assistants or only part-time counter staff and this means dispensers and the pharmacist are frequently interrupted and distracted during the dispensing and checking process.*
- *Generally ok but issues when main staff sick or hols then there is little supportive mechanism and feel this detrimental to patient safety and stressful environment*
- *The company rarely has sufficiently qualified staff members and fails to train up its employees. Often, even when there are dispensers, they expect the pharmacist to self-check walk in prescriptions and even put pressure on them to do so as that is the norm. There are frequent unnecessary interruptions. With all these deficiencies, in place, the company and their staff expect customers to receive a prompt service.*
- *I no longer work for any of the large companies you listed and have not for almost two years. From my experiences leading up to me making that decision unless things have changed for the better my answers would have been very different*
- *Year on year targets are increasing but no extra staff hours are given. If you don't achieve the targets then the pharmacy manager is being treated as slave.*
- *Variable experience from store to store and from one multiple to the next. I occasionally locum on weekends in community pharmacy, often there is a significant back-log of work from the preceeding week. This level of work and pressure certainly has an impact on patient safety.*
- *I spent 18 months dispensing 9000 items a month with only a fraction of the week covered with trained staff most were sick off work for 3 months at a time my employer only acted after GPhHC inspector wrote to them with his evidence that i was doing the job of multiple staff at same time and i showed him evidence that i asked for support with no help offered .help arrived until after he insisted for patient safety.*

- *Company generally tries to help with cover, but quite a few shops are currently short staffed and there are not enough relief dispensers to go round.*
- *In the past year I have had to implement staffing cuts despite offering more services and becoming busier. My staff turnover has resulted in me only having one nvq2 part time dispenser and two trainees. So the workload feels as if it has increased greatly. And staff are working harder than ever. I feel that this pressurised environment is leading to increased risk of errors. Despite my companies efforts to encourage patient safety. There is no substitute for good staffing. And adequate staffing levels.*
- *XXXXXX are buying more and more pharmacies while cutting back on staff and overtime. Finding it is more and more dangerous as each week progresses.*
- *there should be EVERY DAY a log of ALL staff and their QUALIFICATIONS ACHEIVED,not just started on a course.....open to be inspected by Pharm Inspector every time they visit.URGENTLY NEEDED.*
- *Budget cuts in multiples are puting pharmacists and staff under pressure. In a large number of cases the members of staff are told that there is no cocer at all for holidays and they just have to cope. In many cases the hours hace been cut down and no extra time is allowed any longer... Apart from compromisi g the security for patients, all members of the pharmacies I work at feel unhappy, exhausted, under pressure and demoralised; makes it very difficult for locum pharmacists that arrive on the day to deal with this situation...*
- *Aggressive cost cutting and staff cutting leaves the pharmacy feeling bare. The dispensary is open and so patients stand and stare at you to dispense, label and check the walk in. The one staff member you have is on the health counter selling to a patient, and the expectation is that you have to carry on and manage. If there is a question to ask a patient about medicines, the process is slowed down and on occasion the store manager comes in and states, "You are not a good locum, our regular pharmacist does this all the time without issue" How is that safe?*
- *Pharmacists are expected to work up to 12 hours without a break! Staff are inconsiderate and also unskilled most of the time*
- *XXXXXX Pharmacy has two premises in the same town so if there is unplanned absence in one pharmacy, staff will be relocated to the other to ensure staffing levels are acceptable. Benefit of having multiple premises and being an independent pharmacy willing to invest in staff.*
- *Increasing pressure on targets means larger numbers of customers and promises which are not being fulfilled. In turn rectifying such issues takes up time which is precious and impacts on patient safety. This is also due to misinformation or inadequate information being given to customers at the time a service is sold purely for the purposes of increasing a target.*
- *always under pressure.never have planned scripts ready on time due to lack of staff*
- *massively reducing staff levels and even not providing staff to pharmacist from 8 till 10:30 pm on evening shift and 6:30 till 8:30 am on morning shift is very dangerous*
- *XXXXXX have low staff morale at the moment - too few doing too much - many near miss errors each day*