



The Pharmacists' Defence Association

Community Pharmacy Patient Safety Survey 2016/2017

| representing **your** interests |

| defending **your** reputation |

Background and Demographics

A survey of community pharmacists and other community pharmacy staff was conducted using SurveyMonkey. Responses were received between 22/09/2016 and 16/02/2017.

Employer	Total number of responses
ASDA	49
Boots	382
Lloydspharmacy	265
Morrisons	26
Rowlands	81
Sainsburys	28
Superdrug	26
Tesco	108
Well (formerly Co-op)	98
Other	510
Total	1,573

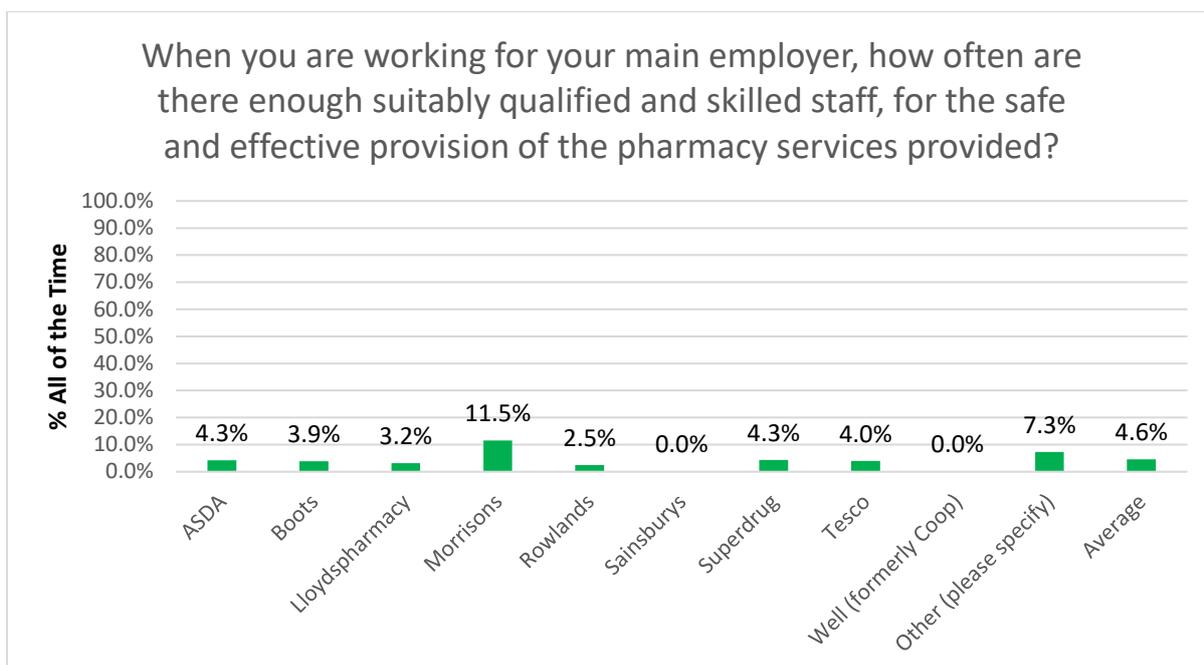
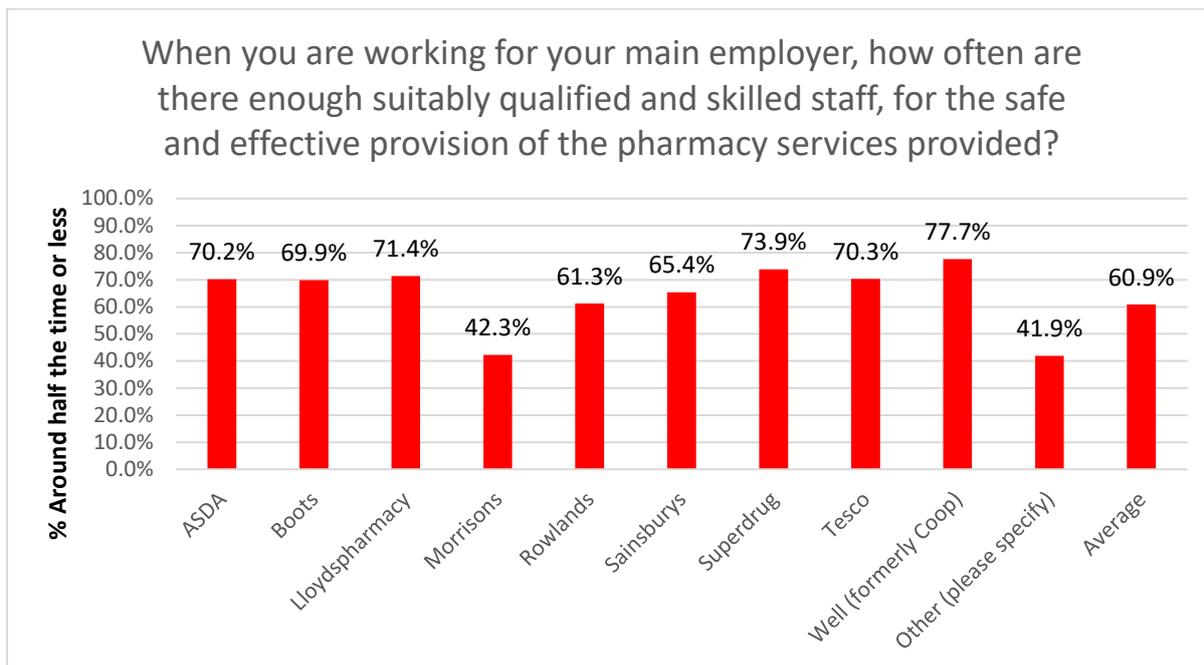
Country	Total number of responses
England	1340
Northern Ireland	133
Scotland	73
Wales	27
Total	1,573

PDA Members	1542 (98.03%)
Non-PDA Members	31 (1.97%)

Employee	997 (63.38%)
Locum	576 (36.62%)

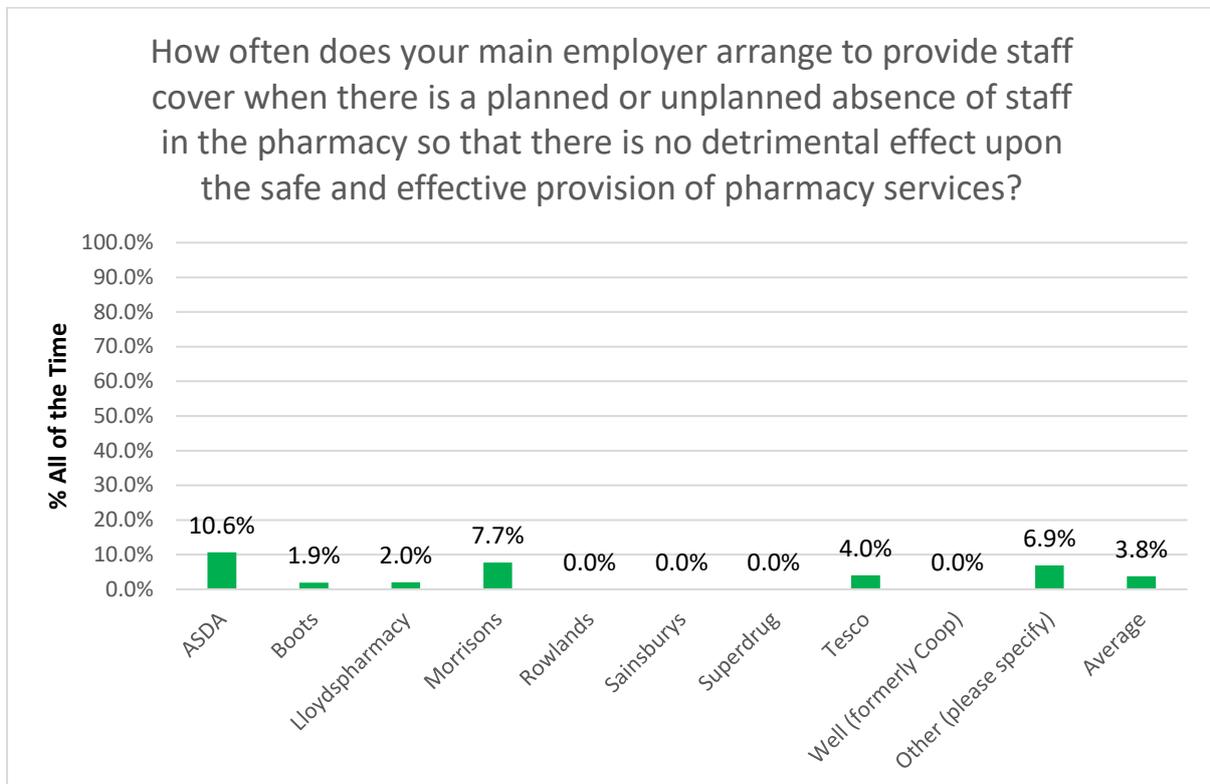
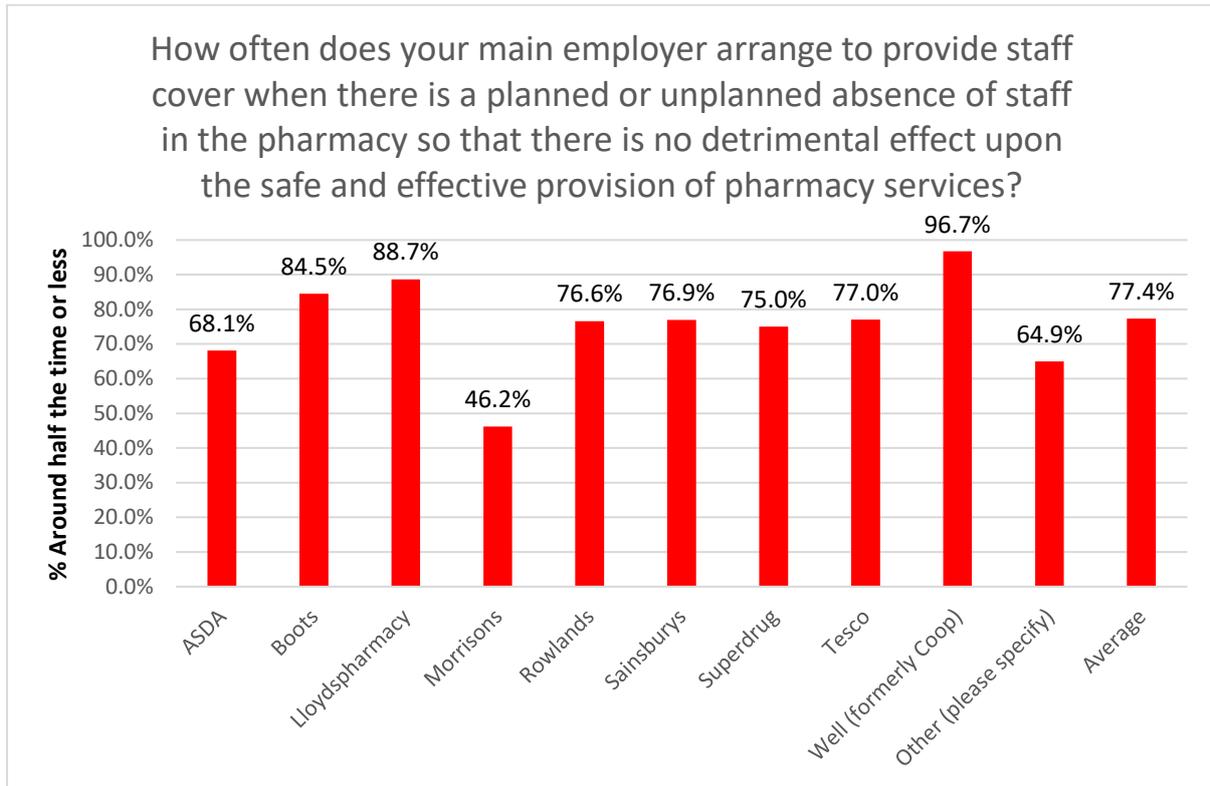
Pharmacist	1563 (99.36%)
Non-pharmacist	10 (0.64%)

Staffing Levels to Ensure Safety



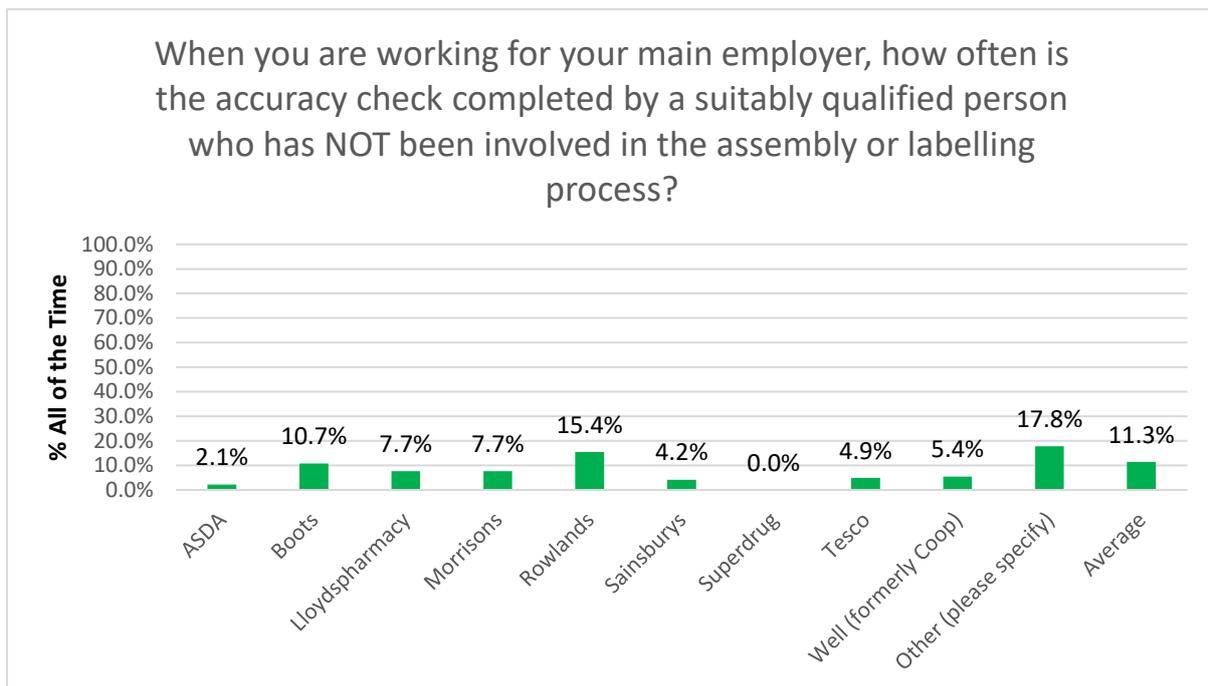
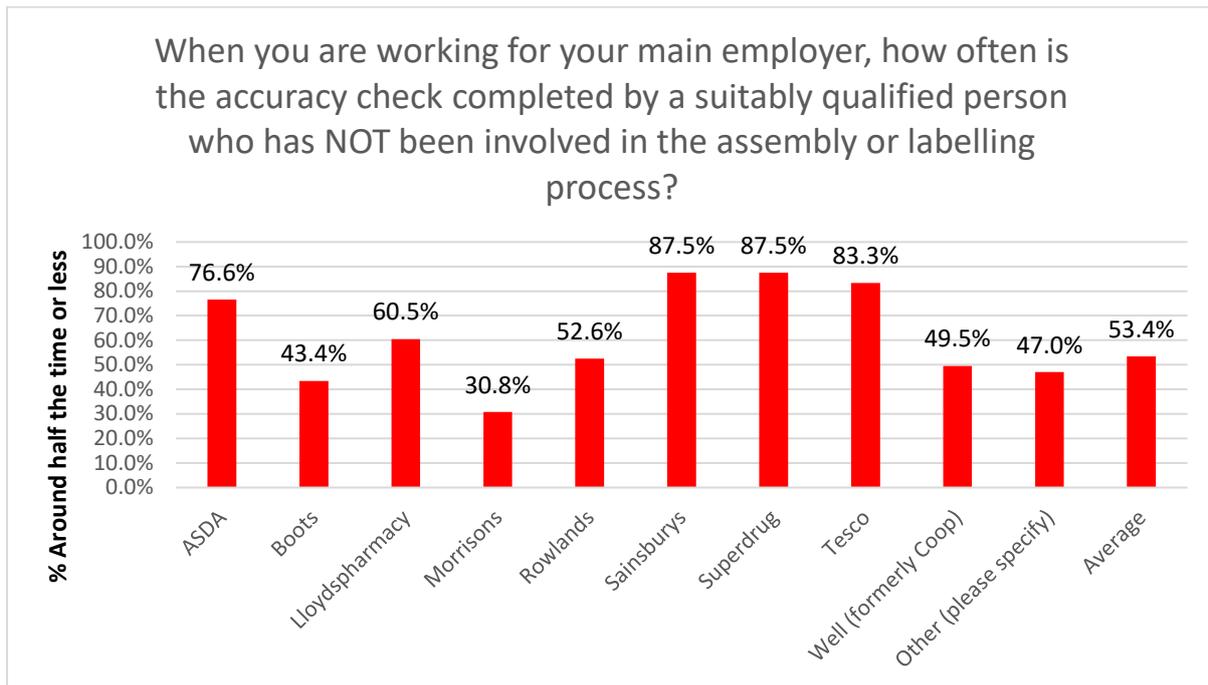
Usable responses by company for this question (not blank, not 'N/A'): ASDA 47, Boots 362, Lloydspharmacy 252, Morrisons 26, Rowlands 80, Sainsburys 26, Superdrug 23, Tesco 101, Well (formerly Co-op) 94, Other (please specify) 468, Total 1,479

Staffing Levels – Absence Cover to Ensure Safety



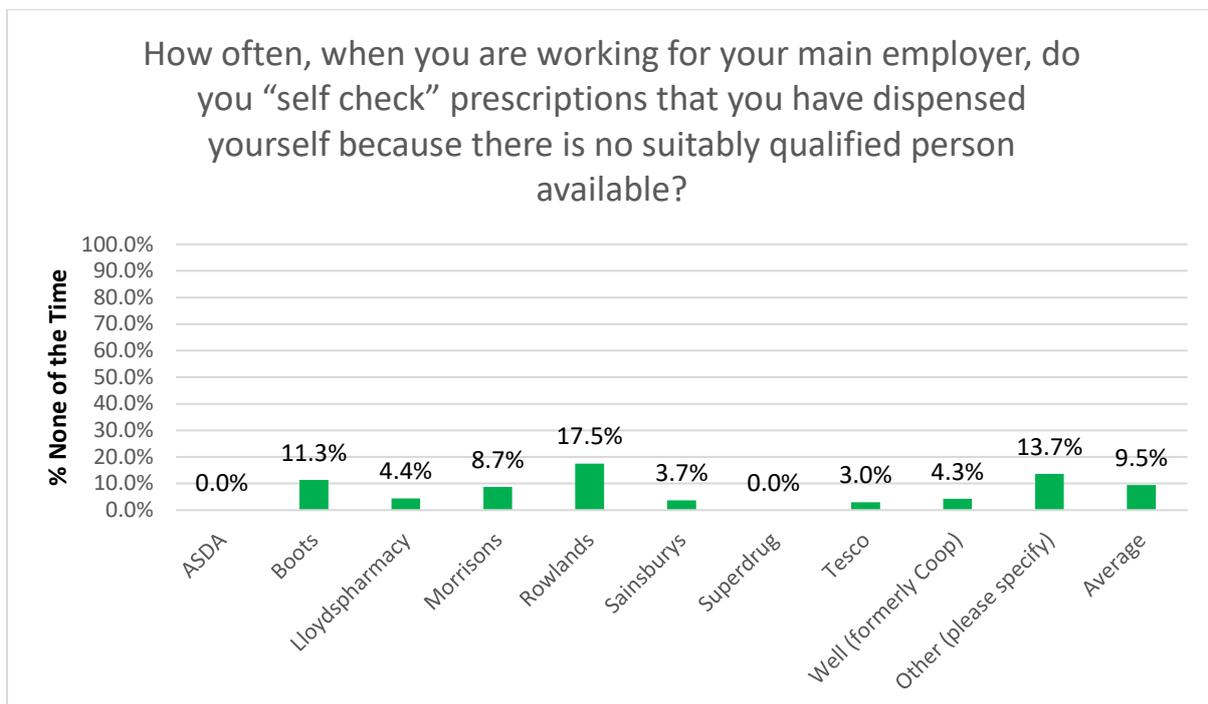
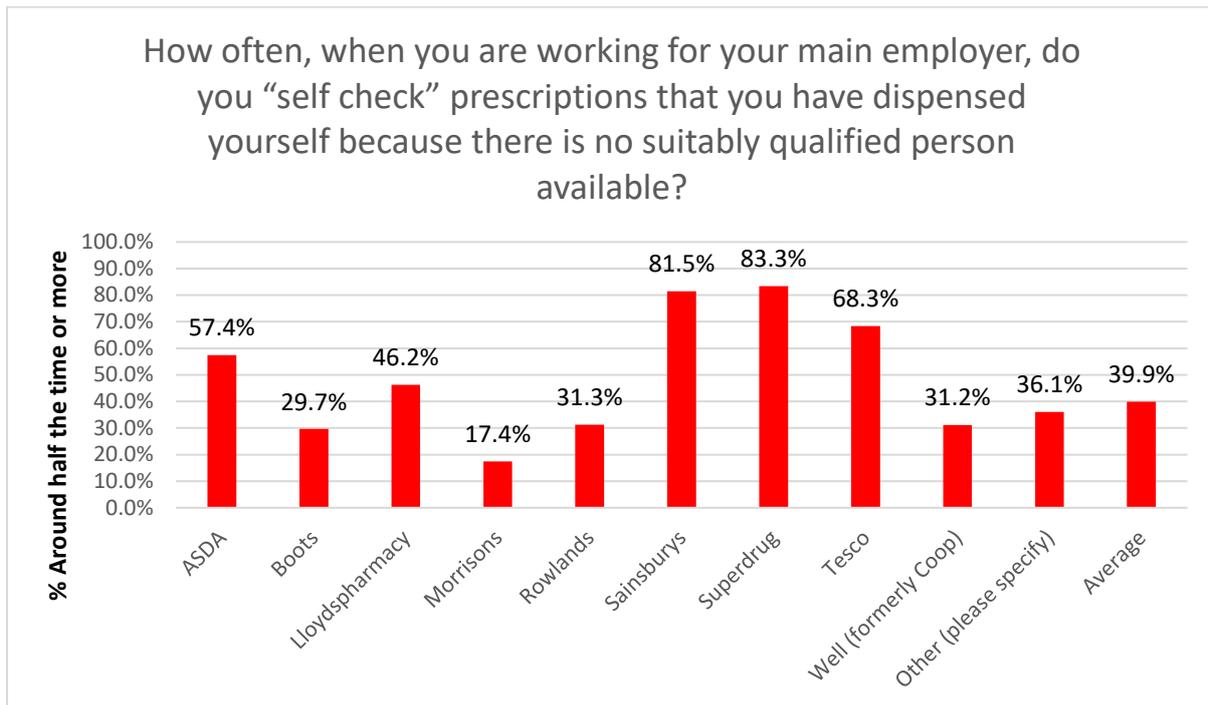
Usable responses by company (not blank, not 'N/A'): ASDA 47, Boots 362, Lloydspharmacy 247, Morrisons 26, Rowlands 77, Sainsburys 26, Superdrug 24, Tesco 100, Well (formerly Co-op) 91, Other (please specify) 462, Total 1,462

Accuracy Check by Person not involved in Dispensing



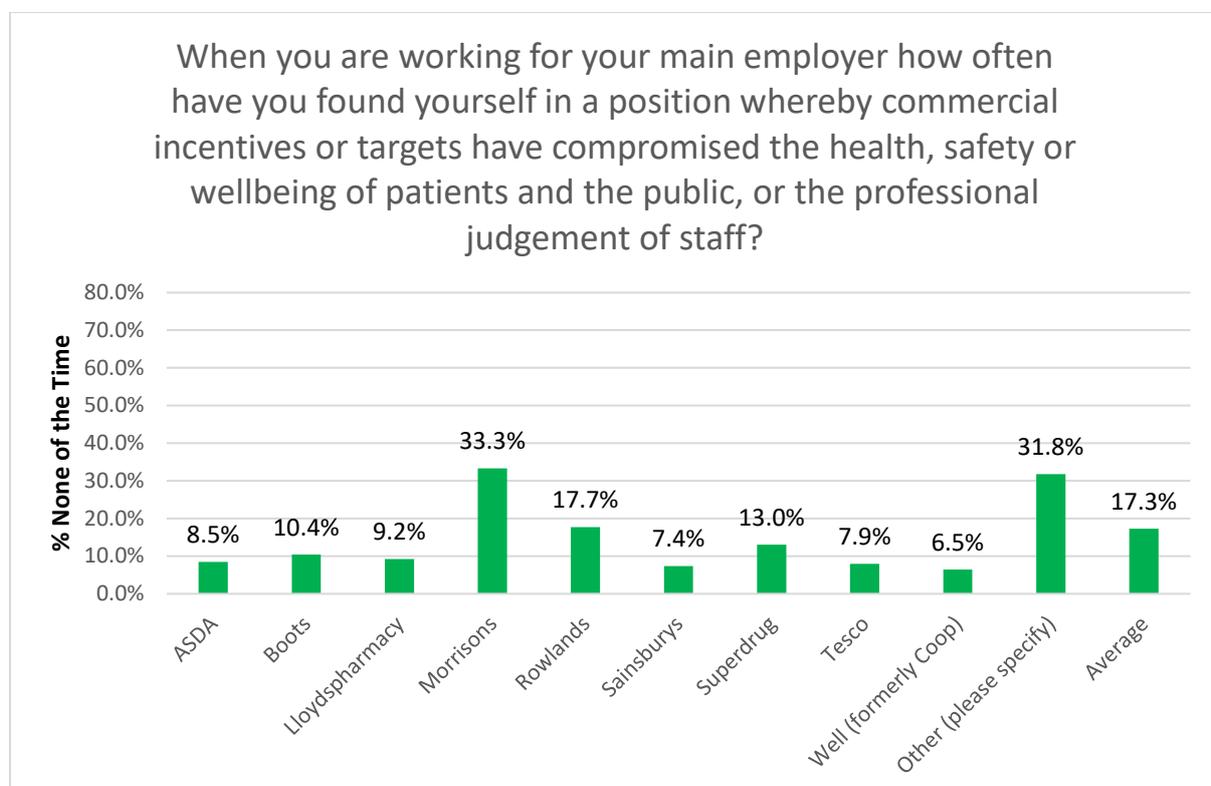
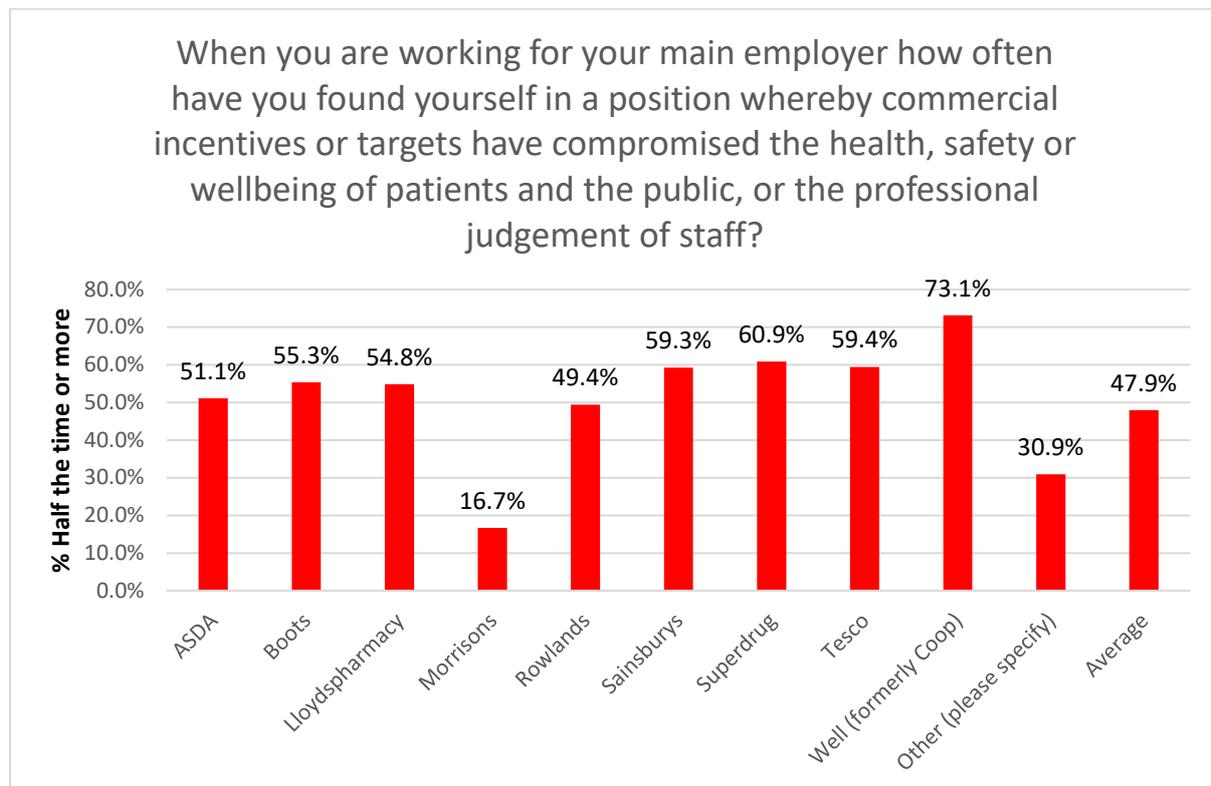
Usable responses by company (not blank, not 'N/A'): ASDA 47, Boots 355, Lloydspharmacy 248, Morrisons 26, Rowlands 78, Sainsburys 24, Superdrug 24, Tesco 102, Well (formerly Co-op) 93, Other (please specify) 466, Total 1,463

Unavoidable Prescription Self Check



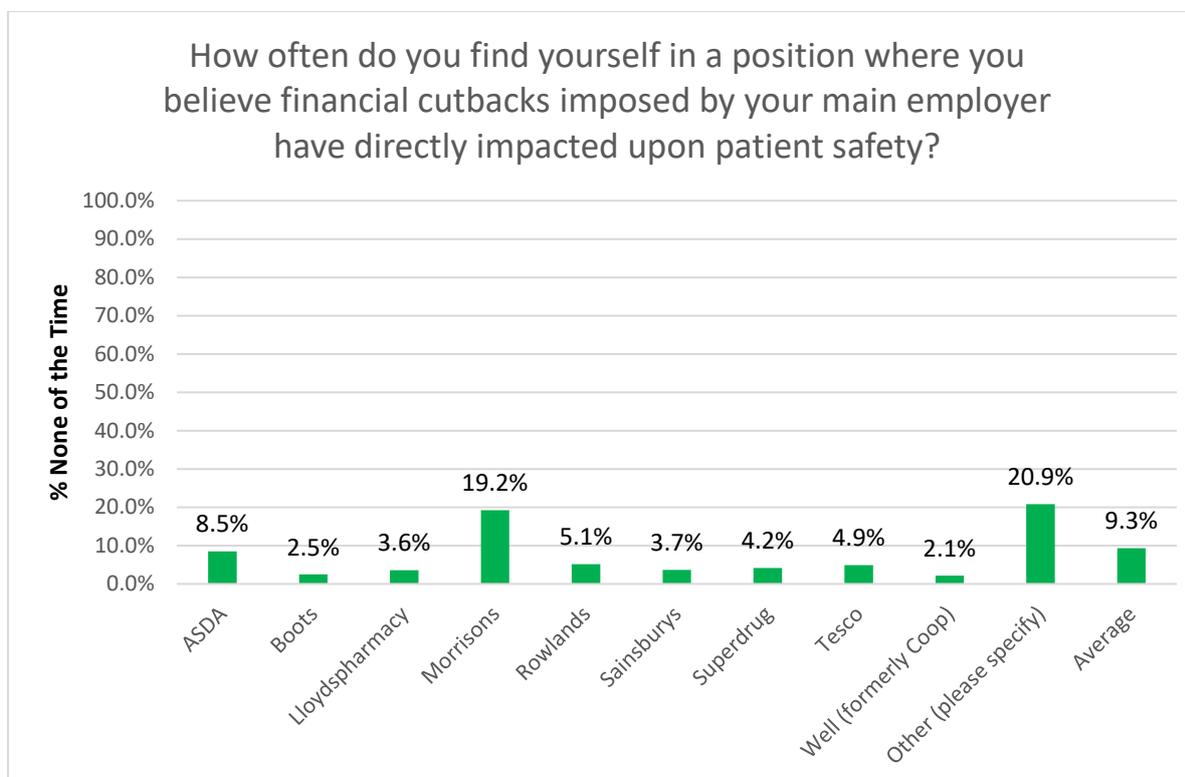
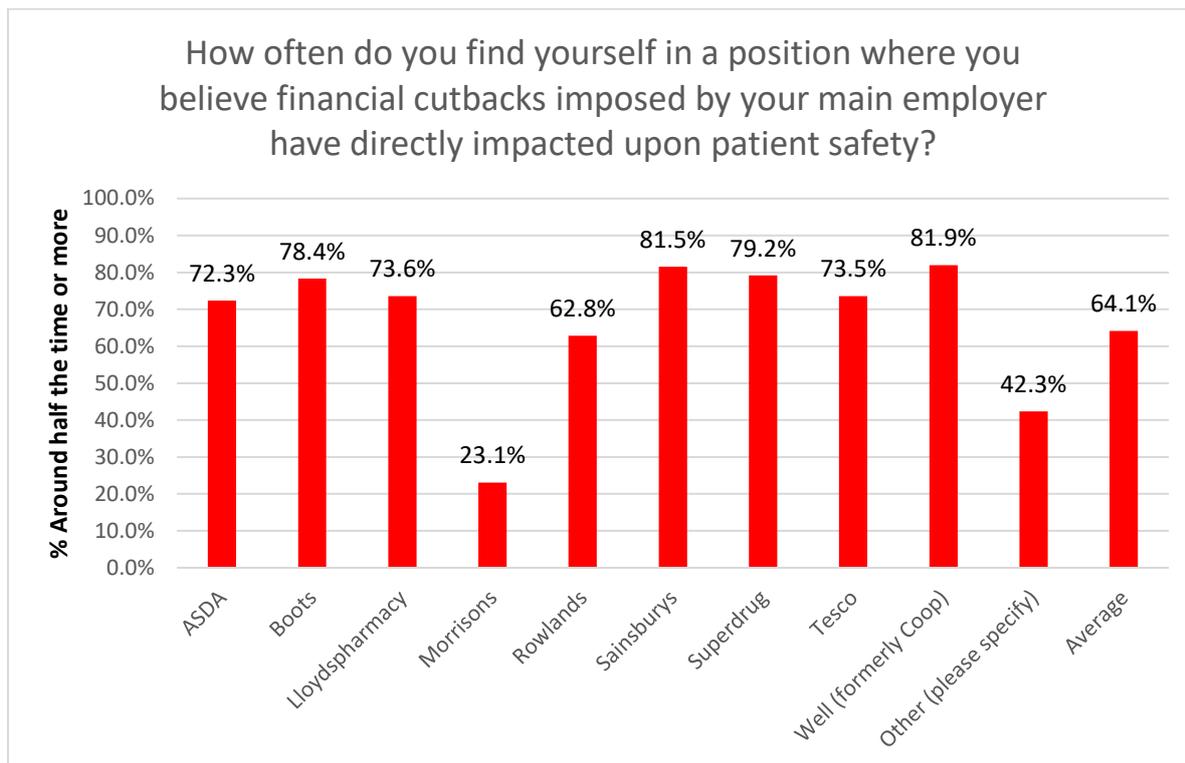
Usable responses by company (not blank, not 'N/A'): ASDA 47, Boots 354, Lloydspharmacy 251, Morrisons 23, Rowlands 80, Sainsburys 27, Superdrug 24, Tesco 101, Well (formerly Co-op) 93, Other (please specify) 468, Total 1,468

Commercial Incentives / Targets



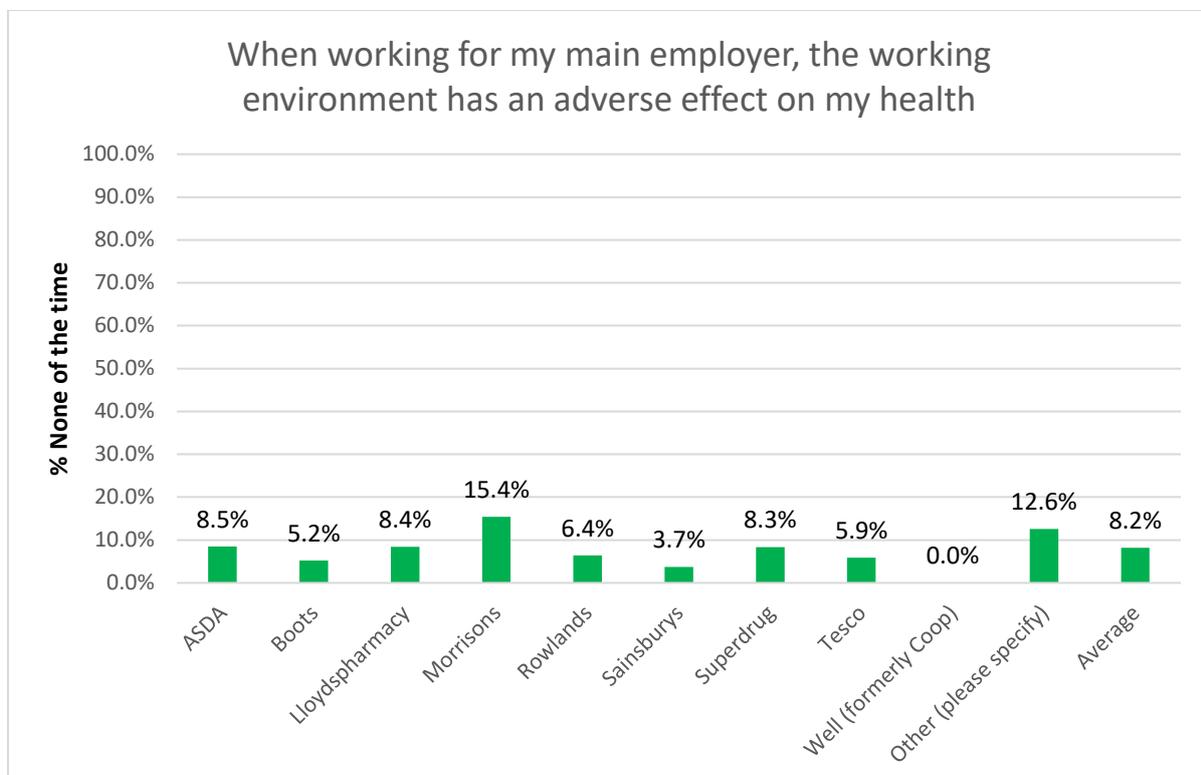
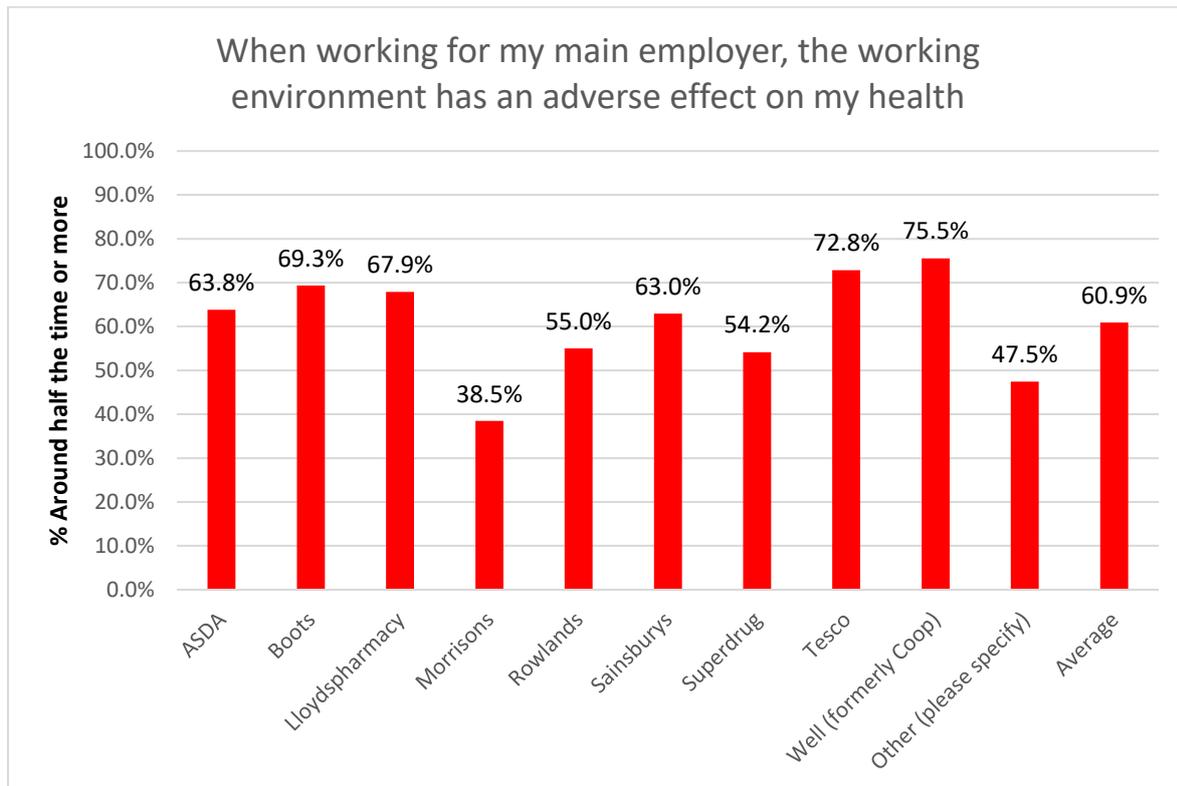
Usable responses by company (not blank, not 'N/A'): ASDA 47, Boots 356, Lloydspharmacy 250, Morrisons 24, Rowlands 79, Sainsburys 27, Superdrug 23, Tesco 101, Well (formerly Co-op) 93, Other (please specify) 469, Total 1,469

Financial Cutbacks Affecting Patient Safety



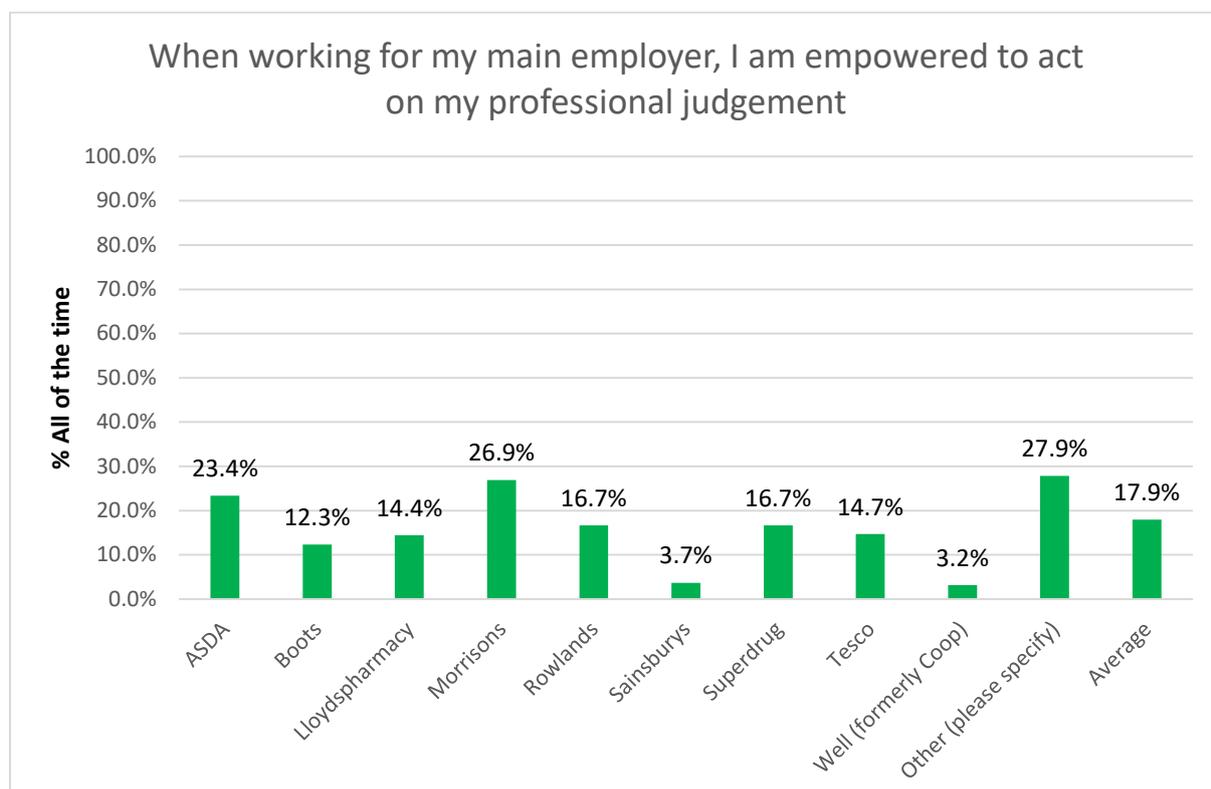
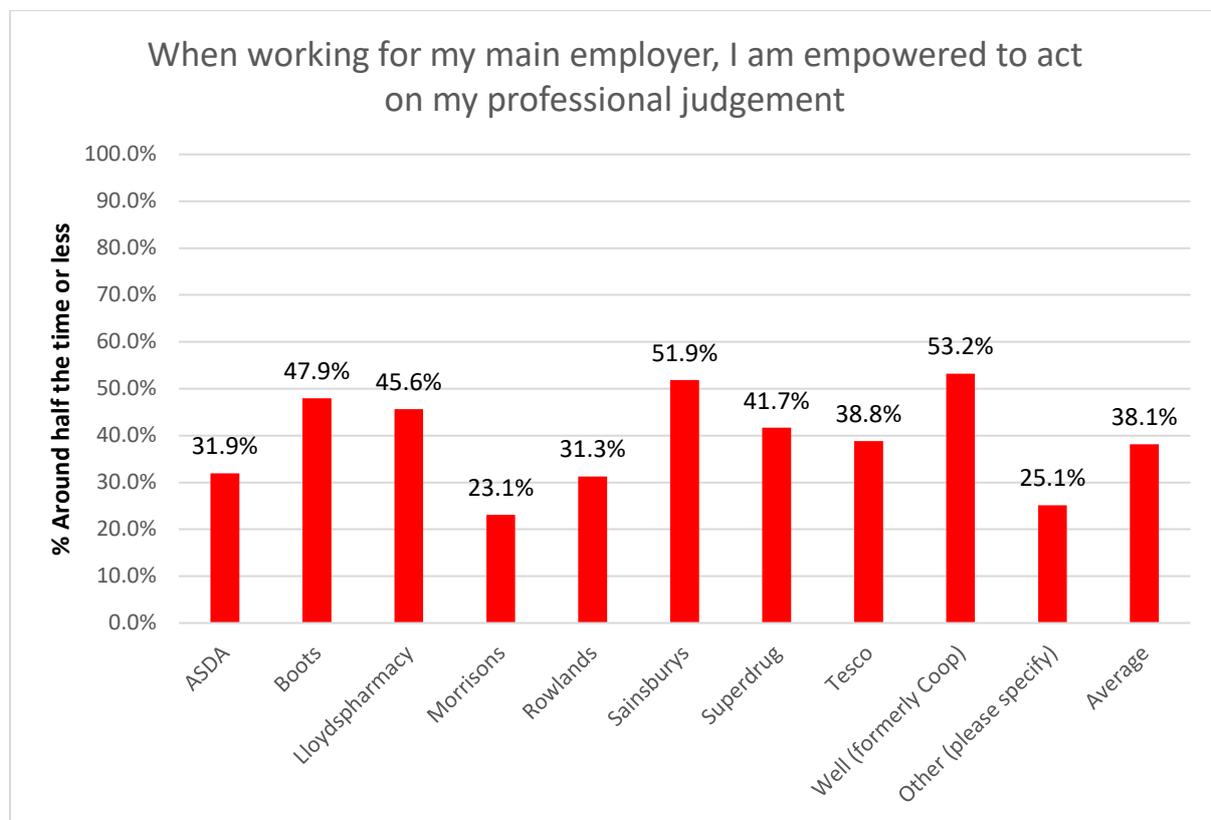
Usable responses by company (not blank, not 'N/A'): ASDA 47, Boots 365, Lloydspharmacy 250, Morrisons 26, Rowlands 78, Sainsburys 27, Superdrug 24, Tesco 102, Well (formerly Co-op) 94, Other (please specify) 470, Total 1,483

Working Environment Adverse Effect on Health



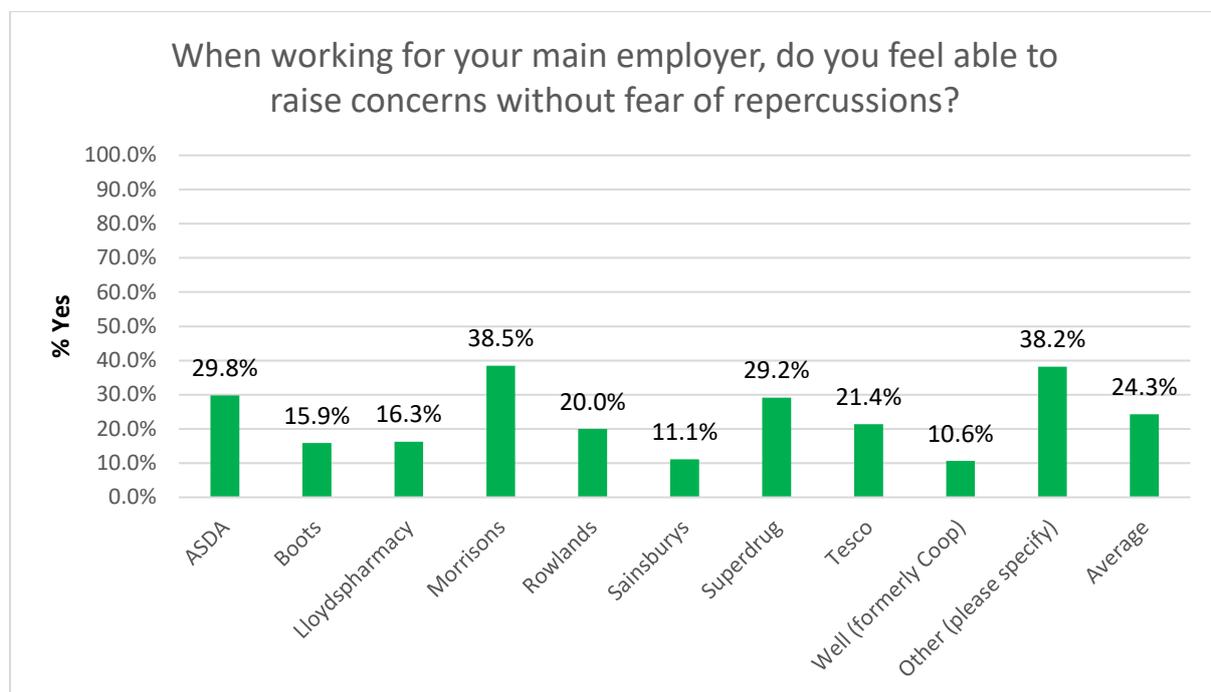
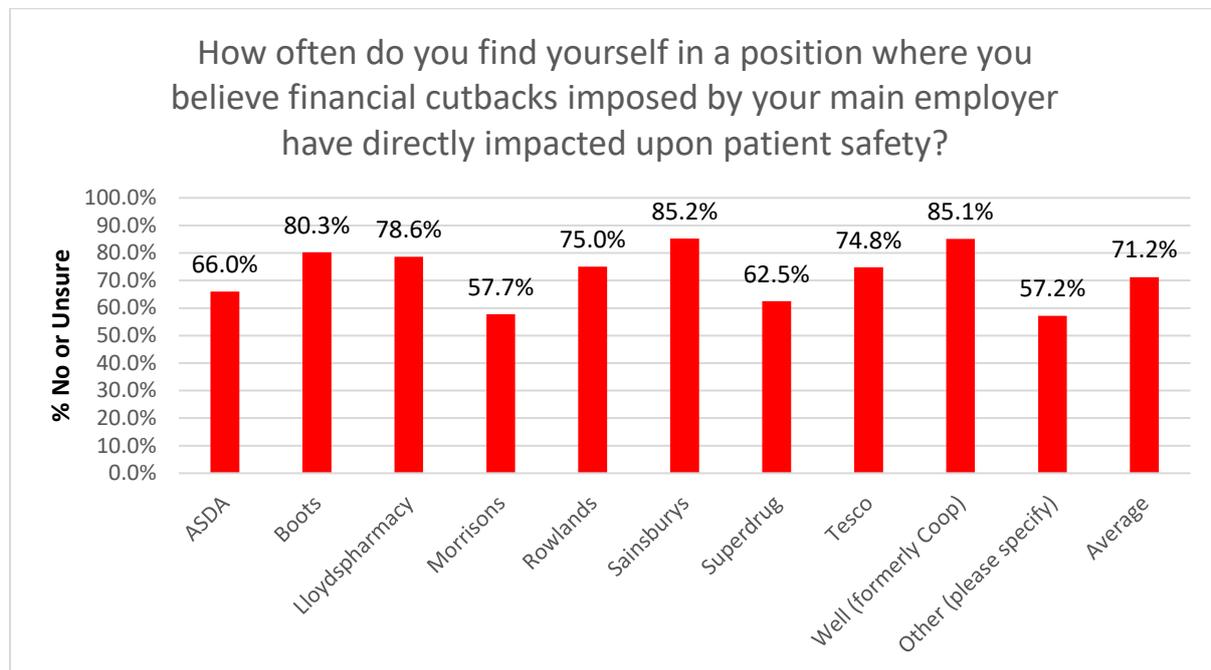
Usable responses by company (not blank, not 'N/A'): ASDA 47, Boots 365, Lloydspharmacy 252, Morrisons 26, Rowlands 80, Sainsburys 27, Superdrug 24, Tesco 103, Well (formerly Co-op) 94, Other (please specify) 474, Total 1,492

Empowerment to Act on Professional Judgement



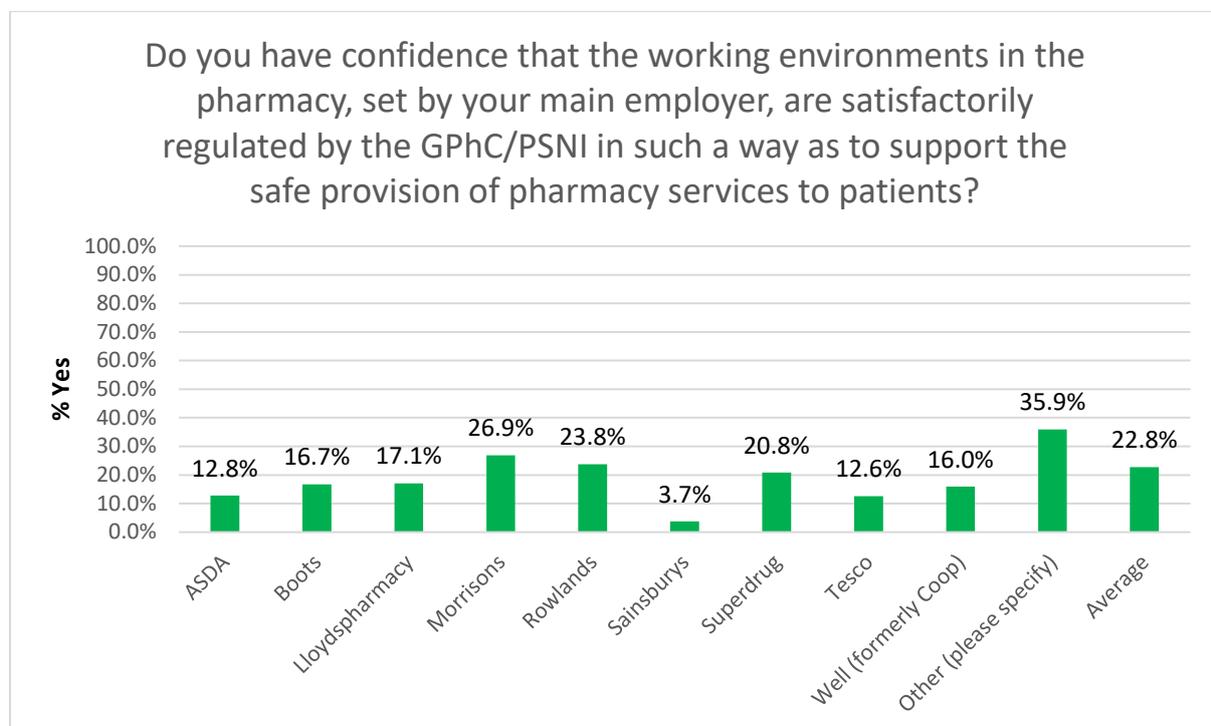
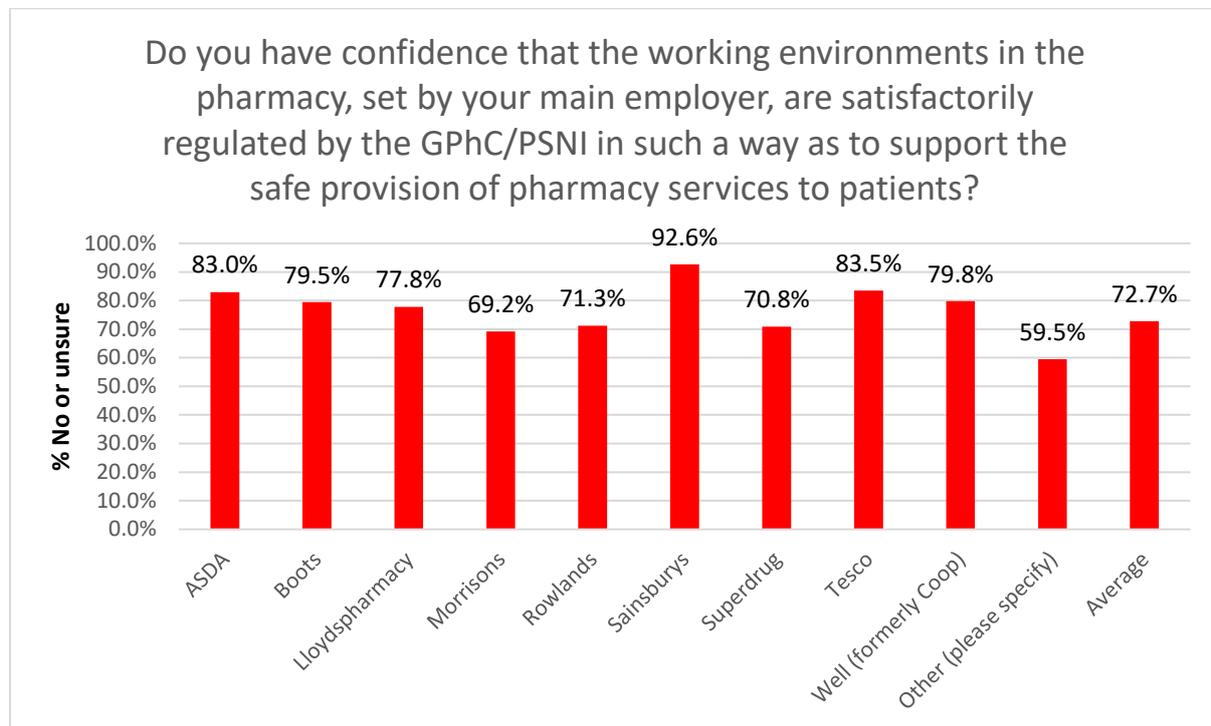
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Whistleblowing without fear



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Does GPhC/PSNI regulation support safe practice

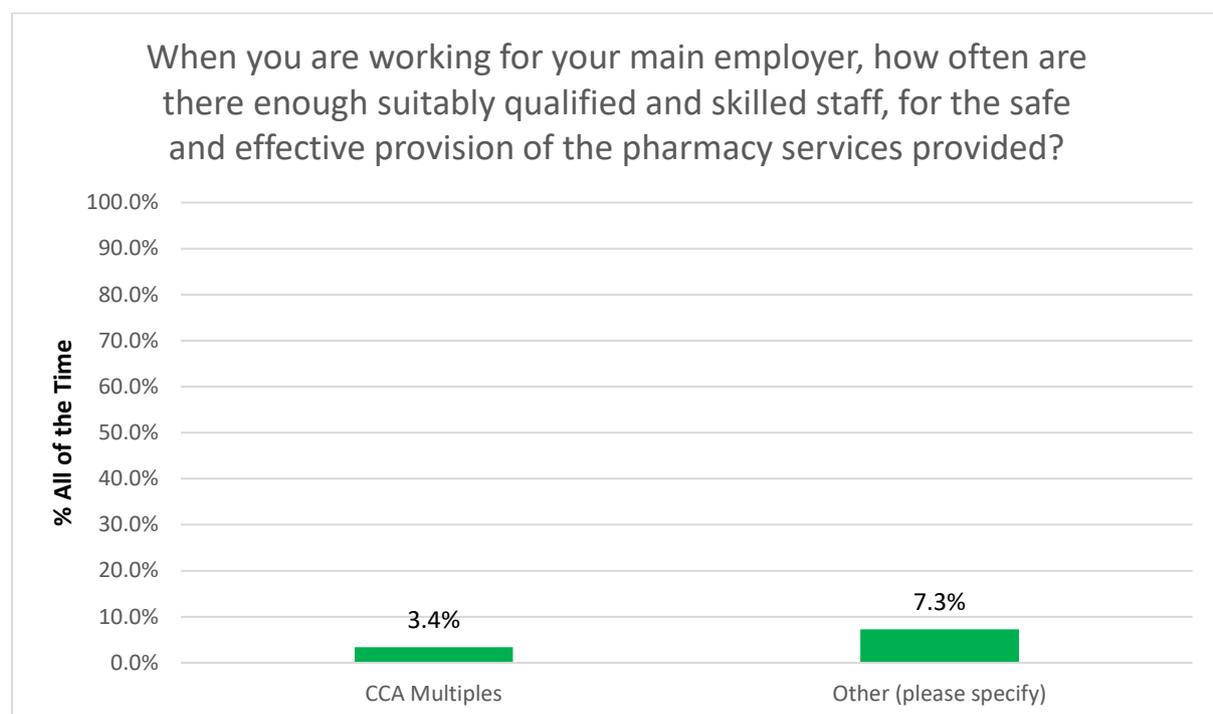
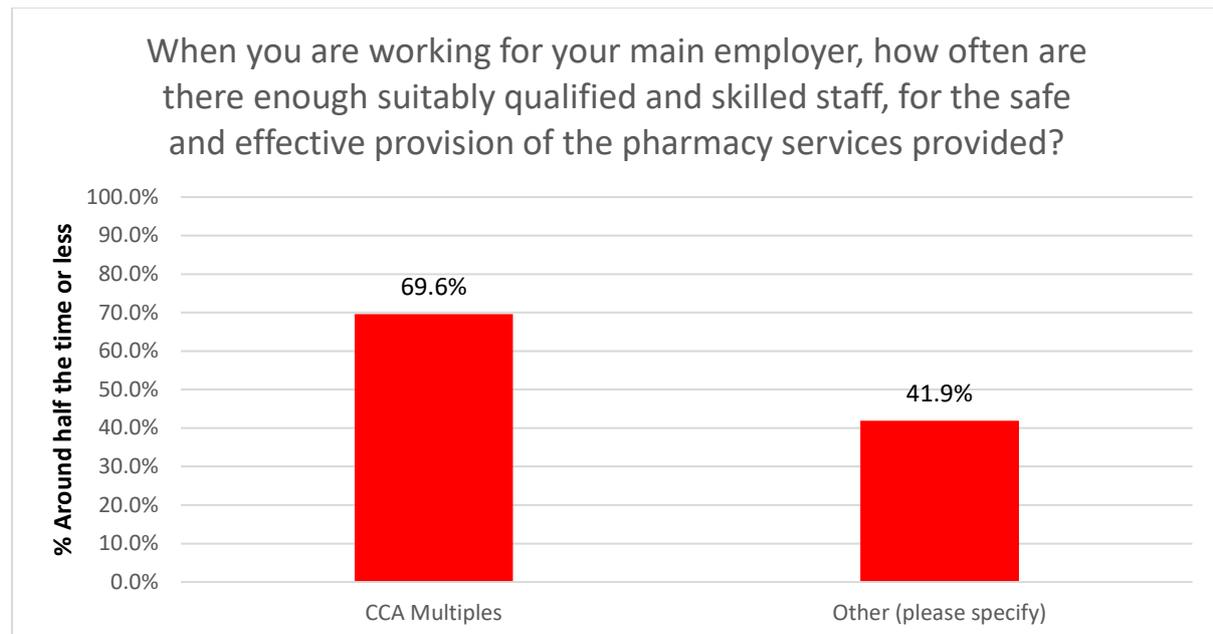


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Large (CCA) multiples compared to smaller multiples and independents

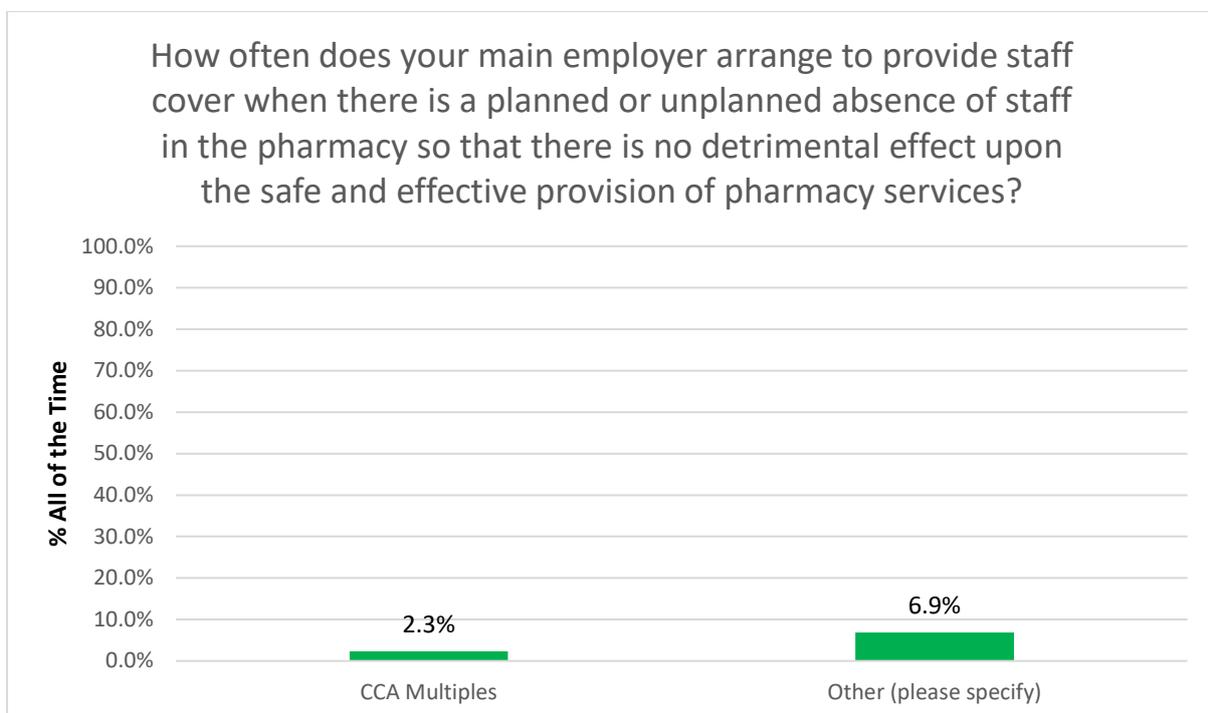
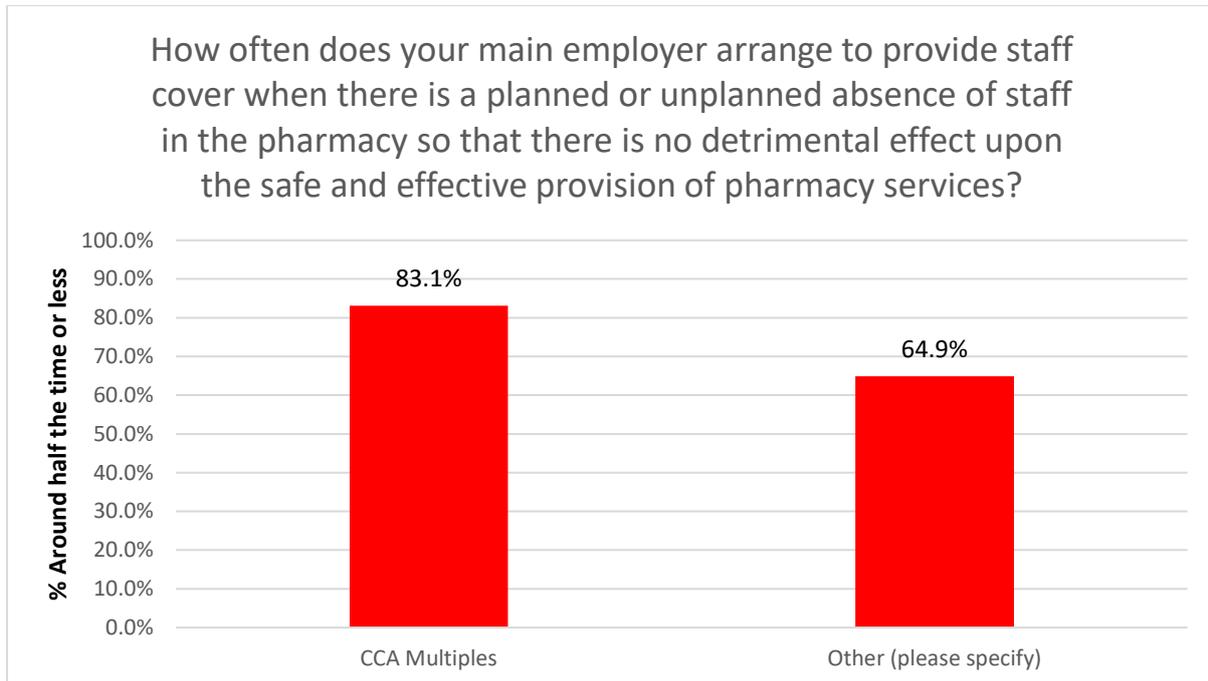
CCA multiples includes ASDA, Boots, Lloyds, Morrisons, Rowlands, Sainburys, Superdrug, Tesco, Well (formerly Co-op)

Staffing Levels to Ensure Safety



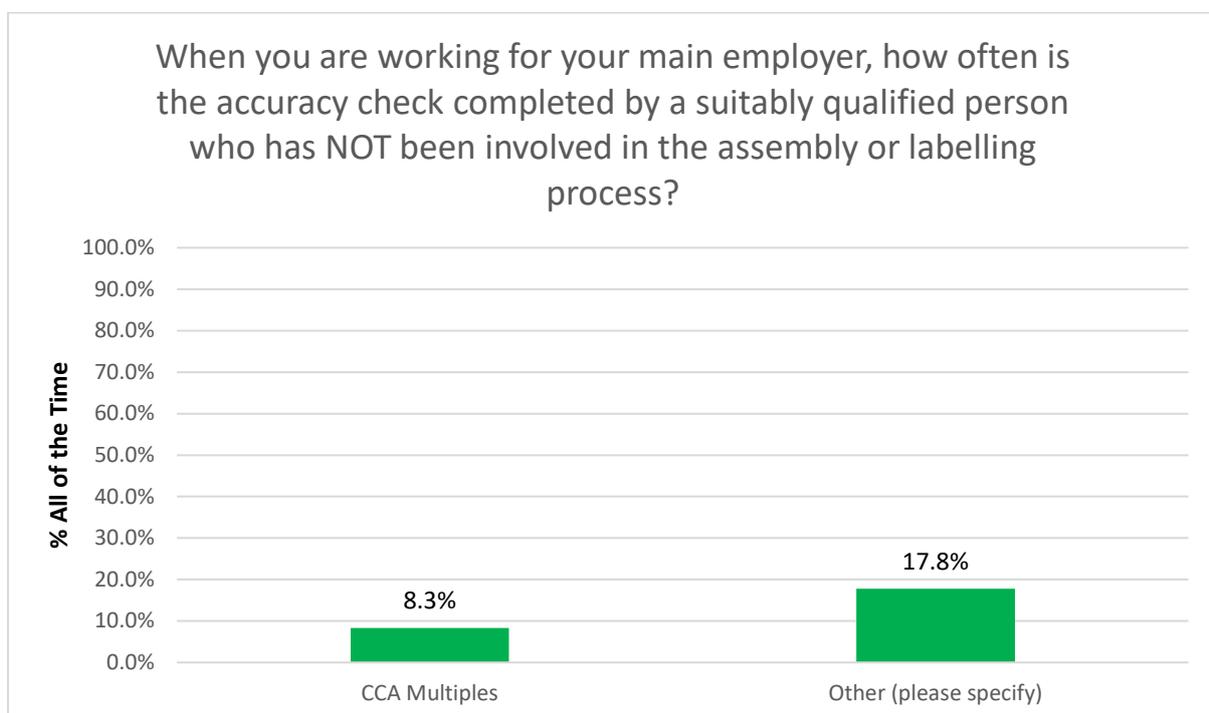
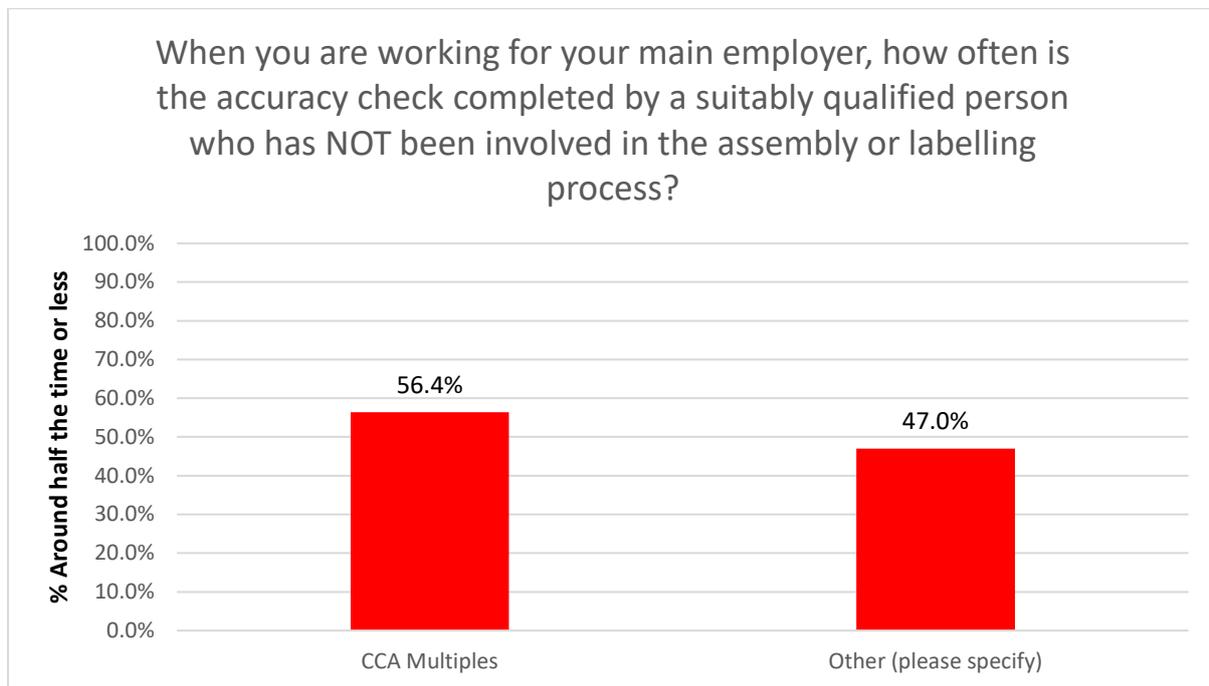
Usable responses (not blank, not 'N/A'): CCA Multiples 1011, Other (please specify) 468, Total 1,492

Staffing Levels – Absence Cover to Ensure Safety



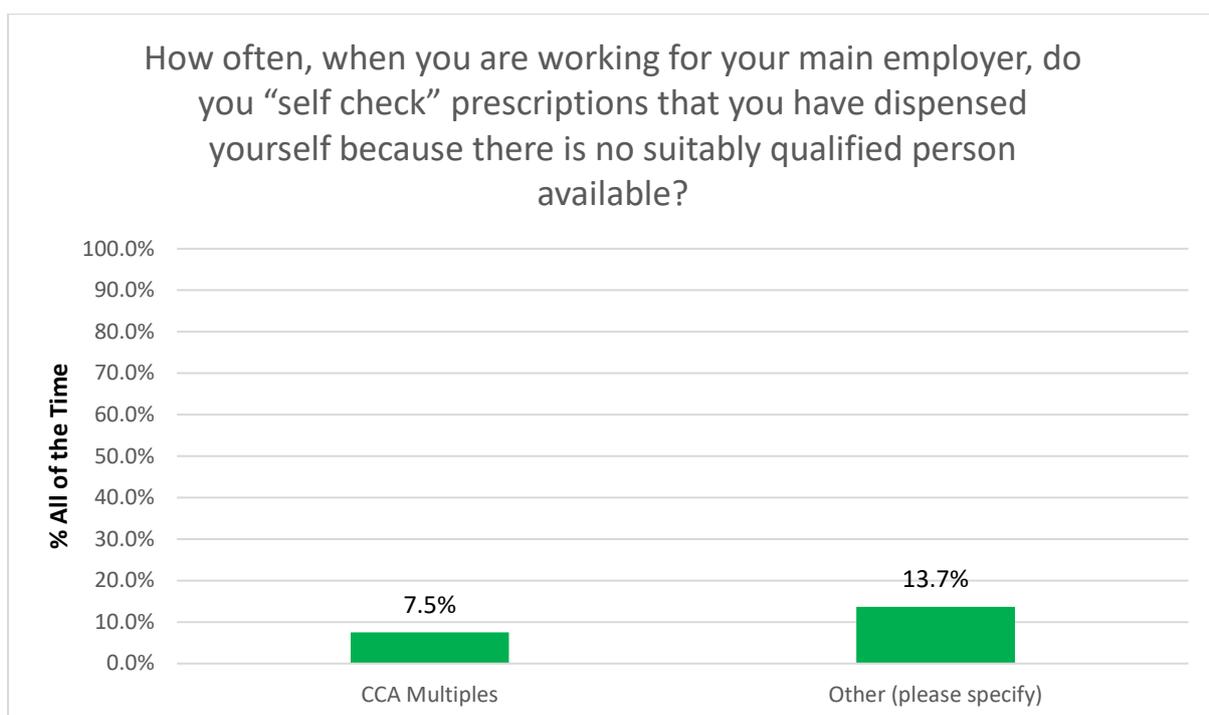
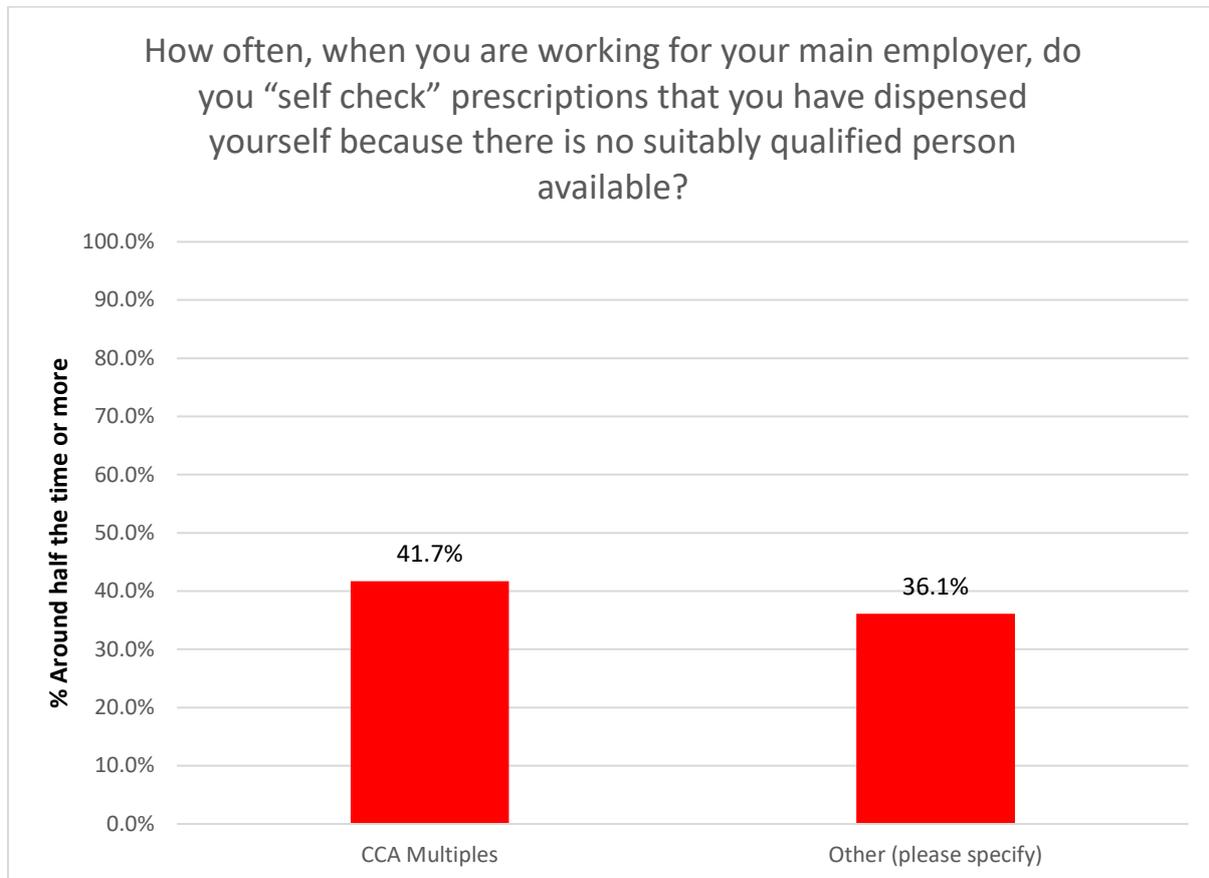
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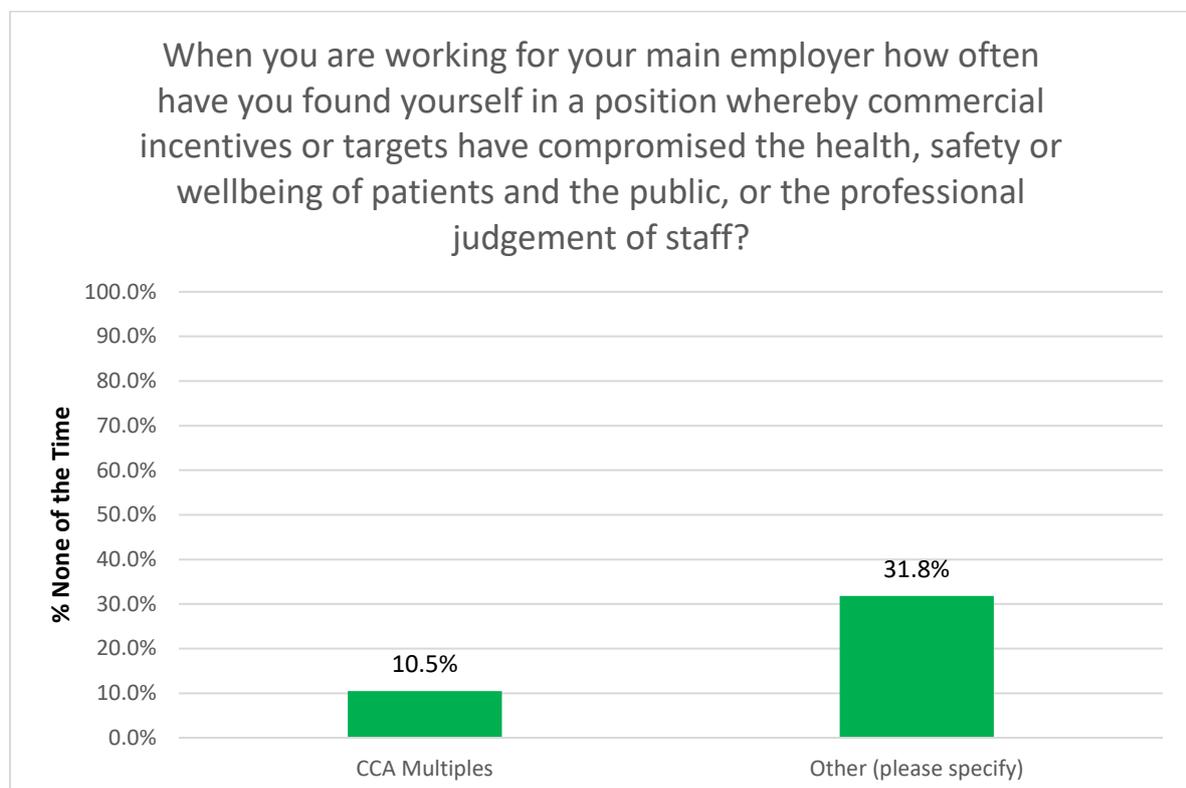
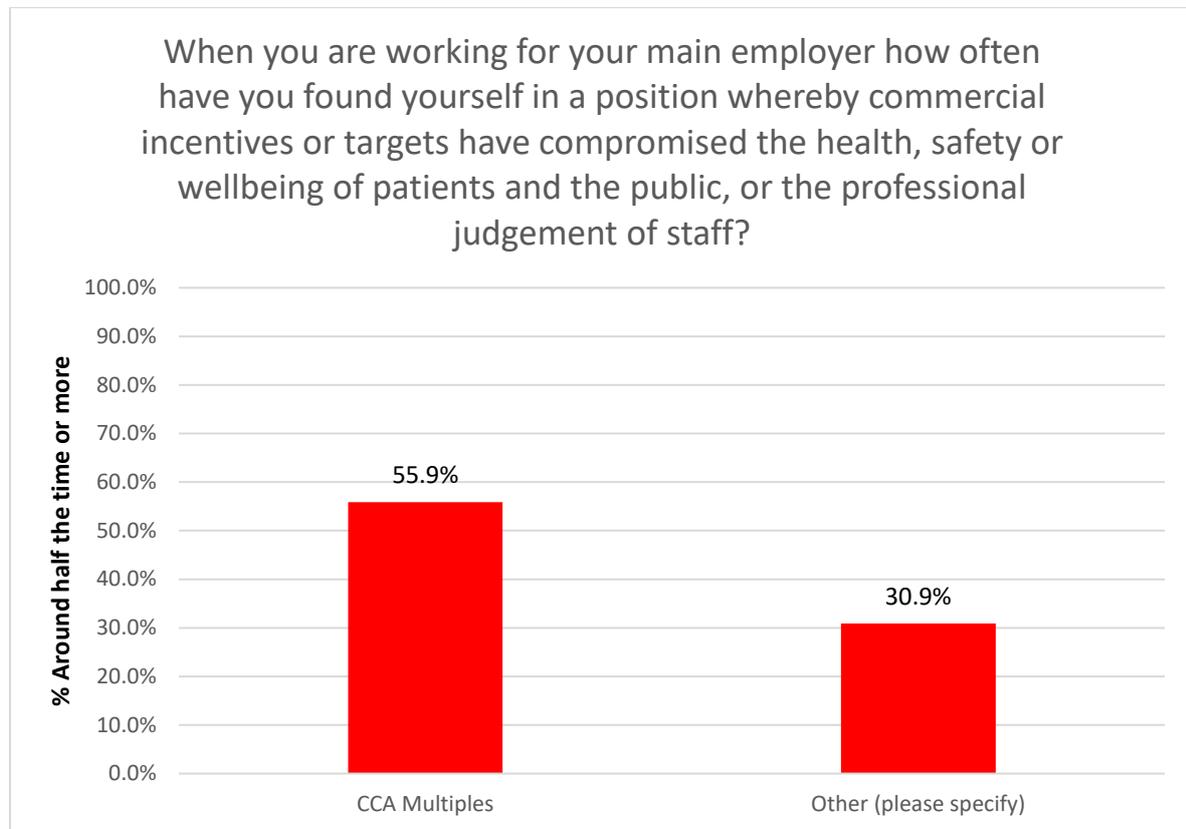
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Unavoidable Prescription Self Check



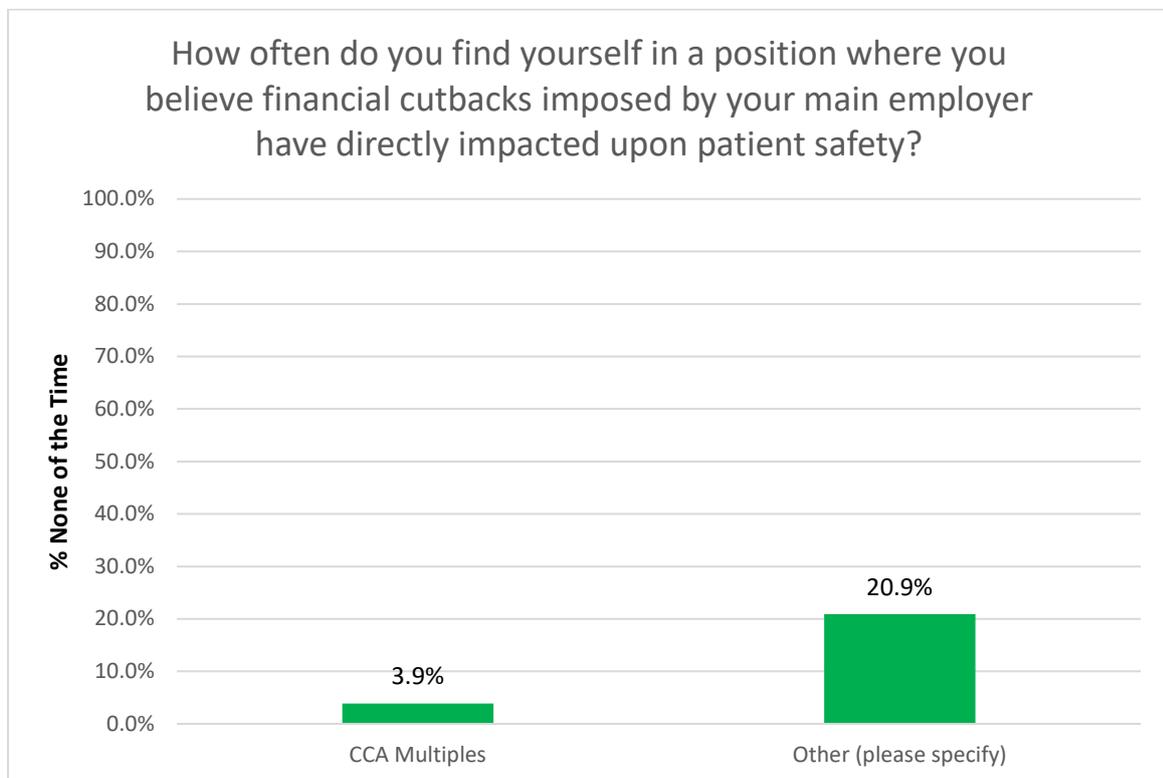
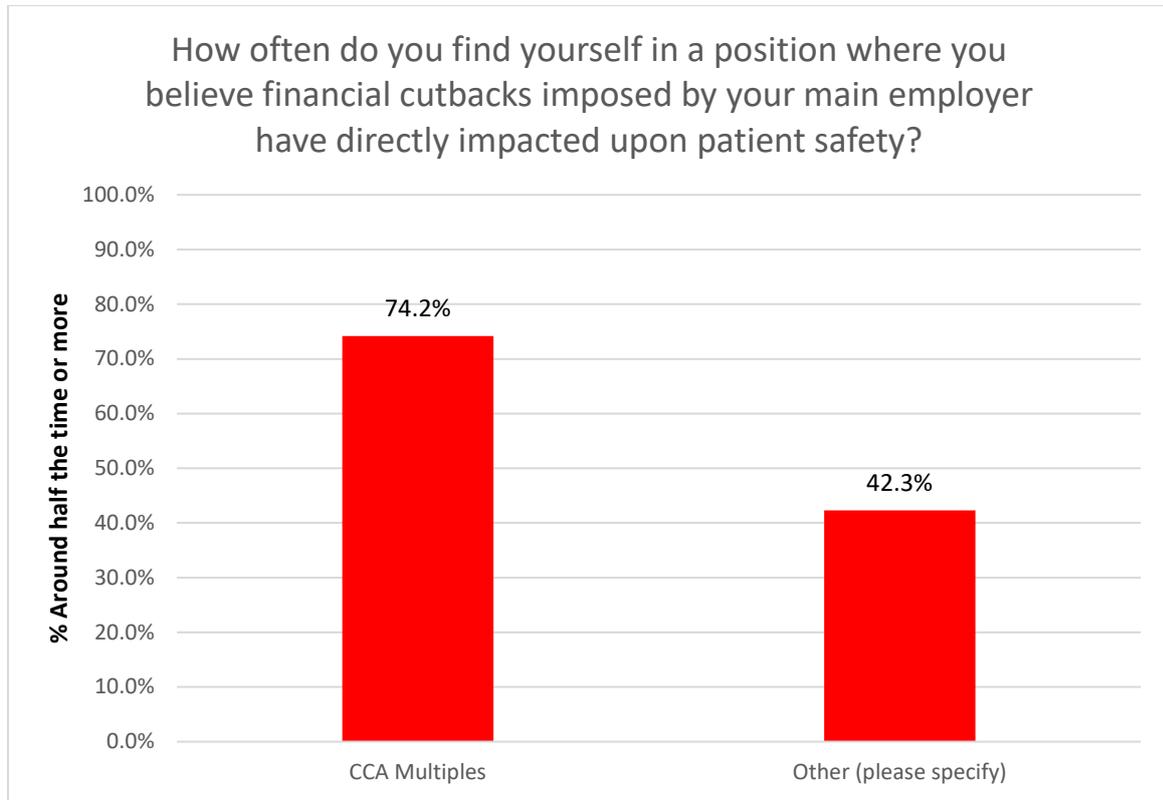
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Commercial Incentives / Targets



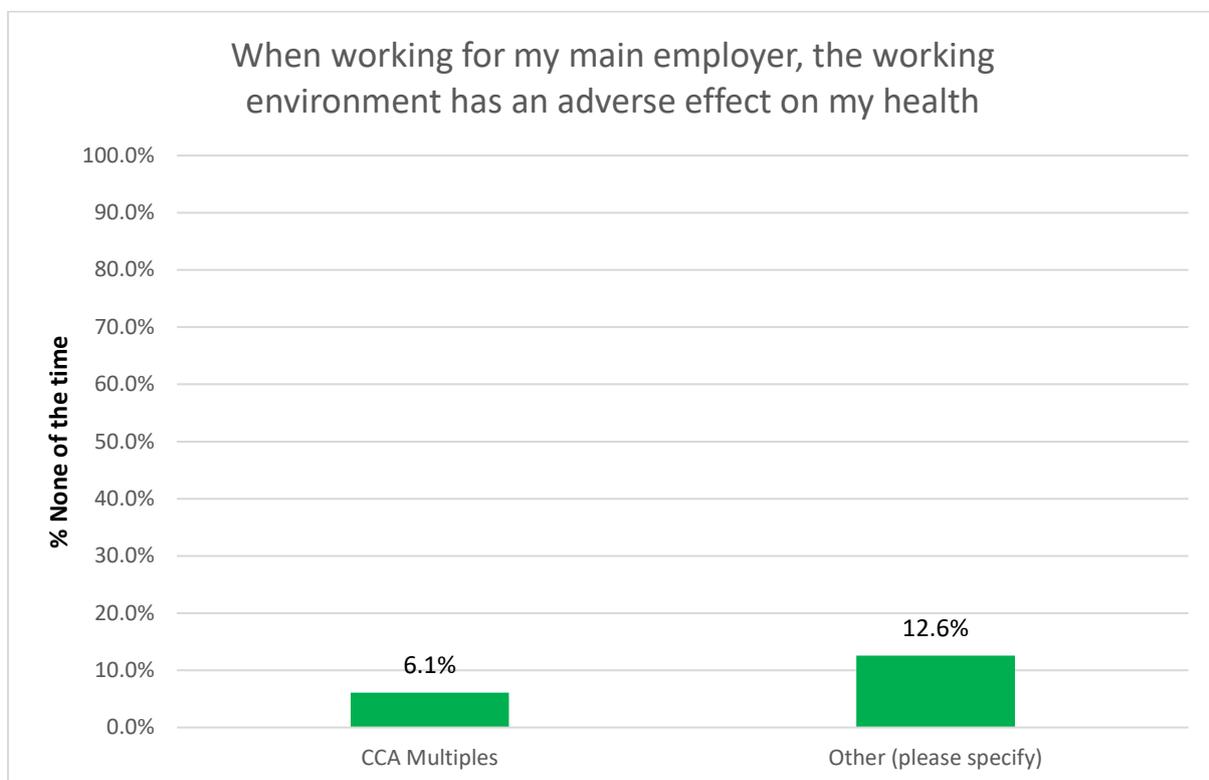
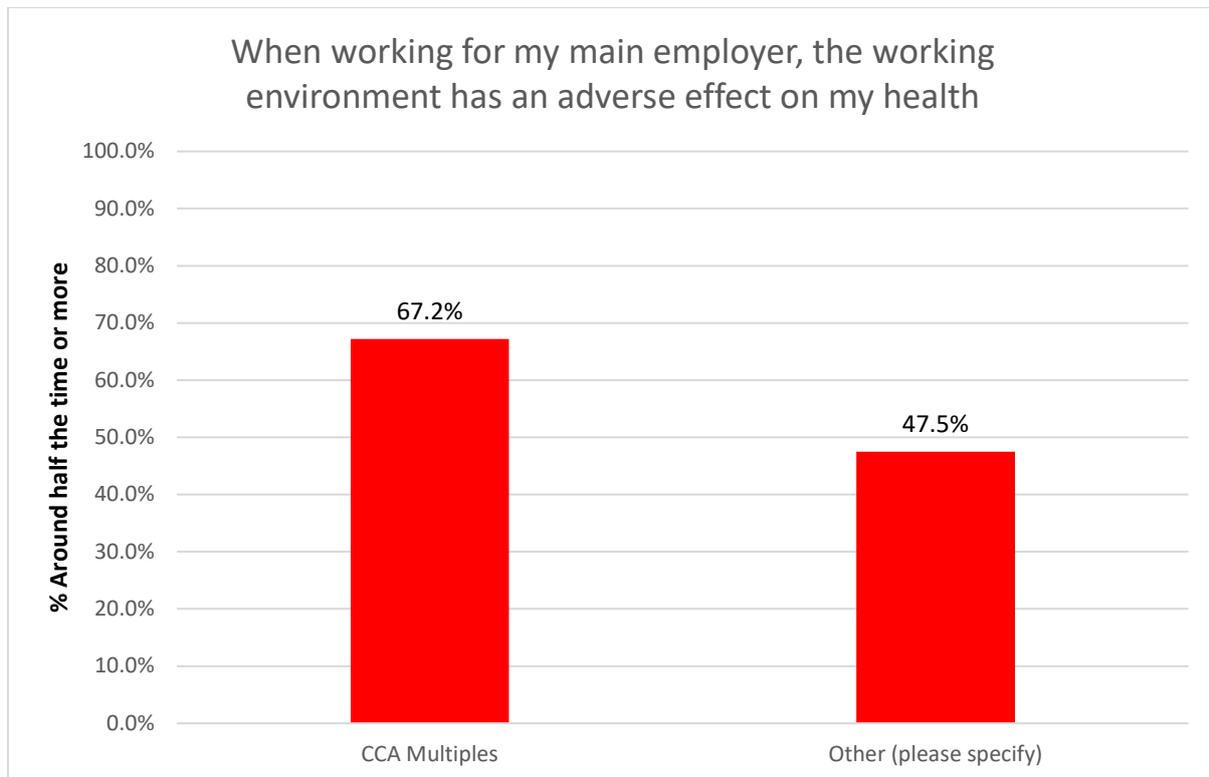
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Financial Cutbacks Affecting Patient Safety



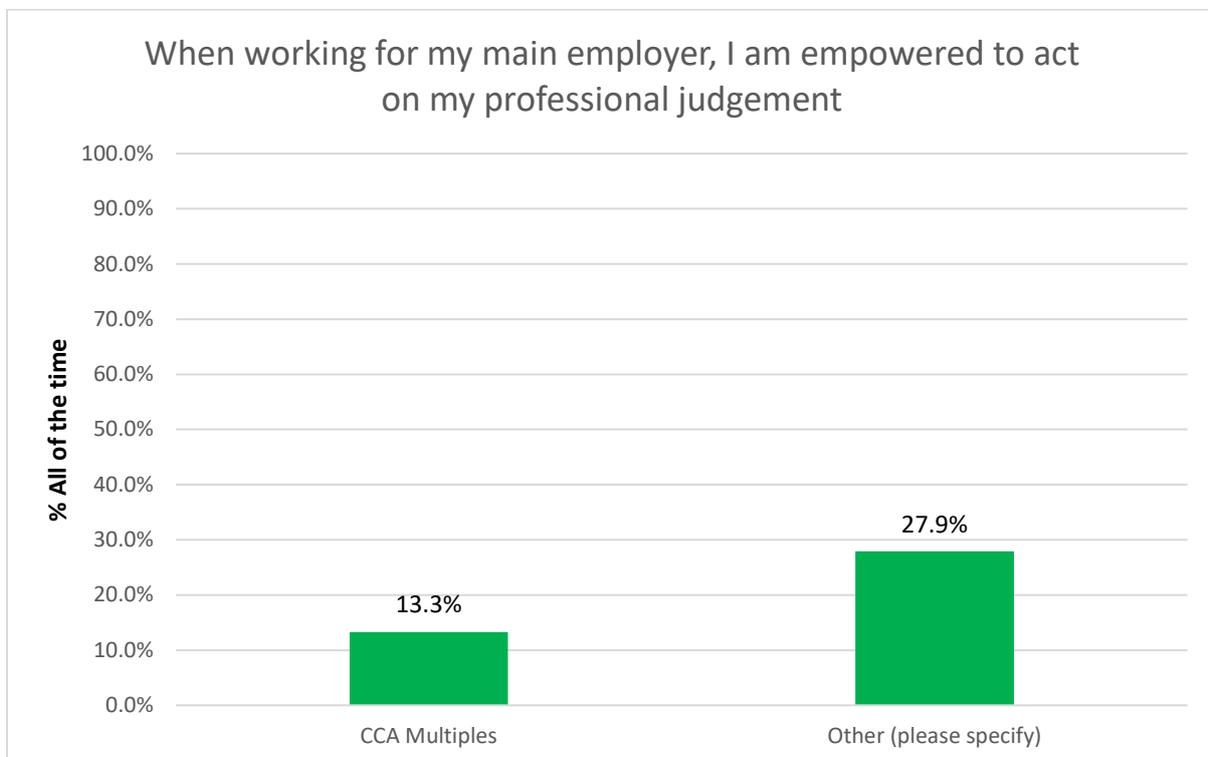
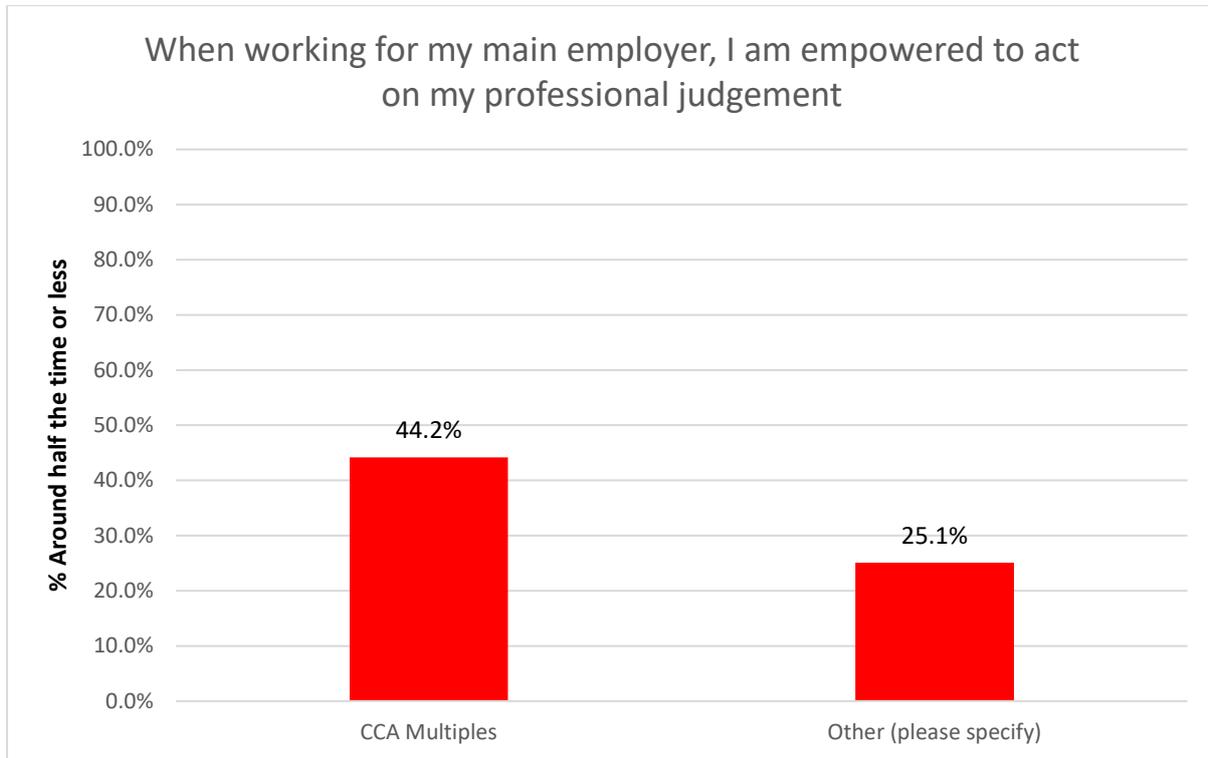
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Working Environment Adverse Effect on Health



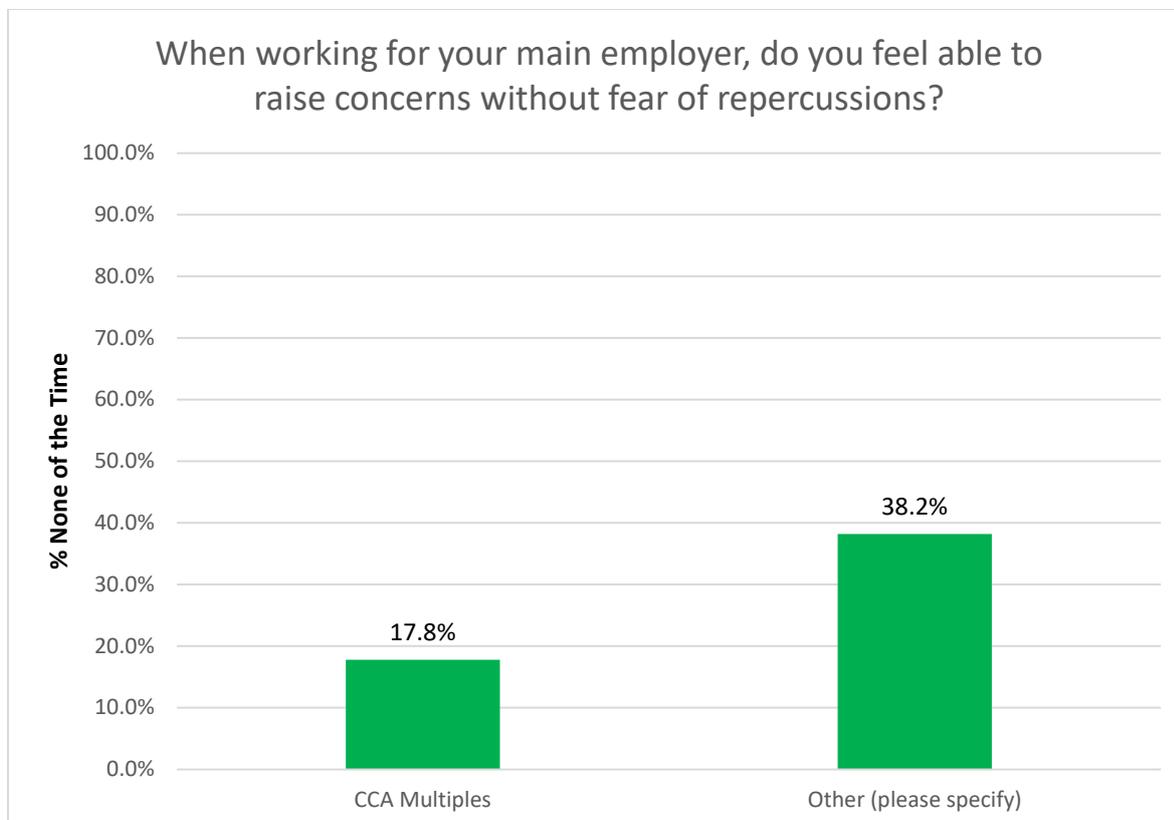
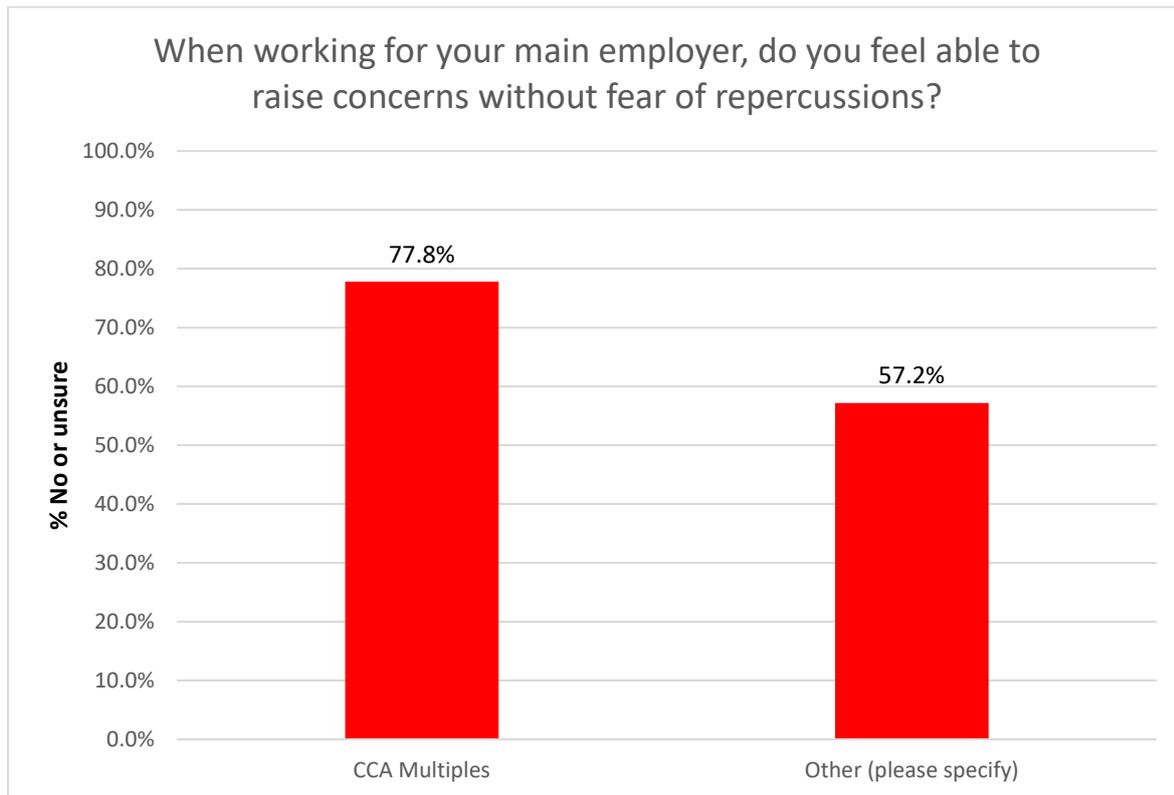
Usable responses (not blank, not 'N/A'): CCA Multiples 1018, Other (please specify) 474, Total 1,492

Empowerment to Act on Professional Judgement



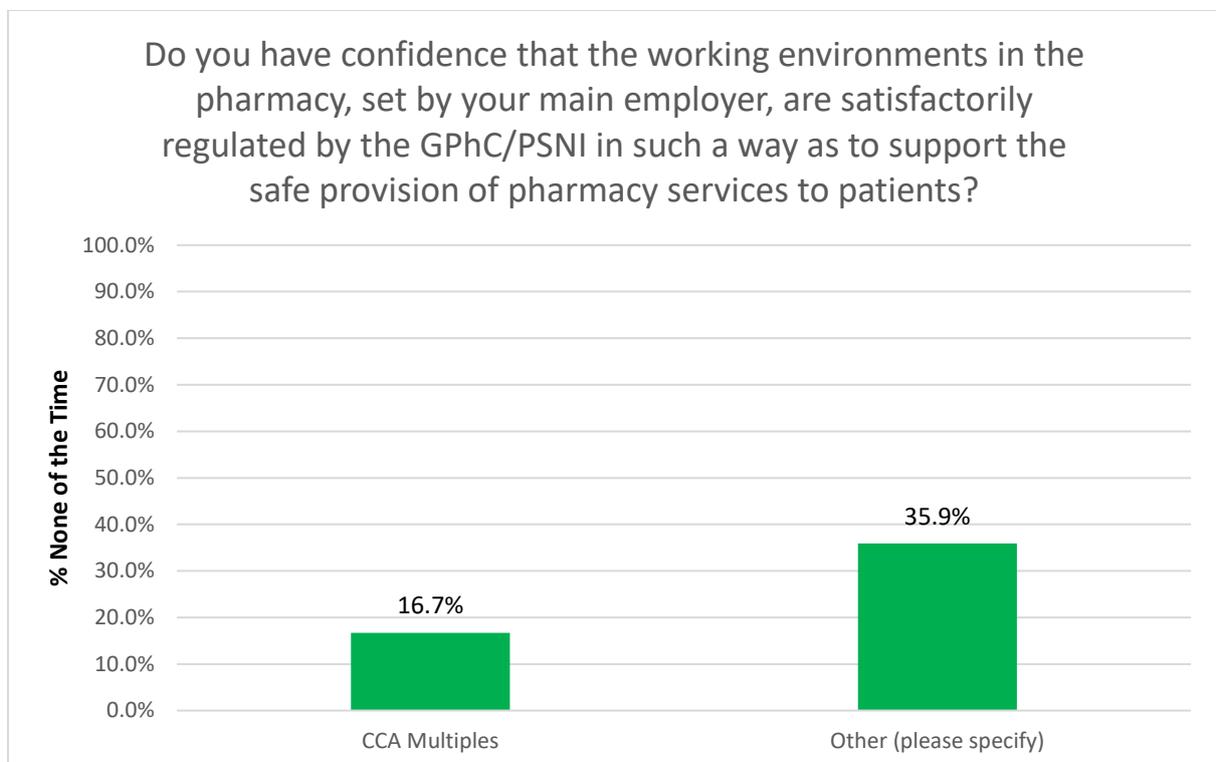
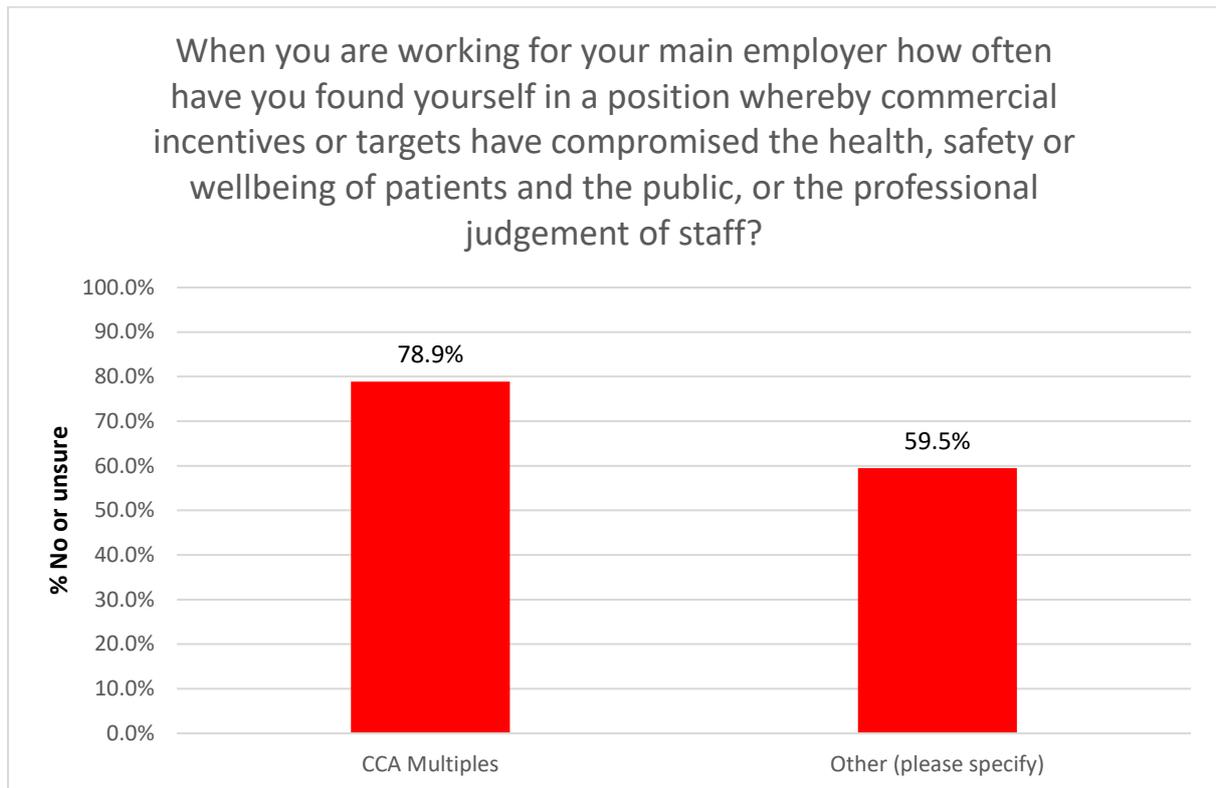
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Whistleblowing without fear



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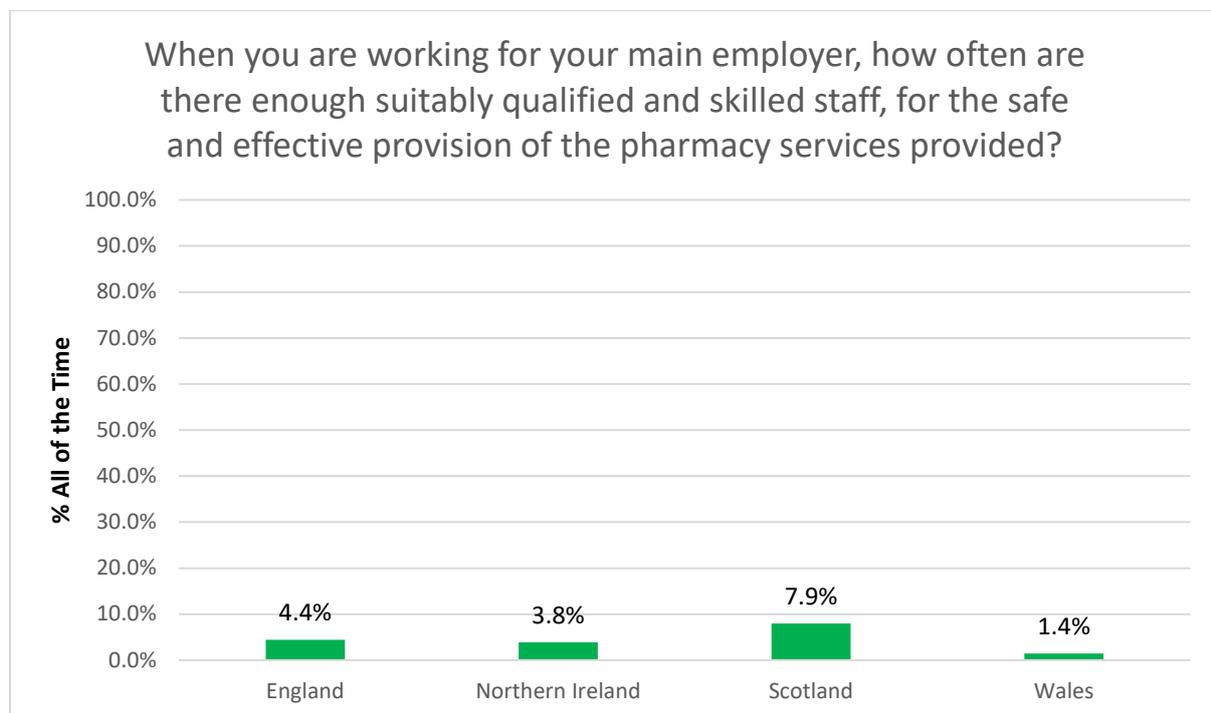
Does GPhC/PSNI regulation support safe practice



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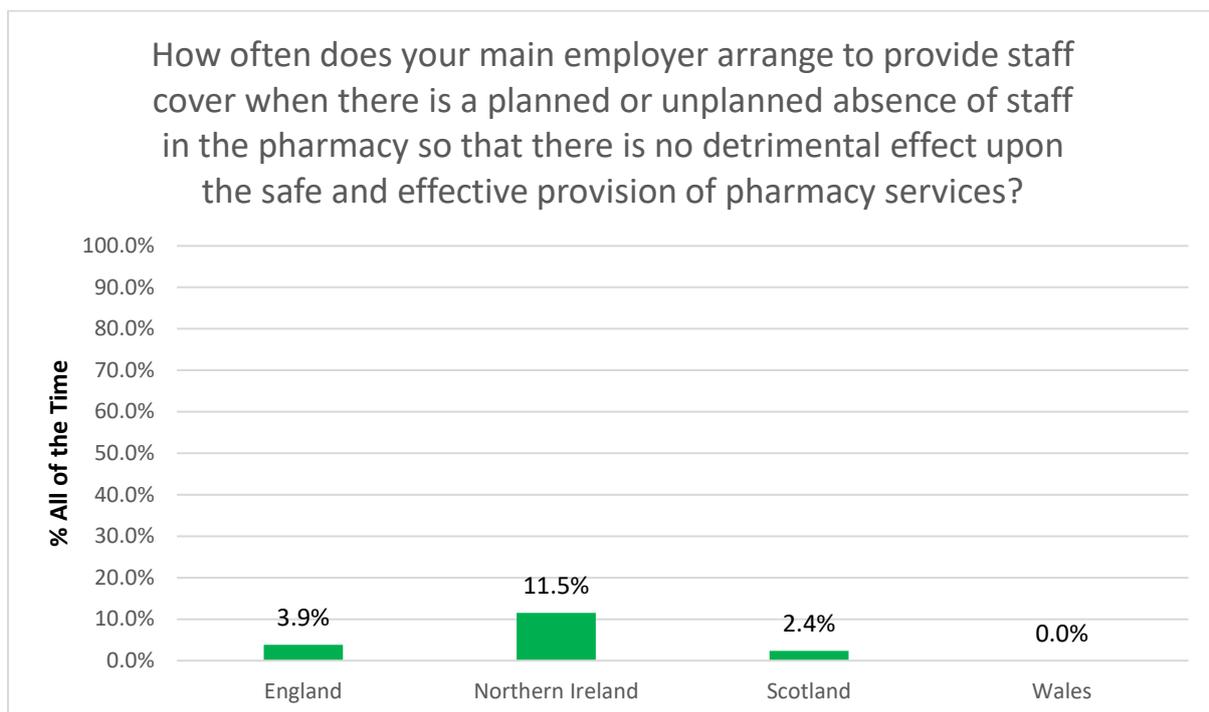
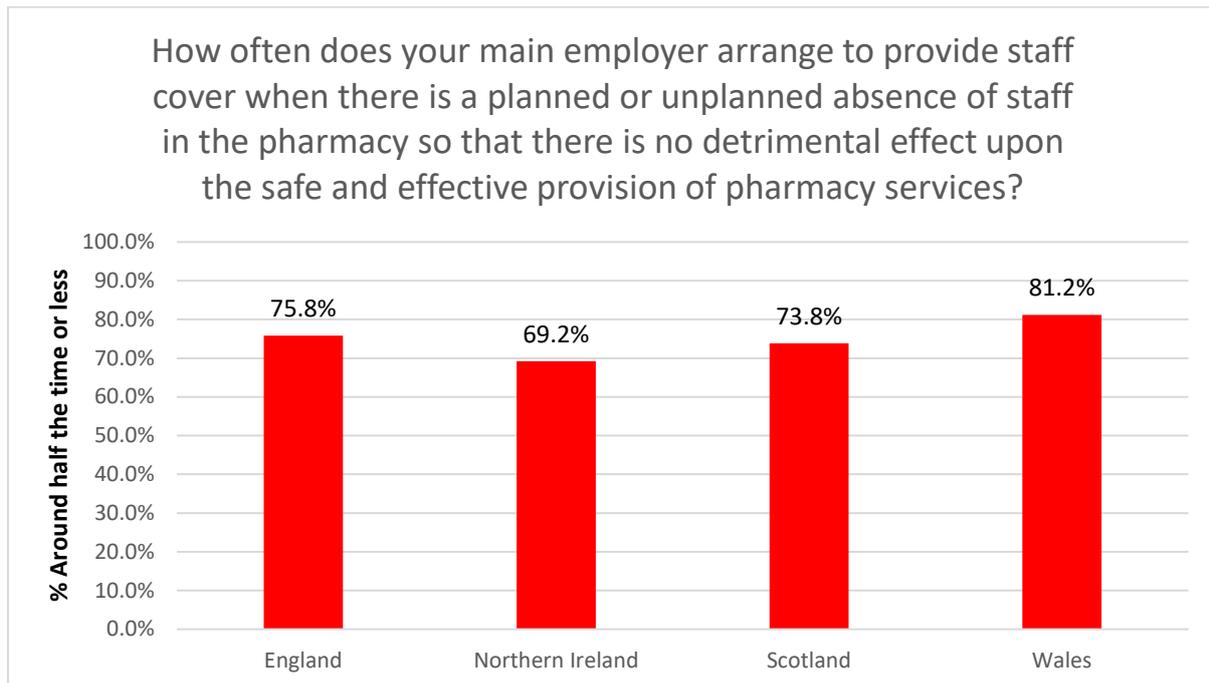
Results by country

Staffing Levels to Ensure Safety



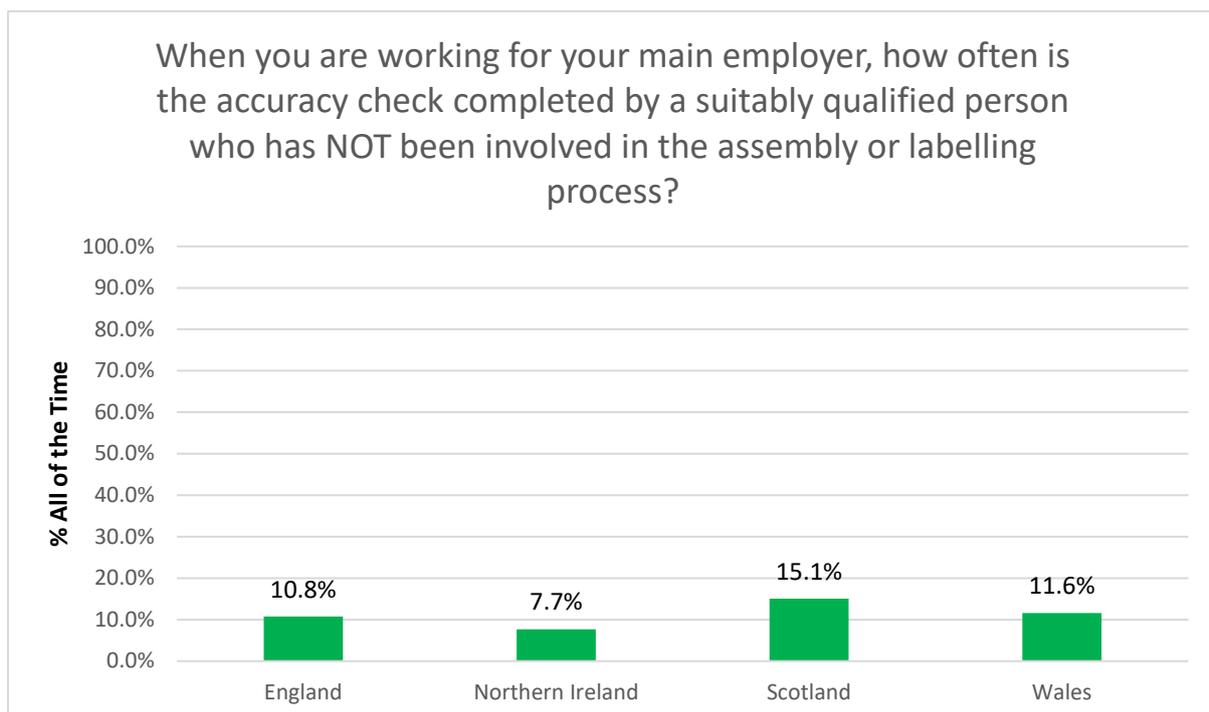
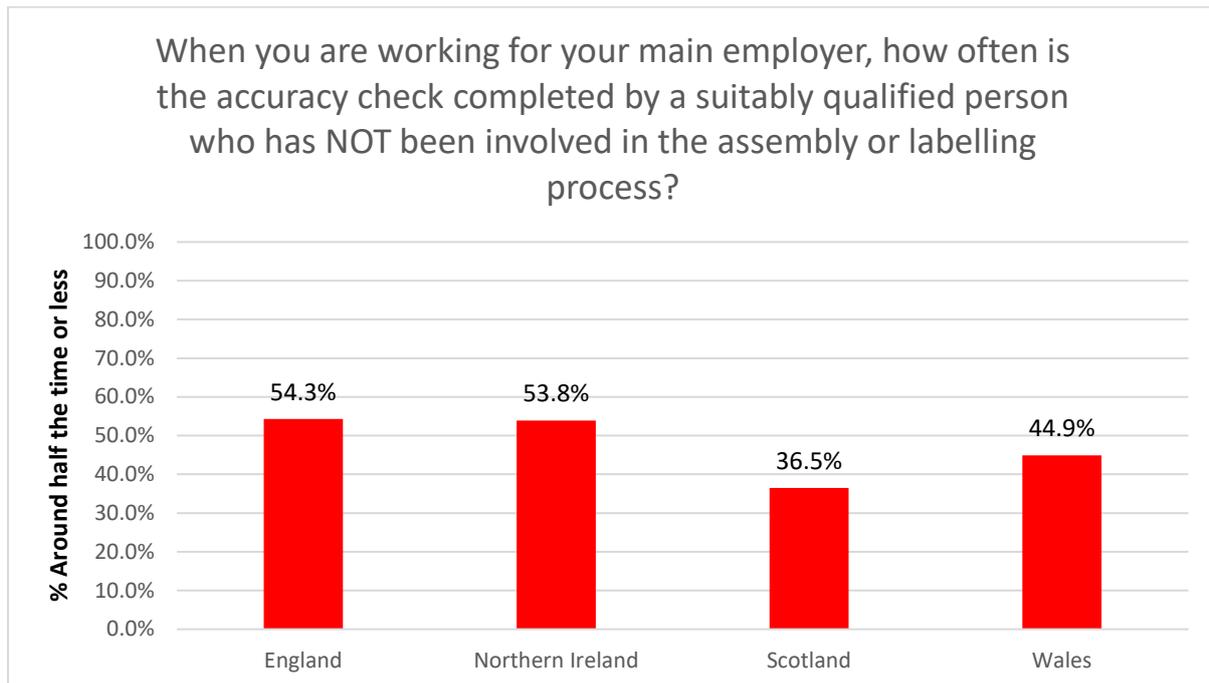
Usable responses (not blank, not 'N/A'): England 1271, Northern Ireland 26, Scotland 126, Wales 69, Total 1,492

Staffing Levels – Absence Cover to Ensure Safety



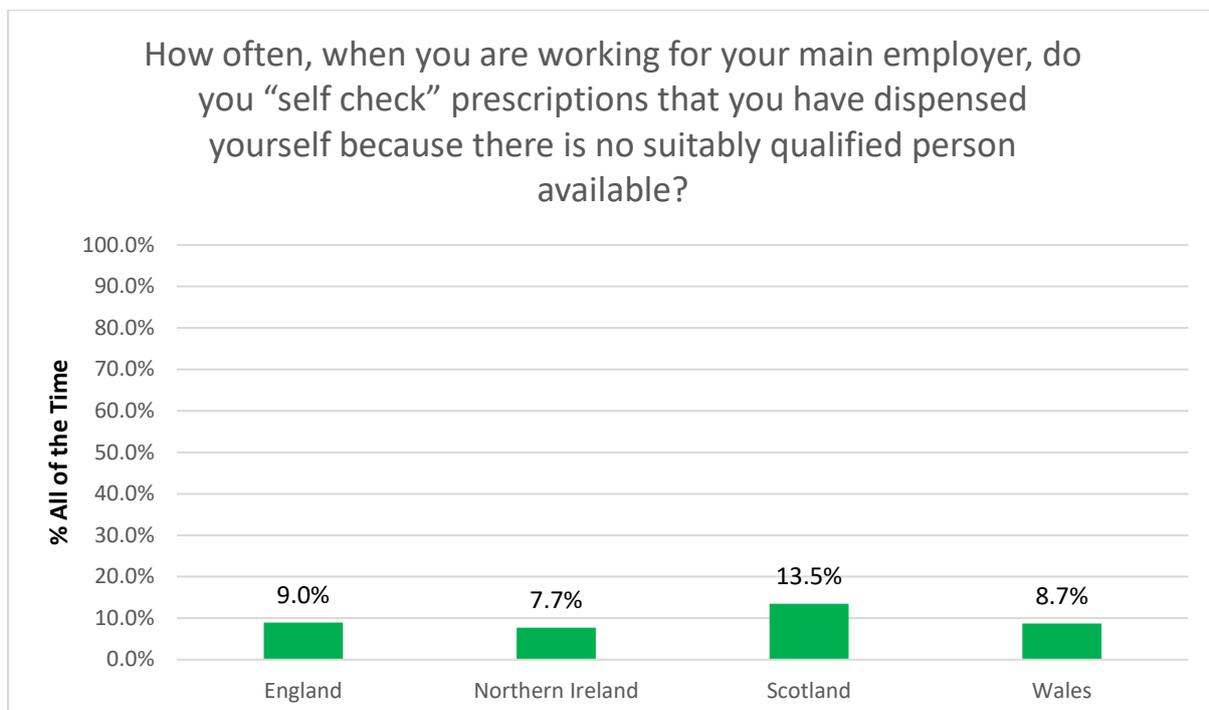
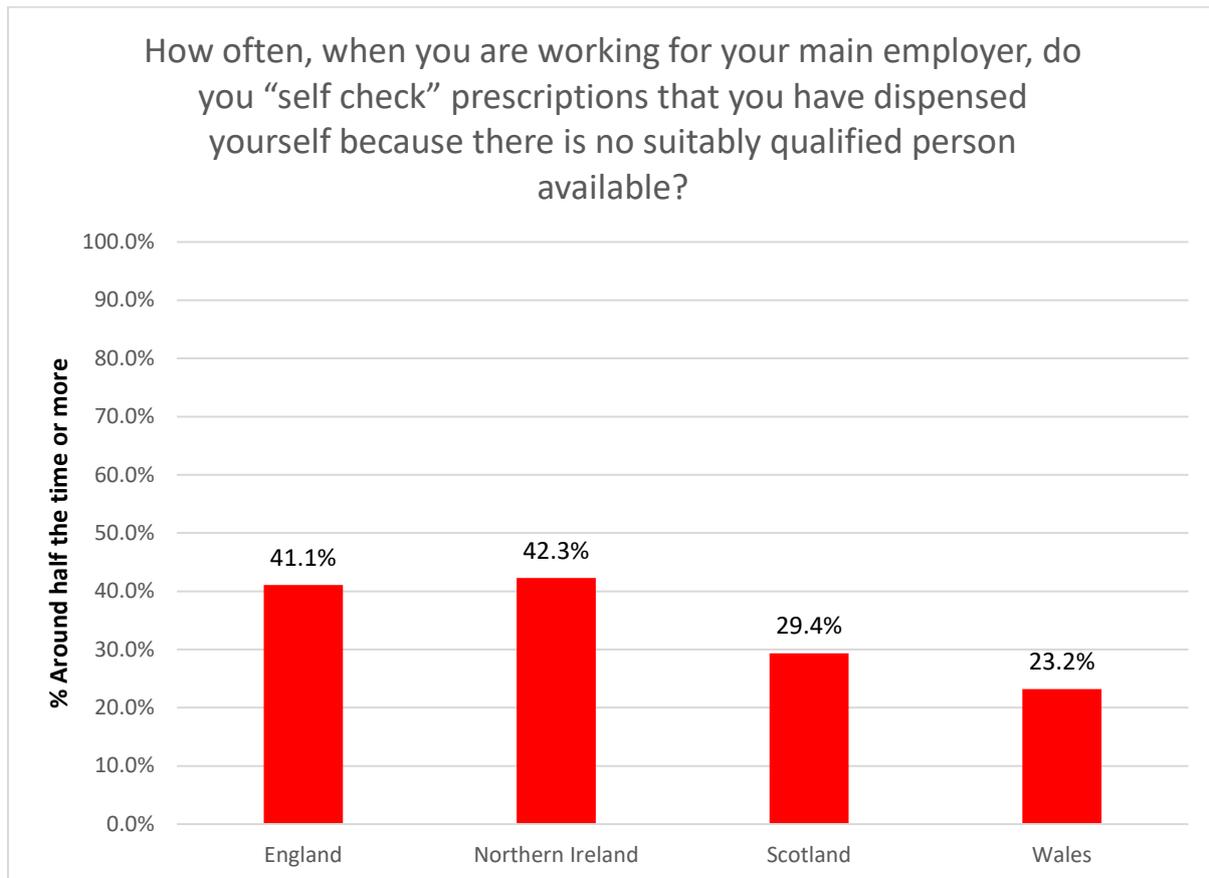
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Accuracy Check by Person not involved in Dispensing



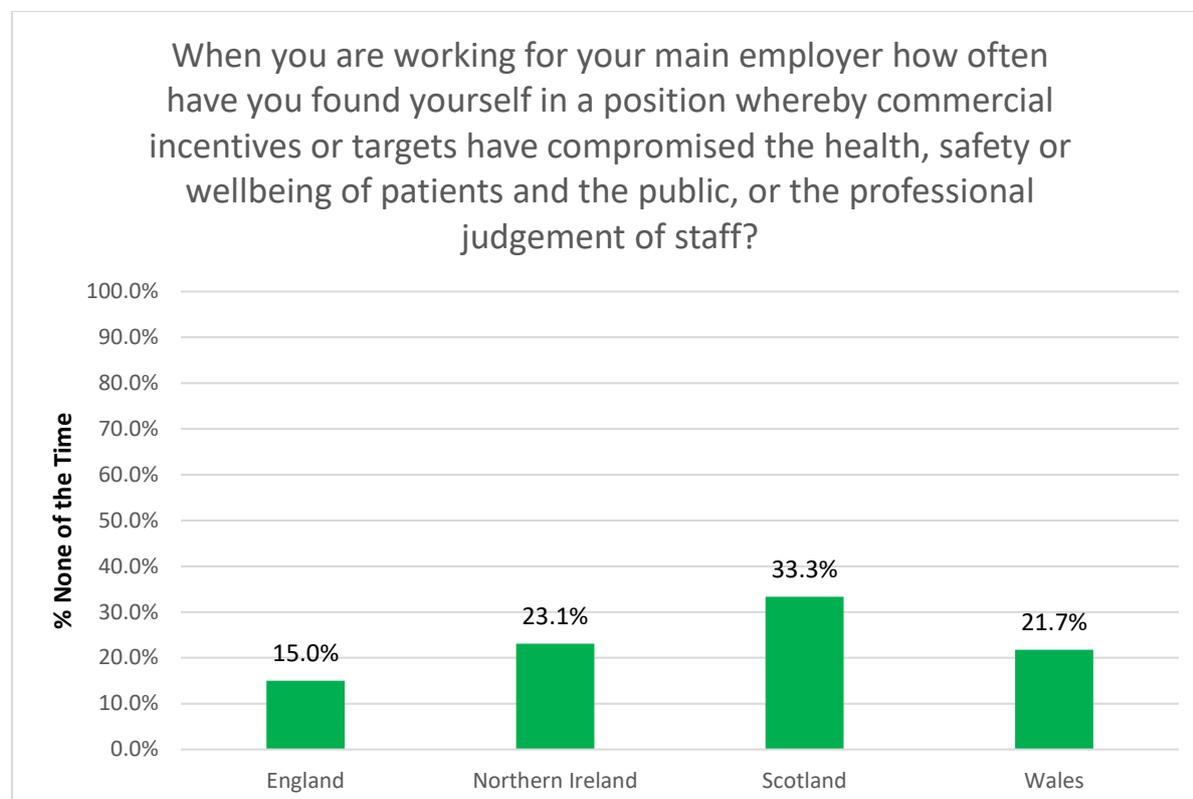
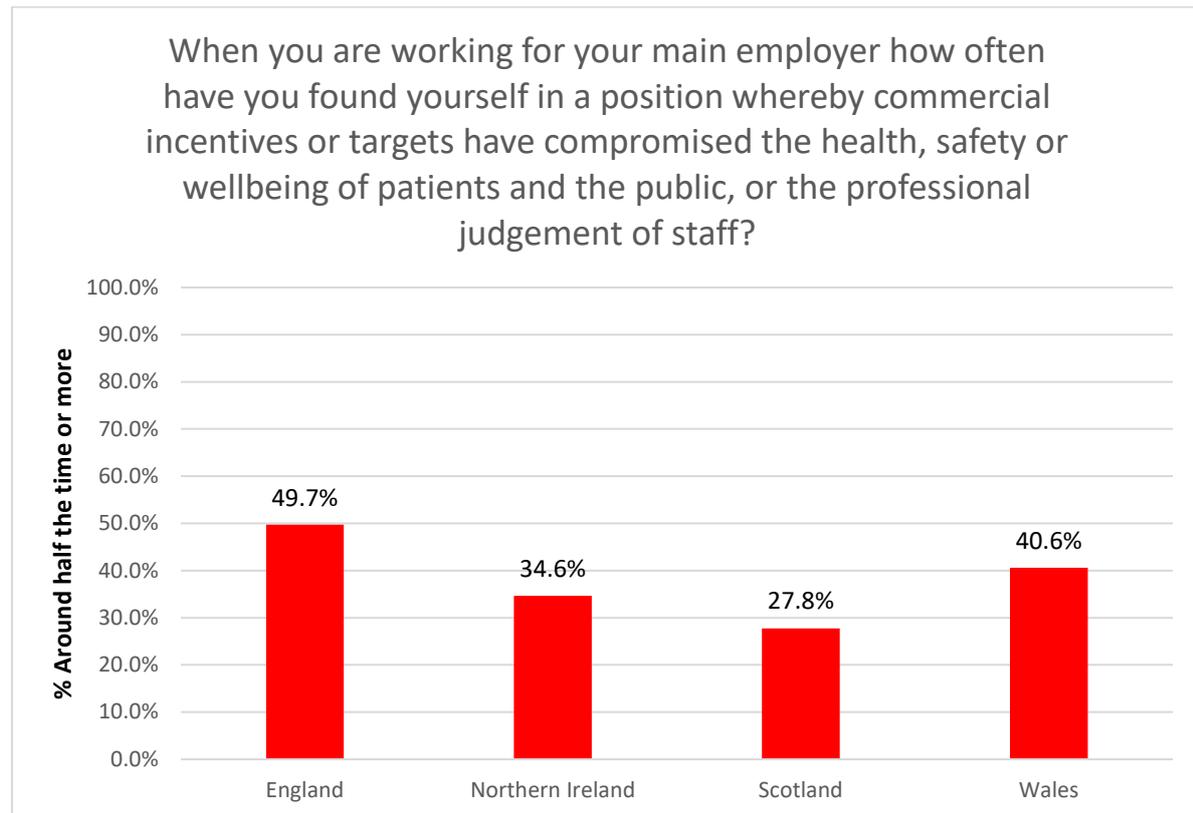
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Unavoidable Prescription Self Check



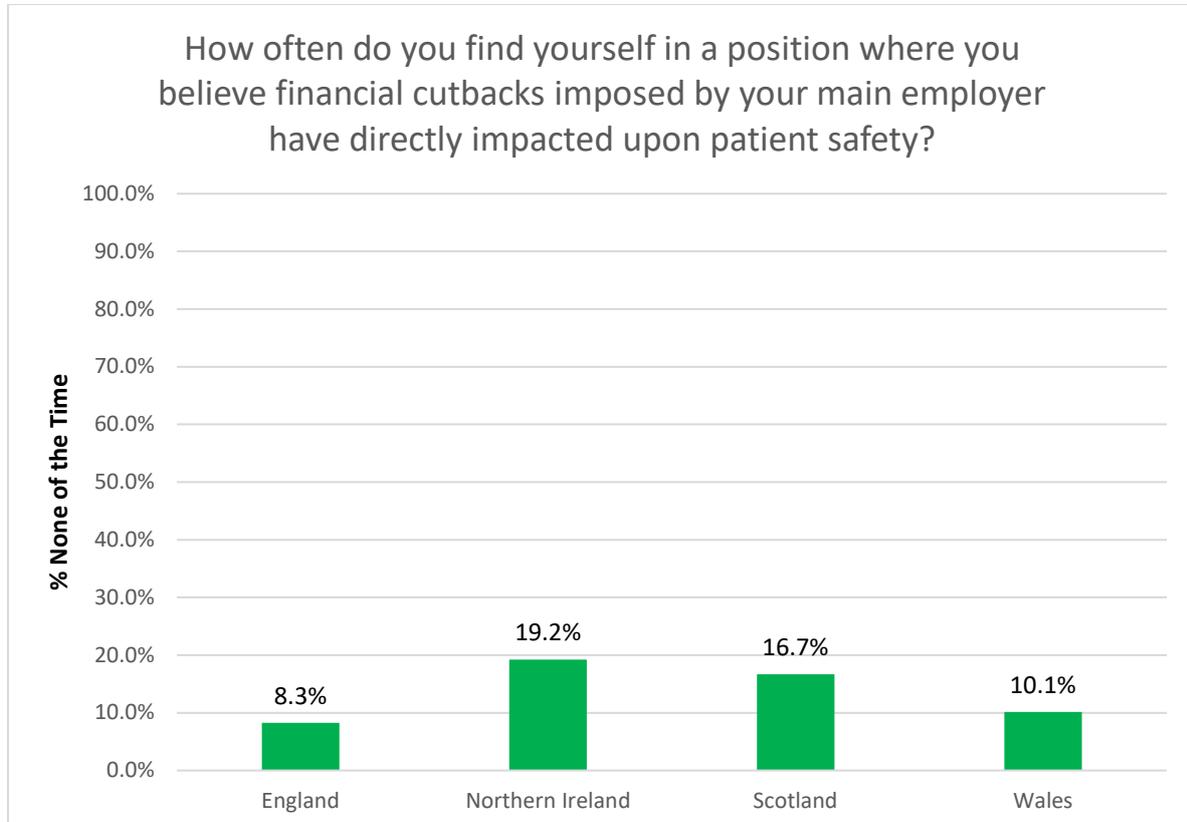
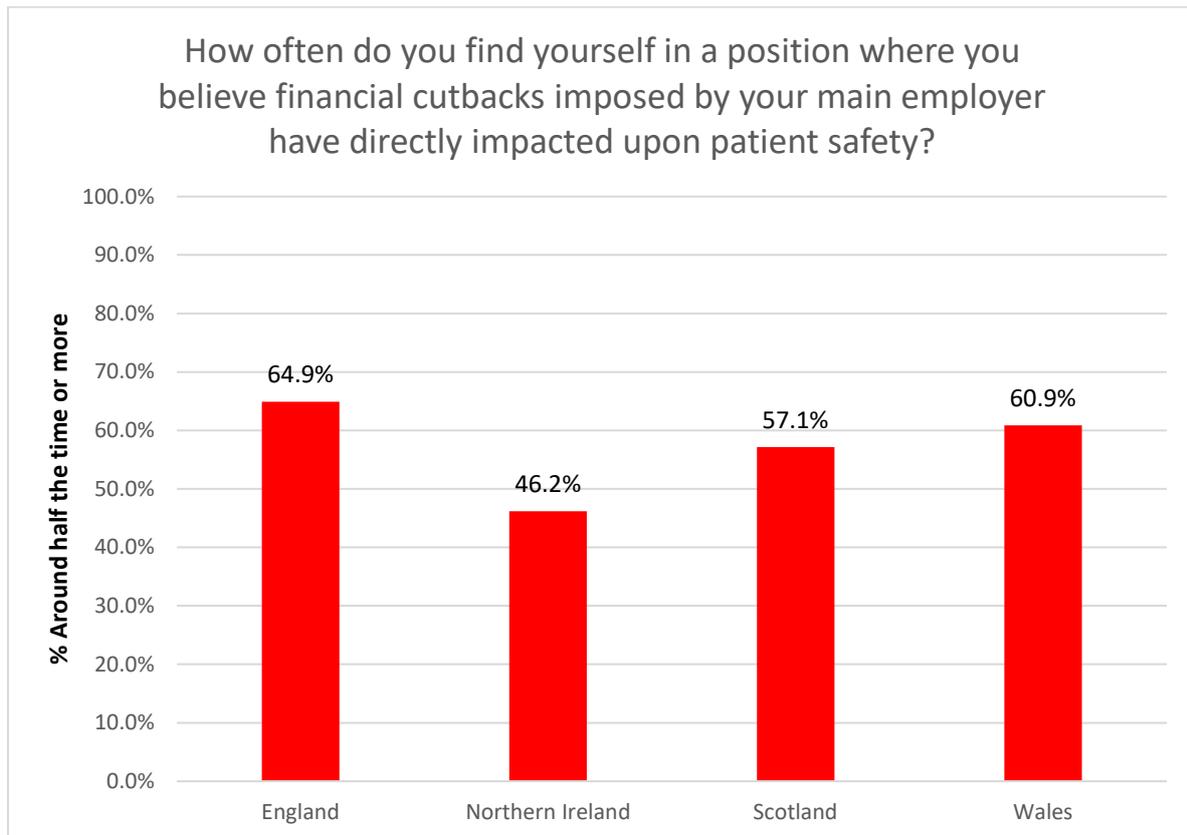
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Commercial Incentives / Targets



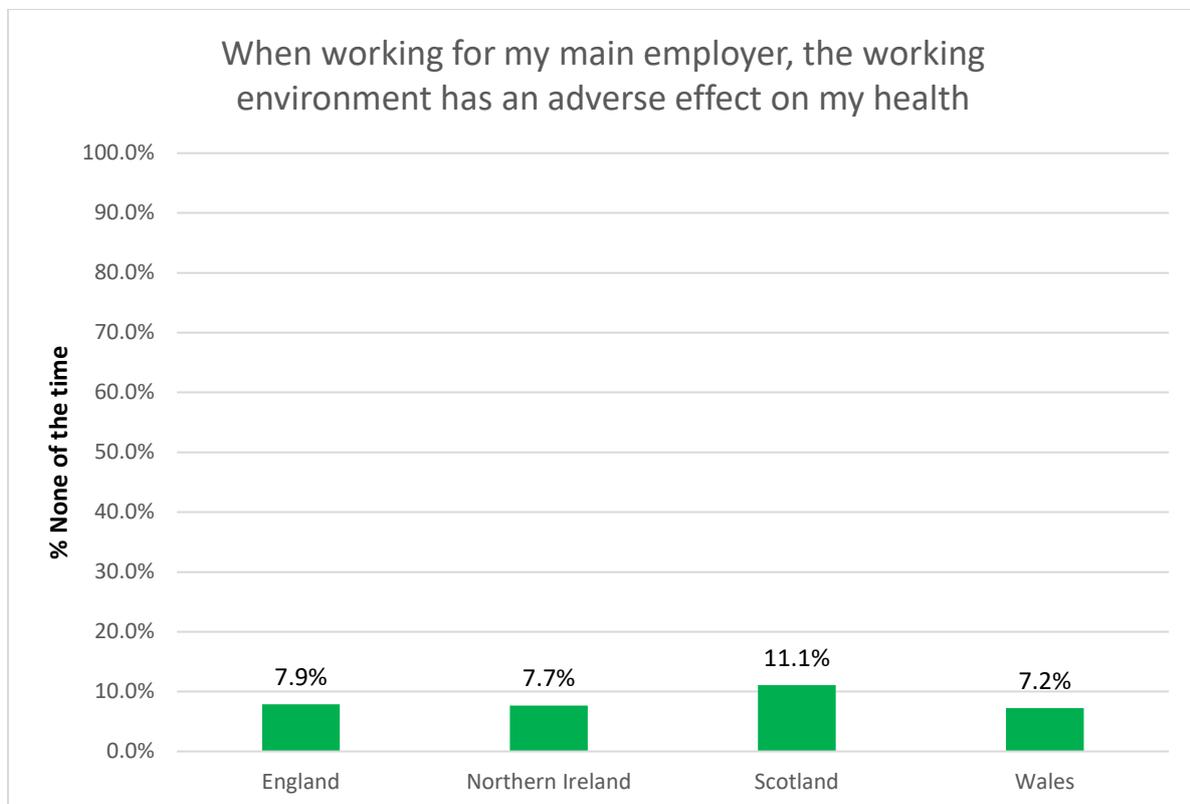
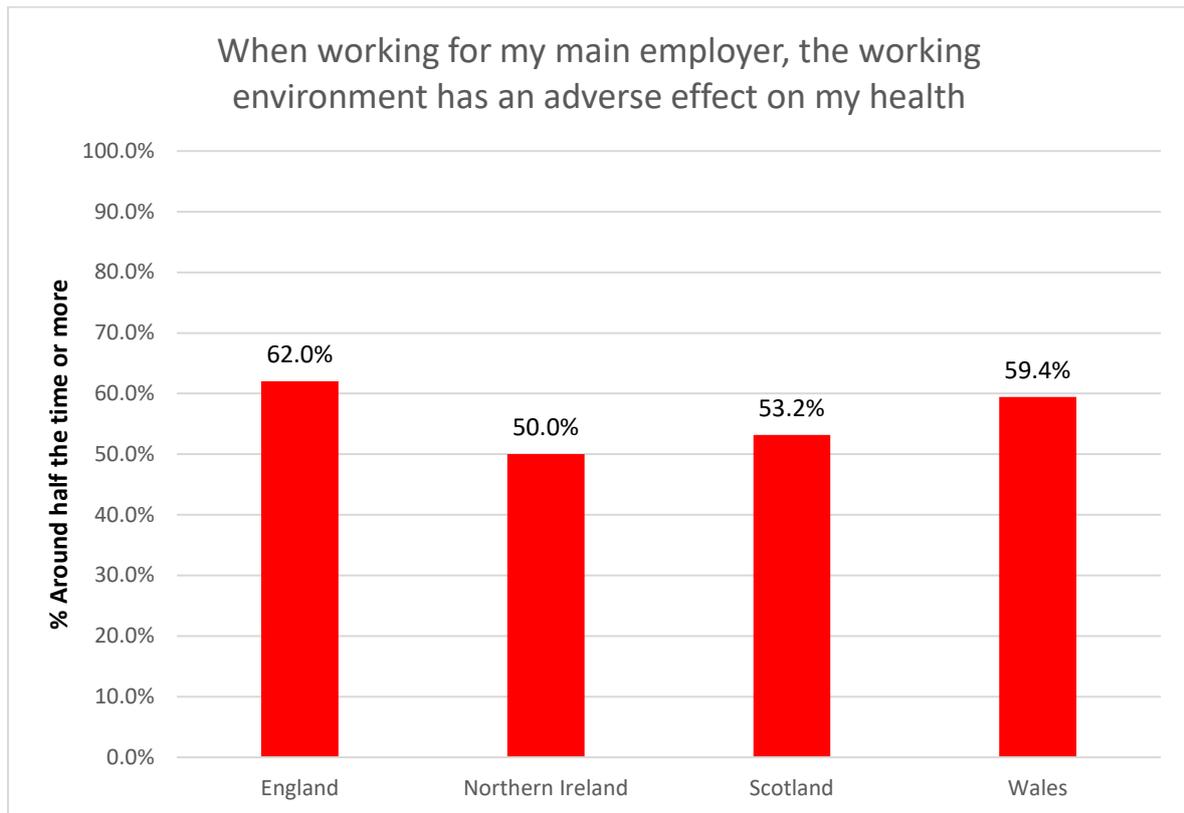
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Financial Cutbacks Affecting Patient Safety



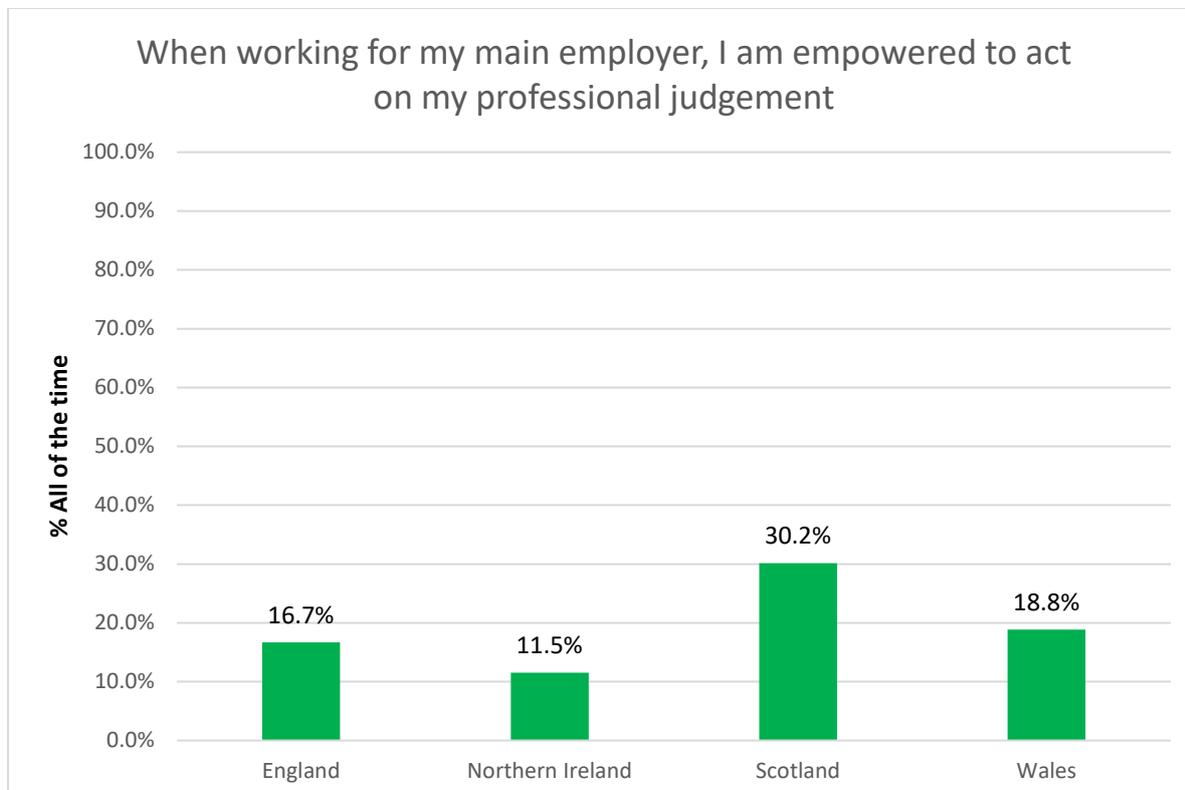
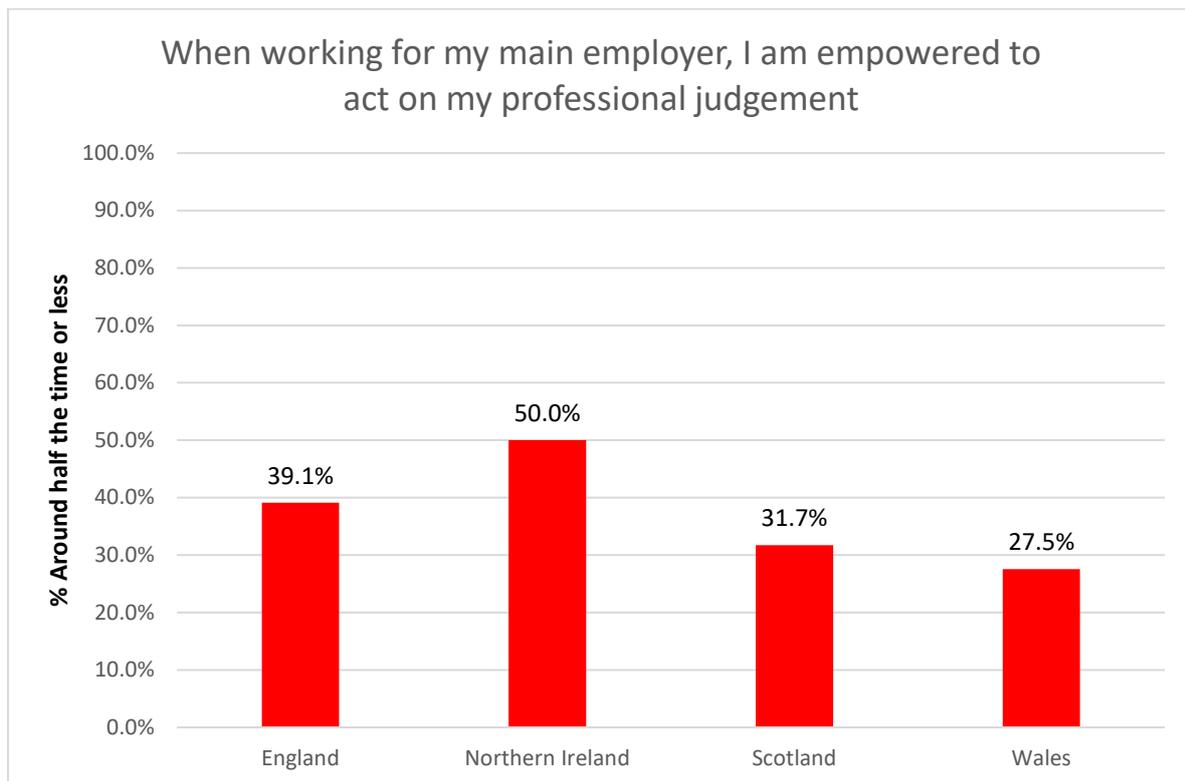
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Working Environment Adverse Effect on Health



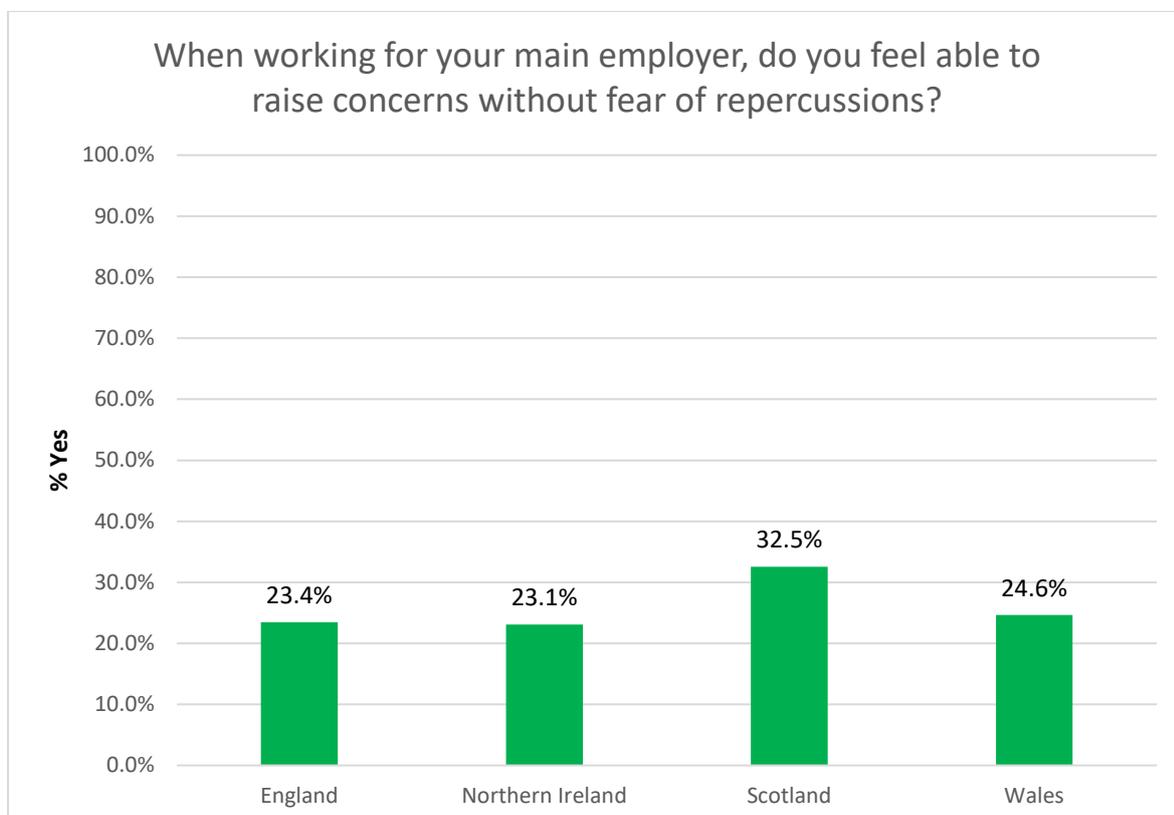
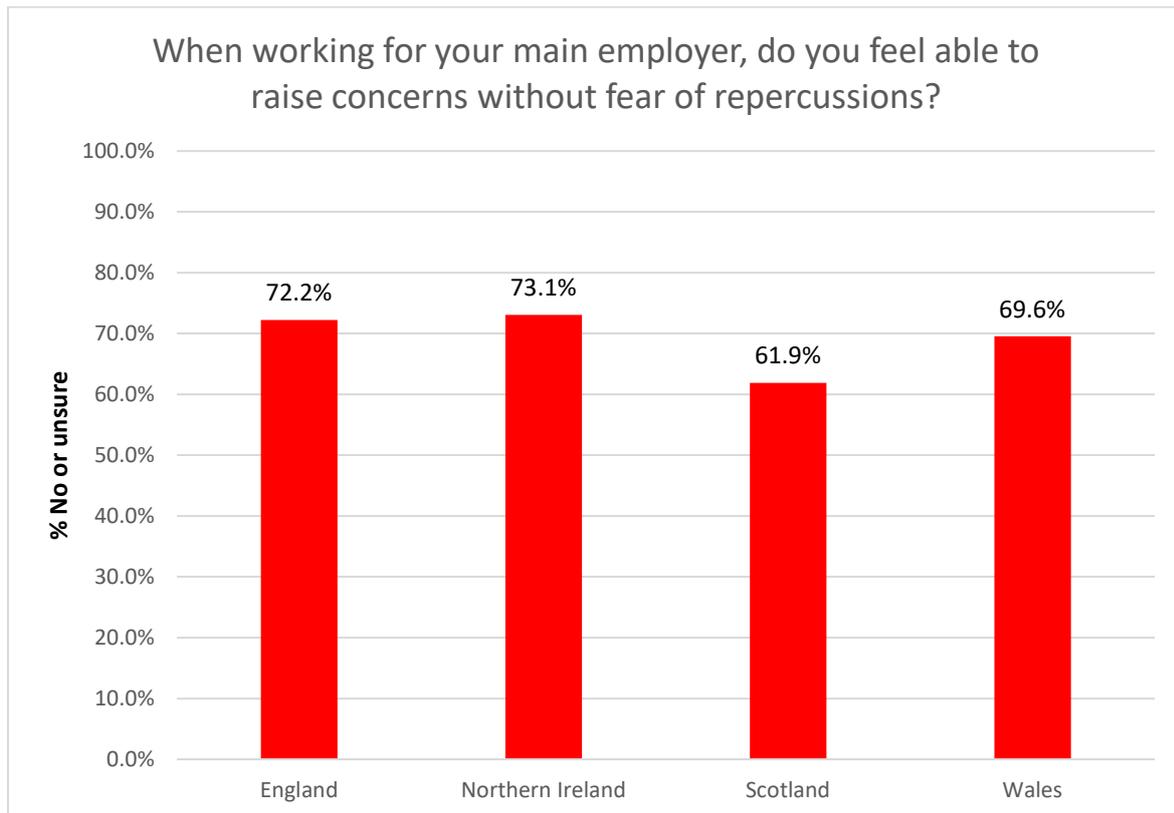
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Empowerment to Act on Professional Judgement



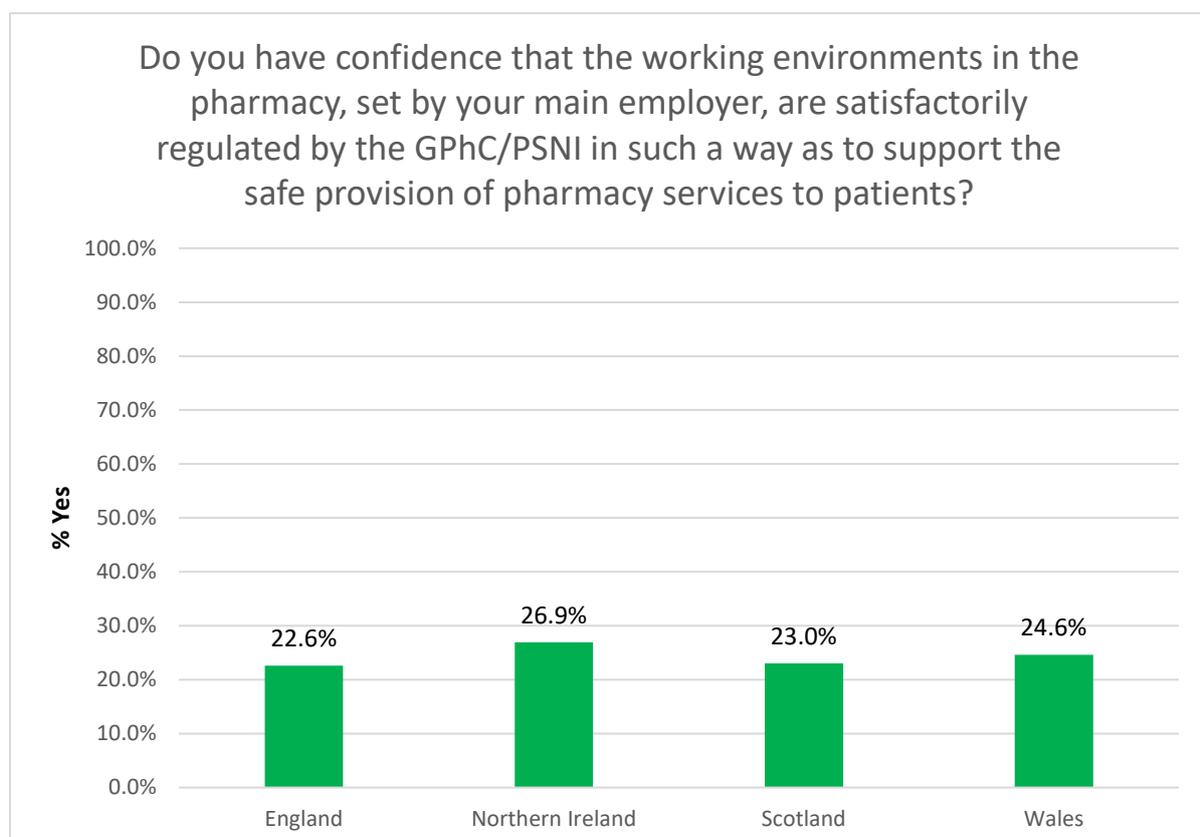
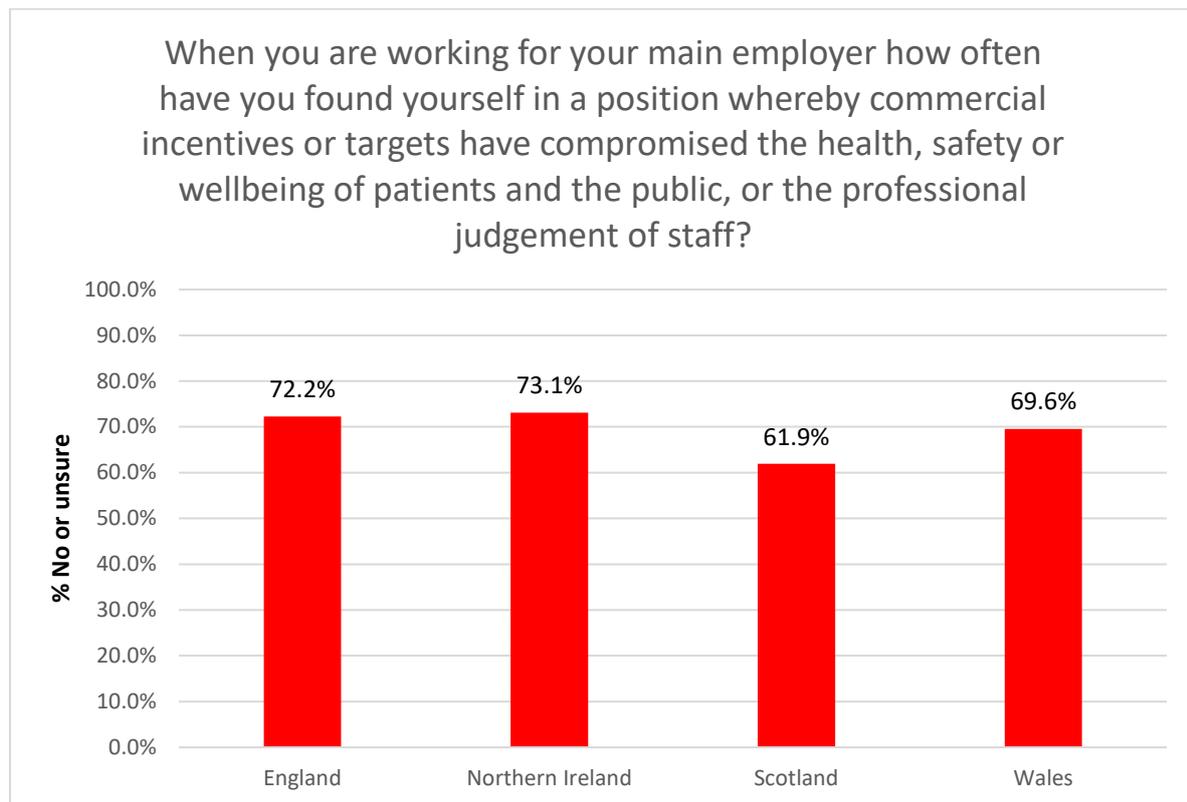
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Whistleblowing without fear



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Does GPhC/PSNI regulation support safe practice



Usable responses (not blank, not 'N/A'): England 1271, Northern Ireland 26, Scotland 126, Wales 69, Total 1,492

Word frequency - analysis of comments by employer

Keyword	ASDA	Boots	Lloydspharmacy	Morrisons	Rowlands	Sainsburys	Superdrug	Tesco	Well (formerly Coop)	Other (please specify)
No. of responses	49	382	265	26	81	28	26	108	98	510
staff	14	170	50	9	30	8	3	28	39	78
staffing	2	47	11	3	5	3	1	7	6	9
staffing level	2	30	8	1	5	1	0	5	3	5
pressure	5	41	20	0	6	1	0	11	10	21
safety	2	28	7	0	7	2	2	5	8	17
patient safety	1	21	6	0	4	1	2	4	4	11
level	3	39	11	1	10	2	0	8	8	10
workload	1	17	9	0	1	0	0	2	2	4
profit	0	20	3	0	0	2	1	3	6	9
understaff	0	4	0	0	0	1	0	1	0	2
not enough	0	5	3	1	0	0	0	3	1	3
difficult	0	8	1	1	0	2	0	0	2	4
stress	0	16	7	0	8	1	0	3	4	6
stressful	0	7	2	0	2	1	0	0	0	1
fund	0	8	2	0	0	1	0	0	1	2
resource	0	3	0	1	0	0	0	0	0	1
lack of staff	0	3	0	0	0	0	0	0	2	1
busy	0	8	4	1	2	1	0	6	1	2
anxi	0	1	0	0	0	0	0	0	0	0
depress	0	1	0	0	0	0	0	0	1	0
target	5	46	25	1	6	7	3	14	8	14
unsafe	2	4	2	0	1	0	0	0	0	6
health	0	20	3	0	2	1	1	0	3	9
not care	0	1	1	0	0	0	0	0	0	0

Example comments (anonymised)

- the gphc as a regulator fails in protecting its members against corporate bodies whose commercial interests are placed at the heart of its business model and may not be in the best interest of patients. The blame is with regulators who feel that pharmacists are a group of people who if they acted with correct professional integrity will still be brought to task for failing. its a sad state of affairs for pharmacists with a lack of direction and effective leadership.
- *Since starting work in my current branch I have raised concerns about the safety and suitability of the consultation room and office as it is dirty, cluttered, used for storage of paper records of services completed where there is a possibility of breach of confidentiality. The flooring is stained and dirty carpet, chairs are dirty and damaged. The staff area consists of a dirty stool in a corner amongst boxes of stock which I have been using as a makeshift table. So far none of these issues have been addressed despite me sending 2 emails with photos attached to our head office. I daren't say anything else in case I get sacked. I have discussed it with the professional services pharmacist who has been more inclined to listen and said he will take some action but I won't be getting any more involved as I feel vulnerable.*
- *We get set GPHC standards to follow as pharmacists and I do my utmost to adhere to them. But the GPHC standards set for pharmacy premises are continually broken by the bigger chains but nothing is done by the GPHC at all. Do they really have power?*
- *Gphc treats pharmacists as scape goats! They do not go after companies who influence everything but penalise individual pharmacist whose actions are driven by fear of their employer. I have never seen morale so low amongst pharmacists. I would not advise anyone to come into this profession.*
- *XXXXXX are clever. They put everything back on you. If you are not happy to sign on as RP then don't but I wouldn't think you could do that to often as although unsaid you know they would gladly replace you with someone who would.*
- *i strongly feel that this is a very demanding and responsible position and its unfair and unsafe that pharmacists are expected to work without proper lunch breaks and I have regularly not had sufficient time away from the dispensary to eat and refresh myself mentally.*
- *Constant pressure to achieve targets, Bombarded with targets and figures via emails, phone calls, conference calls, whatsapp, texts - and all of these often several times in a day. How do we focus on patient safety and other responsibilities?*

All comments (anonymised)

- *Over the last 4 years our counter staff have been dramatically cut, and dispensers cut. By a total of around 30%. In this time our dispensing business has grown by 15% and our services grown by around 300%. Staffing levels do not match workload. From a wellbeing point of view we also have beauty counters in the store which play incessant dance/house music with booming bass felt in the dispensary. This makes it very difficult to concentrate and sometimes even talk to patients.*
- *I've had a member of staff off 8 months, another off 6 months maternity, and one off for a month plus which started 2 weeks ago. The remaining staff (3) is all I have left, about 2 3 or 4 days a week its just me plus 1, I have done mums leaving just 1 person to run the shop.*
- *Main issue is lack of staff and then lack of cover for unplanned and planned absence. This then depends on the staff to make good judgement calls more often e,g never self check, don't cut corners, always follow SOPs. It becomes very tempting forget about all these things when time is precious.*
- *Like most pharmacist managers, I have to work many unpaid hours to ensure patient safety. I have done this for 25 years, but the hours required are now increasing to level where it is almost like I have a second part-time job. At the same time we are now subjected to performance related pay that has almost no transparency. It hurts to watch my beloved profession fade away.*
- *targets for MURs NMS, tray patients, Flu vaccine, + patient expectations for emergency supply & patients first services. Cumbersome PharmOutcomes, Not enough computer terminals, or staff. No time for a lunch break.*
- *I feel that the large multiples are in the pockets of GPhC*
- *I have decided not to work for any large multiples and instead work for independent pharmacies where I find the staffing levels more realistic. I found getting through the backlog of work from the previous day in the multiples I worked in very difficult indeed.*
- *Especially the 100hr ones not enough staff all the time.they need to be randomly checked out.*
- *Could easily be pressurised by management both of the store and area pharmacy. Some pharmacists I know have left employment due to pressure and others are struggling at present*
- *Staff cover is at bare minimum*
- *Staffing levels are greatest concern, with increasing workload (flu, meningitis vaccinations, MURs, EHC consultations to name a few additional tasks), staffing levels are being reduced. We are working on emergency staffing levels, due to absences, service and safety are put in dire state*
- *In general I have very little privacy to focus on checking prescriptions and making a bad mistake is a worry for me. There is provision for staff breaks and lunch but no provision for the pharmacist to have a break. 9 hours shifts without an official break are the norm, This exhausts me and increases the risk of dispensing errors.*

- *New Scottish services (UTI, Gluten Free, Impetigo, etc.) are making work demand excessive due to consultations, record keeping, training and emotional strain on making right decisions.*
- *I think the standards set are high, however I feel that these standards are not always adhered to. I feel that many employers do not provide adequate working conditions/environment for the staff due to financial pressures. If we are providing a professional service to the public we should be providing adequate working conditions for the staff.*
- *The dispensary is so small that we can only just all fit in! As we use use baskets for dispensing, I do not feel safety is compromised, but our comfort is not taken into consideration.*
- *Staffing levels continue to be an issue. The more a pharmacist self-checks their dispensed work, the higher the chance of problems. Working for over 8 hours without a break has almost become an expectation, for fear of losing 30 minutes' worth of custom, yet when errors occur the onus still completely lies on the pharmacist. This is reflected by the number of regular employees relocating. Pharmacy services are expanding (e.g. flu and travel vaccinations) yet staff levels remain the same and so does the basic workload. I appreciate that a business exists to make profit but I feel this is prioritised to our detriment as pharmacists and this is the main reason I'm currently a locum.*
- *My main employer makes every effort to provide a safe and professional service.*
- *Staff cutbacks by XXXXX are ridiculous. They are genuinely affecting patient safety and the safe and effective running of the pharmacy. For example - I worked one Saturday (9am to 5pm) with ONE member of staff. This shop had over 20 methadones (thankfully the shop had a methameasure machine). the shop was also EIGHT days behind on prescriptions (thank you staff cutbacks !). Queues were virtually out the door. Very little work (ie dispensary) got done. How on earth can the work be done properly, effectively and safely with two members of staff? Also, when the staff member went upstairs to the office to complete the mountain of paperwork that had to be done by 10am, that leaves me ON MY OWN on the shop floor. how on earth is that even allowed to happen ??? That should be made illegal. The company is losing good qualified staff (some who have been working for the company for 10-20+ years !) and they think they can be replaced at the drop of a hat by people off the street? I don't ***** think so. The staff NO LONGER have any goodwill (in some shops the staff stab each other in the back - once upon a time they would have bent backwards to help) and the company will ultimately pay the price. How on earth do they expect a workload that has previously been managed (successfully) by seven or eight staff members to be completed by two or three staff members? They also somehow think that the same level of efficacy and good customer service can be maintained with cutbacks and virtually no staff. ***** idiots ! Something major is going to happen (whether that is massive staff walkouts or multiple patient deaths) before they are going to realise that cutting staff and cutting hours is not the answer.*
- *Gphc role is disappointing Pharmacist and profession. So many PHARMACY remain close because of no cover n nothing happens. Or 100hrs shop closes for an hour lunch everyday. Clearly breach of contract and GPHC does nothing about it. All they do is fitness to practice work at the moment which is needed but they should do more for better pharmacy*

profession. Most of the time pharmacy have to self check as there is no staff why cant Gphc just make it mandatory to have two staff and Pharmacist.(that will be actual step towards patient safety, giving guidelines has no impact). Pharmacist are losing interest in the profession as low salary, less job, no staff... Why can't we have minimum Pharmacist hourly rate. Our regulator needs to think about us too.

- *At XXXXX the pharmacist is left alone for quite a substantial period and this time requires self dispensing, labelling and checking as well as providing other services. Service targets are regarded as the main focus at times which consequently impacts on patient care and waiting times.*
- *The introduction of SOPs has had a negative impact on patient safety as it give employers a mandate to protect them from regulators and from litigation. The onus is placed to some extent on the Responsible Pharmacist. Employers can use the argument that 'SOPs were not followed. However current working conditions put a tremendous pressure on colleagues to take risks, breach SOPs because of inadequate staffing levels. Superintendents of multiples are also failing in their duty to maintain safe practice within their stores. Examples of unsafe practice include the reluctance to engage locum dispenser in store where there are no skilled support staff due to staff leaving in succession. GPHC needs to monitor and hold to account employers who are placing patients at risk, with severe penalties not least the power to shut the pharmacy until staffing levels are sufficient for the SAFE practice of dispensing. Also pharmacists are increasingly engaged with the sole responsibility of performing the accuracy checks. There has to be a safe limit on the number of prescription items that a pharmacist can legally check SAFELY. I have come across stores where pharmacists are checking in excess of 600 items per day EVERY day. This equates to 1 item per minute which is unsafe on the basis of the number to check. This on top of conducting MUR's, NMS's, Flu Jabs, and other PGD's*
- *I've been 100% happier with the way things relating to this survey are handled in this independent chain of 2 pharmacies than I ever was working for XXXXX or locumming for a variety of multiples.*
- *Some targets in realistic like keeping large volumes of large prescriptions of the floor , also ultimately there is only so much space and you have to make the best of it you can't always change the pyhysical size you have to play with*
- *the employer is one of the best i have worked for--i can be selective where i work now due to the fact that a am semi-retired*
- *I am a Locum therefore I dont get the hassle of day to day managers tackling me for targets*
- *unsafe conditions for patients that I encounter are caused by the supply of generic drugs which vary from one supply to the next, in packaging and appearance, especially for those with sight problems or dexterity problems, ie a large proportion of the elderly and young blind patients. The so called safety caps on bottles are also difficult for them, and removal of tablets from foil also cause difficulty for those patients so they leave them loose and drop them then get them mixed up.*
- *The advent of EPS has put additional pressures upon myself and my team and customer annoyance with it has noticeably increased,*

- *ONLY THIS FRIDAY I WAS WORKING AT A XXXXX OUTLET WITH ONE COUNTER ASSISTANT NOT YET FULLY TRAINED AND ONE DISPENSER.THE BRANCH WAS BUSY .I WAS INFORMED THAT HOLIDAYS AND SICKNESS ARE NOT COVERED.*
- *i work lots of extra unpaid hours which takes the pressure off , its only that way i can survive*
- *Due to the abundance of pharmacists in the marketplace, I keep my opinions to myself about how the business is run, due to the fear now of being labelled as a troublemaker and then not being selected for any locum shifts. Unfortunately, when your livelihood is at stake, you tend to keep quiet and accept the poor working conditions and situations that are presented to you on a daily basis*
- *Market based pay is a cynical cost cutting tool. Why should we face the rest of our career with no pay rise. How does that encourage anyone? When we have nobody on holiday or off sick we can just about cope!*
- *Owners need to be more accountable rather than pinning all the responsibility on the responsible pharmacist when they do not have authorisation for increased staffing or working conditions etc. Owners have the authority on working conditions so should bear the blame and fined if errors are due to work place pressures which they control.*
- *I think our regulatory and professional representative have not voice at all in raising concerns and helping our professional job to improve/reach decent standards*
- *Non pharmacy managers may have experience in managing but from my experience most of them don't really have any understanding of running a pharmacy having in mind that the interest of patients should be the priority to the commercial interest. However pharmacist managers seem to have an understanding of the clinical and commercial side*
- *The GPhC standard for running a safe and effective service cannot be achieved by the staff budget in most, if not all XXXXX stores. Services are essential to the survival of pharmacy business and needs to be delivered effectively. This will also impact pharmacy reputation and indispensability. However, resources must be made available to deliver these services. My employer blames the wider NHS cutback on the staffing issue. Whilst I agree this may have impact, the severity of the cutback needs to be objectively assessed. GPhC needs to play a greater role around the staffing level that is appropriate to deliver the standard. XXXXX is particularly different because of its many processes and operational procedures. If XXXXX wants those processes and procedures delivered/complied with, the company must be ready to provide the right staffing level. This may mean some profit sacrifice but you cannot eat your cake and have it. XXXXX is enjoying both at the moment. More profit, less staff but huge amount of unpaid overtime hours from staff unspokenly demanded. Frontline managers are under heavy burden. You either put in the extra hours and run a safe service or you continue to patch it up praying that something horrible does not happen or you leave the job, which is then given to newly qualified pharmacist who are eager to please and would not be able to challenge their managers or hold a difficult conversation. Pharmacist managers are suffering and smiling in XXXXX followed by store based pharmacists in large stores, who are doing managers job but are now paid as pharmacist and managed mostly by non-pharmacist managers, who knows little about the intricacies of a professional business.*
- *I enjoy being a pharmacist when I am allowed to do what I was trained for but this doesn't happen often now.*

- *As a locum I feel I am more able to control Q 15 & 16. I am aware that any perceived 'lack of performance' as far as helping towards targets may act against me for future bookings even though staffing/workload is often stacked against locums. However I believe/see the situation for employed pharmacists re: stress/prof judgement & repercussions is far worse.*
- *I receive daily emails to my personal email address from my Employer with increasing pressure regarding MUR targets, NMS targets, Flu vaccinations etc. We are expected to text or email our figures daily with no regard to staffing levels or working environment. Disciplinary action is threatened against those who fail to do this. Staffing has been reduced to pay for Robot dispensing which has not alleviated any of the pharmacy workload. My emails and phone calls to Management about dangerous working conditions have been ignored.*
- *Employer uses a smoke screen with the GPhC to give the impression that everything is alright. However, most staff are in melt down due to workload and targets.*
- *The role of Superintendent Pharmacist is undermined by owners and manager.*
- *we had a refit which I hoped would allow more efficient work flow and build capacity to cope with increasing workload. HO have dictated how we use the newly available space and we now have less capacity/privacy and increased risk of error.....*
- *pharmacy has changed dramatically over the years since I qualified. We are asked to ensure that the work is patient focused, however , in reality the successive fall in the remuneration and under valuing of the pharmacy profession has led to a situation where monetary issues dominate the service we are able to provide/*
- *I'm lucky to work as a locum mainly for one pharmacy chain where professional integrity remains a priority and staff are trained and present in appropriate numbers. I have also undertaken locum work at supermarket pharmacies where any supporting staff that exist are untrained and procedures are not evident and not implemented. The dispensaries can be small, dirty, cluttered and disorganised and the pressures placed on the pharmacist to operate safely and efficiently in this environment are far too high. I will therefore no longer work for such employers.*
- *Because of less and less staff dispensary staff are expected to do things not related to their roles eg XXXXX.com orders, XXXXX and perfume sales , photographs . Morale is very low . There is constant tension between pharmacists and dispensing assistants as they don't have enough time for their days job*
- *Staffing levels are always inadequate leaving the pharmacist to dispense, check and handle the counter as well as deal with queries/complaints. The pharmacist is doing a 3 person job at an increasingly low rate of pay. When there are staff available they seem to be prioritising other things like admin work or changing planograms or photocopying. This kind of working environment is a huge risk to patient safety. It is like expecting a GP to keep interrupting a consultation in their office to come to the reception desk to answer the telephone and book appointments or answer queries because there aren't enough receptionists or they are busy photocopying or on their break. Moreover Having only one pharmacist on duty at a time means it is impossible to eat or go to the bathroom or take mental breaks. The reasons I have listed above Are why I have decided to leave the profession, coupled with plummeting Locum rates, travel costs not being reimbursed and a severe lack of permanent jobs. The working*

environment is just not regulated by anyone, therefore employers can do what they like and get away with it.

- *The investment in pharmacy staffing is too low across the board. Dispensers and pharmacists need to be paid more*
- *Pharmacy has changed beyond recognition in the last 30 years. About ten years ago I started hating this job. And have now more of less, left the sector*
- *poor staffing levels at XXXXX, too many targets ie MURs, NMS, flujabs etc, lack of a structured criteria for promotion of pharmacists*
- *It is impossible to consistently deliver the same level of service from safety and quality of service point of view working single handily in a busy dispensary and expected to provide all the additional clinical services e.g. Flu, MURs, NMS. Employers are just not prepared to provide an experienced support staff solely to work in the dispensary.*
- *There is no strong representation from pharmacist, policies of big companies dictate regulation. There is always fear that if anything goes wrong employer is not going to support you instead put on you and blame your actions.*
- *Where do you start?*
- *Profit seem to be a priority before anything and I feel the GPhC do not support pharmacists enough to encourage safe provision of medication. Instead it is the pharmacists responsibility to make sure everything is correct, without being given any power or authority to do so (as we have to rely on employers to initiate paid training etc). Also if anything goes wrong it is always the pharmacist to blame and strike off without considering how the employers support the pharmacist. E.g. Pharmacists can continually raise concerns but nothing is done about them - but pharmacists still have to work in bad conditions as people still need their medication and employer still wants to make money.*
- *Target driven culture. Too much pressure on the branch manager to achieve impossible targets. I have stepped down from manager to pharmacist and taken a 13.5% pay cut. We are now on our second non-pharm manager who is experiencing the same pressures that made the job impossible for me and her predecessor. Our current non-pharm manager is actively looking for work outside the business!*
- *Pharmacist manager demanding more MURs Counter staff do not have enough knowledge to advice OTC treatment*
- *To clarify, I don't believe the environment to be generally unsafe, but I'm not sure how exactly it is regulated by the GPhC. I can only remember one inspection in the 8 years I have worked with my present employer.*
- *It may be save physically but due to inadequate staff support I am always overworked hence mentally and emotionally challenged. Everyday I feel like leaving my job*
- *Profit over patient safety. I had to threaten to close the pharmacy for action to be finally taken when higher management "failed" to provide any cover when staff were on holiday. I had repeatedly been told prior that my store was overspent. Budgets I have no say in set my non pharmacy people.*

- *I previously worked as a manager for a multiple company and if I had had to answer this survey when employed by them the answers would have been completely different! As a locum I have found independent pharmacies to be better staffed and more geared towards patient satisfaction and safety than my previous employer. The reason I left my previous employer, who I had been with for over 20 years, both as pharmacist and manager, was because of the target system imposed for services and the lack of support from management. From talking to others this pressure has not changed for the better since I left*
- *I believe MCAs should never check a prescriptions and DAs as well. Therefore if businesses need to use non Pharmacist to check prescriptions accurately and safely they should provide suitably qualified ACTs. Pharmacist should not routinely self check prescriptions its an open door to increase patient harm.*
- *After article in the Guardian new amended responsible pharmacist procedure was introduced where absolutely all responsibilities were passed back to the pharmacist on duty, who however (especially Locum) have very little influence over majority of the matters. Ex.: "matters to consider before signing in as a responsible pharmacist: is there adequate number of trained staff available." Often there is very limited staff, but then you are told that there is no budget for any extra, so then it's not clear what can be done. Not sign in a do not get work or sign in and if something goes wrong it's totally your responsibility?*
- *I work as a locum and luckily I don't let it affect my health however often I walk into chaos, dangerous levels of pressure and work overload for amount of staff. No qualified replacement when staff walk out or go on stress leave. The first pressure put on me is MUR or NMS despite absolute chaos eg boxes and boxes to check that "need to be out this morning", orders not put away, things all over the floor, staff stressed to high Heaven. I go in, calm staff down, try my best, sort what I personally deal with in a safe and professional manner and look forward to closing time!*
- *Flu vaccination targets on top of other targets*
- *Continually understaffed and due to pressures of pharmacy little time is left to completing paperwork and services e.g. pharmoutcomes. Also, very difficult to find time to advise and correct subpar dispensing habits of staff/pharmacy.*
- *low staff morale often a problem due to low staffing levels and little or no extra cover when staff are sick or on holiday.*
- *I'm in between job and so only answered my Sat job in an independent pharmacy which I have good working environment. Multiples are not safe with their staff level eg XXXXX*
- *I as an individual will be held accountable for failings whilst emails to management sharing working conditions, potential and actual increased error, and offering solutions are ignored. Yes, I don't mean not acted upon, but actually just ignored!*
- *I don't think the GPhC care too much about the pressure of commercial targets that pharmacists face which can compromise patient care along with cutting of staff hours to save money, as they didn't really respond when the news about XXXXX mur pressuring/targets came out. I am a newly qualified pharmacist and chose to locum so that I don't have to deal with this problem if I relieved for a big chain like XXXXX or XXXXX.*

- *Staffing levels are too tight so when staff sickness occurs the remaining staff are over worked and stressed couple 2 off and one maternity leave and little help then no thanks when overtime worked to keep things moving give reduced moral and high stress levels for all remaining*
- *I work as a relief pharmacist. When I state "half of the time" on the answer is because it depends on the branch I'm working, as there is a big difference on the amount and quality of the staff from one pharmacy to another.*
- *Cut hours of work to reduce pressure*
- *Since starting work in my current branch I have raised concerns about the safety and suitability of the consultation room and office as it is dirty, cluttered, used for storage of paper records of services completed where there is a possibility of breach of confidentiality. The flooring is stained and dirty carpet, chairs are dirty and damaged. The staff area consists of a dirty stool in a corner amongst boxes of stock which I have been using as a makeshift table. So far none of these issues have been addressed despite me sending 2 emails with photos attached to our head office. I daren't say anything else in case I get sacked. I have discussed it with the professional services pharmacist who has been more inclined to listen and said he will take some action but I won't be getting any more involved as I feel vulnerable.*
- *I think it's time to change the way pharmacy is getting paid for all services so there is no more targets to achieve ! It's a public health we are talking !*
- *I don't feel like anyone is there to fully back up pharmacists. The GPhC don't put enough pressure on contractors to improve standards or staffing levels. All responsibility lies with the pharmacist, never the employer. I almost feel like there is no point in saying anything anymore because no one is listening!*
- *The main improvement that must be done for the safety of patient is to make rule the second Pharmacist for each pharmacy and a accuracy checker for the "not busy" Pharmacy*
- *Pharmacy sector needs to be remodelled and that needs to come soon before its victim to politics and greedy super markets!!!*
- *Working conditions and staffing levels need to improve, cutbacks in pharmacy is effecting patient safety as well as the health being of a pharmacist, I stay back after the closing of the pharmacy just to catch up on paper work and on targets that have been given, my first priority is making sure patients are receiving the right medication and the right advice and any help that they need, also sorting out queries or any problems relating to patients whether it's on the phone to surgery, patient or face to face with the customer.*
- *Too much emphasis on quantity of MURs and NMS. No where near enough trained colleagues and as soon as they qualify many of them leave. The pharmacies are very small and badly lit especially after 8pm when the lights are dimmed. .*
- *My pharmacy has had two full time staff of on long term sick and one on maternity. When remaining staff are sick or take holiday it can be horrendous as the pharmacy staff present are already working to maximum capacity. The pharmacy I work for does 18,000 items/month and on 2/8 days last month had only myself and a dispenser. I was interrupted*

repeatedly and made more errors than usual. My targets were relaxed but I came home with headaches.

- *I am a locum and have recently worked for a large multiple and felt the environment was unsafe.*
- *Down with gphc*
- *For the past two weeks I have been managing my branch with just myself and only one member of staff. The branch does 5000-6000 items a month. The reduction was due to sickness but there has been very little support from management and I have been left to ring around other branches to try to arrange cover myself, whilst trying to set up a new care home and deal with an LHB visit. The situation is unlikely to change anytime soon as both staff members who have been off sick have had their sickness extended*
- *the gphc as a regulator fails in protecting its members against corporate bodies whose commercial interests are placed at the heart of its business model and may not be in the best interest of patients. The blame is with regulators who feel that pharmacists are a group of people who if they acted with correct professional integrity will still be brought to task for failing. its a sad state of affairs for pharmacists with a lack of direction and effective leadership.*
- *Although I currently have little issue, I have worked in large and small company environments where safety is compromised due to the effects of disengaged, understanding leadership so am very aware of pressures that can exist*
- *The work load is piling up. It is becoming more and more difficult to perform my duties and services as a pharmacist because I feel I am stuck at a checking bench, or filling in for other dispensary staff as there simply doesn't feel there are enough staff to cope with the work load without my physical presence in the dispensary.*
- *XXXXX have been ruthless with their targets*
- *Re Q16: I make it very clear that if cannot act on my professional judgement I am not going to work for that employer. Saying that 'I am empowered by the employer' would be too much in their (employer's) favour, this is because I had to stand up for my professionalism on the occasions when the employer made the financial gains their priority.*
- *G.Ph.C. look after themselves first and foremost. Period.!*
- *Lots of pressure to perform MURs , NMSs EHC and flu jab provision with little or no cover. Busiest shop is like working in a goldfish bowl, very exposed to general public who can be very aggressive and rude. Consultation room too small. Can't close door if patient in a wheelchair for flu jab for example. Other shop - different town, different layout, different demographic - large consultation room, a pleasure to work in!*
- *We get set GPHC standards to follow as pharmacists and I do my utmost to adhere to them. But the GPHC standards set for pharmacy premises are continually broken by the bigger chains but nothing is done by the GPHC at all. Do they really have power?*
- *Employers put more and more work onto us without consultation, without financial reward, and without giving us extra staff. e.g. We now have to operate a parcel pick up and drop off from the pharmacy which we were told we must do. we had no consultation with*

them before this started and the premises are not of a suitable size for this especially coming up to Christmas.

- *It has somehow become acceptable that one pharmacist is fine to be alone in the dispensary with no other staff for the majority of the day.*
- *I feel unable to cope with the high prescription volume in some pharmacies and consider this unsafe because it places increased pressure on the pharmacist increasing the likelihood of errors. That too in a work environment where staff consider it unacceptable to give waiting times over 15 minutes and will refuse to do so even when requested. Additionally I have worked in busy branches which are usually staffed with an ACT but when they are on holiday, cover is not provided which adds to stress in the pharmacy. I also find that nowadays, as branches get busier, employers will hire trainee/qualified dispensers but not a second checker (i.e. a pharmacist/ACT) as a means of keeping costs down. This ultimately does not help the Responsible Pharmacist as they are left unsupported.*
- *I don't believe it is necessarily the employer, but the way work load increases all the time, and new initiatives are piled onto pharmacy - usually with little or no payment which means they have to be fitted into an already full working day. The main problem is all the services which require pharmacists to be in the consultation room which just mean you return to a shopful of angry customers who have been kept waiting. We must STOP promoting pharmacy as a place where you don't need to book an appointment!! People expect instant dispensing, your attention as soon as they ask for you and no concept of the cost to us of the services they get - especially MDS and delivery (which ought to be charged for!)*
- *Gphc should be setting standards for pharmacists so as to make working conditions better. Not only through the pharmacy but with terms and conditions of pay. We are offering way too many services for free without any incentives. This will only get worse I'm afraid.*
- *the company I work for is trying to change its staffing policy so that all counter and dispensing staff will hold the same qualification thus making it sound when they report their end of month staffing figures they look higher than the reality. This is currently being fought by the staff involved but it is a wrooying trend that one of the main employers feels that this is a viable/professional option*
- *I hate being a pharmacist and I'm leaving the profession soon due to idiocy and incompetency of non pharmacist managers and staff*
- *Gphc treats pharmacists as scape goats! They do not go after companies who influence everything but penalise individual pharmacist whose actions are driven by fear of their employer. I have never seen morale so low amongst pharmacists. I would not advise anyone to come into this profession.*
- *Had a recent gphc inspection, satisfactory overall but it most certainly doesn't feel that way. Alot of last minute effort was made to achieve that ranking and it does not reflect our day to day practice.*
- *I am lucky enough to work for an independent pharmacy after years working for XXXXX. The only issue I have had is occasionally only having 3 working in the pharmacy when there's should be 4 minimum in my opinion. The boss didn't know about this as the manager felt we could cope,he said I should have told him, so I make sure I let him know if this occurs*

- *Please note, my answers relate to Saturday work only (when I locum for this company). Throughout the week the working environment is better. Saturday is the one day a week where there are not dispensers/technicians/Mcas but only sales assistants. Following an inspection, conditions have improved although I still dispense and check my own work.*
- *Cover on chemist counter has been reduced from two to one whilst items and services have increased by 10% plus*
- *There is no protected time for pharmacist to have an uninterrupted lunch break. It is a healthy work environment.*
- *CAsh is King seems to prevail both with employers, CCG's and NHS as a whole!*
- *The Community Pharmacy role is increasing being undermined by lack of remuneration and a cavalier attitude by senior managers, driven by targets and bottom line savings. There is no recruitment or retention policy and little or no trading for new roles and EPS.*
- *EPS is an absolute nightmare - no chance of planning your work load - always playing catch up - would help if GP's could put more than one item on a prescription form when they have the patient in front of them as we find that two or more forms never download at the same time which wastes out time trying to get all of the relevant forms - same with repeat prescriptions as it is rare for all ordered items to arrive in the same downloaded batch of forms*
- *Profit is placed ahead of safe running of pharmacies. Staff well being is frequently compromised. There is increased work pressure on dispensary staff due to less staff, and more services provided by pharmacists.*
- *Fama drawers need repaired*
- *XXXXX are clever. They put everything back on you. If you are not happy to sign on as RP then don't but I wouldn't think you could do that to often as although unsaid you know they would gladly replace you with someone who would.*
- *I work on a very part time basis mainly for XXXXX who are excellent to work for (but still not enough mental breaks in very busy pharmacies). My next employer would be XXXXX who never have enough supporting staff, foster a culture of intimidation and bullying and have so many rules and regulations that it is very often difficult to exercise professional judgement!*
- *Always understaffed. Always told at the start of the shift we need x about of murs. Even when there is not a clinical need, i find myself doing murs to meet "targets". Staffing levels are a joke. Untrained and unqualified staff at almost every branch. Morale is low. No one complains out of fear for their job. Sometimes its just me on my own in a dispensary self dispensing and self checking. This includes CD's. I used to be employed by XXXXX but left due to this reason. Safety is never taken seriously by XXXXX. I mean never. Marc Donovan preaches about safety but the fact is its him and his team that force us to do MURs. Theres a league table and you are named and shamed when you fail to hit targets.*
- *i strongly feel that this is a very demanding and responsible position and its unfair and unsafe that pharmacists are expected to work without proper lunch breaks and I have regularly not had sufficient time away from the dispensary to eat and refresh myself mentally.*

- *too many pharmacist are still unhappy. The driving of nhs funded services is still evident despite the recent articles. staffing levels are putting patient's safety at serious risk in a number of stores. those quieter stores will feel a proportionally equal strain and risk when staff are off sick or are on holidays. My employer wants to drain as much money out of the public and the nhs whilst my mental health is affected with stress and worry for patient safety in busy stores that are understaffed and are still experiencing target driving for nhs services.*
- *I have twice in one week, been left to My own devices without any other person present in the dispensary and one on the counter in a very busy pharmacy. For a period of 3 hours. At the beginning of my locum shift I was the ONLY person in the pharmacy managing counter and dispensary. This due to mismanagement - "forgetting to cover holidays."*
- *Q. The working environment has an adverse effect on my health. No, the increase in the number of rude, abusive and aggressive patients affects my health but I guess this is for another survey.*
- *It seems a common practice here in XXXXX to use members of staff with no dispensary qualifications to train as dispenser or even worse, to give a hand making up diskette boxes or dispensing repeat prescriptions. Area Managers don't offer enough support, they are just there to remind us on targets, figures and performance. They are so tucked away from the everyday routine.*
- *I undertake irregular locum work. Health impact on me is minimal as a result. I have had v. stressful days and would not entertain F/T work as I see the impact on staff.*
- *I only work infrequently on a Saturday morning, when the only staff present is myself and a hca who normally only works on a Saturday,*
- *non pharmacist managers should not be supervising pharmacist regarding clinical decisions. this is happening in the majority of the places I am working into*
- *Mur and other services are pushed and forced on pharmacists. At one point there was a huge discrepancy in the cd register - the manager of the branch told me there was an mur service to do... i tried explaining the situation she was more concerned about her target and not several meds missing. Control drugs are more important than med check ups especially when there is a huge amount missing and all entries have been written in and all invoices have been checked. There is also a new process that encourages dispensing staff to help with control drug entries and cd checks. When they are adding up wrong quantities massive errors can occur. That aside, most pharmacies are nice to work in, however the minority push for services above and beyond, in effect massively impacting on the safe and effective manner of which medication and advice is given to patients. Do i feel pressurised to do more services as the rate is decreasing? Yes. Am i happy? No. Do i have bills to pay? Yes. There is no solidarity across the profession, always somebody underselling themselves for a lower rate. We should protest like the junior doctors, the future for pharmacy isnt looking good especially with more cuts to the nhs. I have to say, unfortunately we are more concerned at working for lower rates and undercutting each other than standing firm and refusing to work at lower rates.*
- *These answers also apply to XXXXX.*

- *XXXXX as a company are very target focused with regards MURs. There has even been talk of competitions between stores who can do the most .*
- *Asked for help and my bookings have dropped considerably. Low wage, pressure to perform advanced services with no awards and appreciation. It is absolute hell, Slavery in disguise-but we have to make a living*
- *I hate my job*
- *The regulator seems uninterested in challenging the current badly deteriorating pharmacy working environments which in turn can impact greatly upon patient safety*
- *8years as pharmacist, worked as a self employed locum only working part-time majority of times. However, I held a branch manager position for 2years with well known company. These 2yrs were by far the most stressful times of my life. Being responsible for the running and management of a whole branch as well as professional responsibility that every pharmacist has was overwhelming. Something that no degree in pharmacy could ever prepare you for. My branch did not have a qualified dispenser and I was repeatedly told I do not need one as my branch was "low volume". Therefore self-checking was the norm. I seen many many pharmacies in my locuming time where you arrive at a pharmacy you never worked in before, you have no dispenser and you are expected to get on with it. I only work part-time at present. I will never work full-time again in pharmacy as it's basically too stressful. Looking for my next career at age of 31 because community pharmacy is all about targets and sales.*
- *Dispensary is too small for workload. Scripts waiting checks are in baskets, piled on the floor because there is no available bench or shelf space. Always short staffed, especially pharmacy counter. Usually only one member of staff on counter and struggle to provide lunch/break cover for counter which impacts on dispensary staff. When a member of staff is on holiday there is rarely extra cover provided and expected to muddle through.*
- *working as a locum for XXXXX was detrimental to my health so I made a decision to NEVER work for them again and have found employment in other areas of pharmacy. Their treatment of locums has led me to leave community pharmacy completely*
- *Very low cover for absence-not what it is on paper. Work 6.5 hours a week alone in dispensary always and much more when absence,so have to self check cd's included no option. 290-500 items a day*
- *When I worked for XXXXX the answers would have reflected a significant and detrimental effect to patient safety. There was also strong emphasis on commercial targets linked to bonuses. I left.*
- *The minimum staffing levels stated in the community pharmacy contractual framework are way too low but tend to be referred to whenever anyone complains about staffing levels. The GPhC needs to take more of a lead on professional and safe staffing levels. This of cause does not take into account the difference between where pharmacies are poorly or are excellently managed and the effect on safety that can have!*
- *Just a mandatory lunch hour for the pharmacist. I would highlight that customers think we're a fast food outlet...chefs are afforded more respect than pharmacist....also, in multiples,*

where shop manager is non-pharmacist and they think they can tell the pharmacist how to and what to do.

- *We have been hearing so long that GPhC, PDA and others are 'looking into' workplace stress. This just never seems to bring any results. Very disappointing*
- *to them, being a pharmacist is just like running a barber shop. its all about profit, profit profit at the expense of anything and they will do anything to maximise this profit. however, i am trained as a pharmacist to use my judgement and expertise, this is never used as the pressure from the company means that i will have to cut corners to meet their unrealistic targets. This then begs the question whether I trained as a shop keeper or as a pharmacist????*
- *there's the same amount of pressure on meeting the targets, but now, as it cannot be said officially (after the Guardian stories), I am expected to 'read between the lines' what's expected from me. I believe that services like MUR and NMS are extremely important in maintaining good patients care, but being constantly understaffed it poses more risks than benefits to patient safety. The company seems to be deaf to my feedback about working conditions and I feel like everybody I work with - be it dispensers, other pharmacists or area and store managers are more stressed than ever before (been working for the company for the last 6 years). Employees who have been with the company for 20+ and 30+ years are leaving and there's no effort made to keep them (expensive contracts I presume, so new employees will have worse conditions=more money saved by XXXXX). Also the process of ordering specials is extremely flawed making Rx much more expensive than they could be if using the cheapest available manufacturer (like Martindale, which is often claimed unavailable, when in fact, after 'digging a bit deeper' it turns out it is available, just not preferred by the company... this increases the cost of a single Rx 5-10x on a regular basis- this obviously means higher cost for the NHS, and more profit for the company). It is upsetting and very frustrating to see these things happening, and there's much more than that, including declining morale within the company and RP being pushed to do things on the verge of legality.*
- *i mainly work for small chain employers, large chain are different, pressures much more ,staffing less,stresses higher*
- *Pharmacists rest breaks continue to be an issue which PSNI in Northern Ireland ignores.*
- *Work place pressure is constant there on all fronts of the business particularly pressure is put on through regional emails on a daily basis. Most times obvious unethical practice can be encouraged by regional pharmacy managers but not through email through conference call instead so theres no written record of it.*
- *GPhC is extremely poor at regulating premises and pharmacy contractors. Their response to MUR article is woeful*
- *conditions and staffing levels are adequate. However, expectations are unrealistic so stress levels are high*
- *Branches on the Group that don't complete 10 MURs are week "named and shamed" and have to ring head office to explain why. Head office don't know or don't care how pharmacies work!! ETP being introduced with no training for anyone (in pharmacies or GP*

surgeries) has made this worse. Work conditions have just got worse and worse since I qualified 12 years ago.

- NOT ENOUGH STAFF HOURS TO COMPLETE TASKS, THEREFORE, ALWAYS PLAYING CATCH UP AND UNDER PRESSURE. ESPECIALLY, REGARDING SERVICES (MURS,NMS)
- I don't think the guardian article made any difference other than that our superintendent sent a letter out saying that the health and safety of patients is very important and to raise any concerns with management. But management did not help me when I nearly had a breakdown last year due to staff shortages, that all of my dispensing staff could not deal with the pressure of trying to deal with customers and all the time under pressure from above to hit targets. Most of the pharmacists I know are finding life very difficult at the moment and several have had to be signed off for stress in Scotland and England. I think that the big companies need to be more stringently regulated in these ways, I feel that as individuals we are regulated very harshly compared to company-wide practices. I would like to see the NHS intervene and reward pharmacies for the stellar service we provide in communities rather than allow our services to be target driven.
- As a pharmacist working for many different pharmacies (in the company XXXXX), it is amazing to see how often the larger stores have the same amount of staff as the small, not so busy stores. This is an unnecessary pressure on the Pharmacist on duty. Sometimes, the small busy ones cannot cope with the amount of staff there are. Store Managers (including Pharmacist ones) should plan their staff in advance. Relief Pharmacists are often left with little support.
- I don't believe patient safety has yet been compromised, but certainly many other things are prioritised over efficient delivery of prescription items
- Happily I work for a very professional independent contractor. I would not be happy to work in multiples as my answers would be very different from above - but fortunately I am only an occasional locum.
- There is constant MUR and NMS pressure, never enough staff and constant job insecurity for dispensing staff as a dispensing hub is constantly threatened but never materialises. Second cover has been removed in busy stores leaving one pharmacist with part time checking technicians. IT systems and EPS makes life even harder, whilst SOPs make sure the pharmacist is responsible for the lot
- The staffing levels at XXXXX pharmacy are unacceptable and have a direct impact on patient safety and my healthy. I am relief pharmacist and work permanently in 3 stores and in all three the staffing situation is getting worse and patient safety is being compromised in pursuit of tagets and profits.
- I left a previous managerial role due to employers not addressing issues discussed in this survey -raised through grievance procedure
- Supermarket pharmacy is greatly affecting the effectiveness of pharmacy and thus patients.
- Glad to be working for independent pharmacist where I am able to give good clinical service without target pressure. My ethos is that I am there to work, and all my employers appreciate that. I undertake MURs and NMSs as often as I can as I love the patient contact.

- I work a 10 hour day with no second pharmacist cover at all. My branch does on average 13,000 items a month. I have the equivalent of 1.5 ACTs which is brilliant. Better than I have had in the past with a larger multiple. However, I am not given the same support as other branches even though I'm doing the same work. The reason being they have 28 day scripts and show higher monthly item numbers. Our figures are based on 56 day scripts. I'm checking the same number of items really but no credit and no second pharmacist support. This issue needs addressing. What other profession allows a 10 hour day on your feet with no break? Yes, I know I get paid for those 10 hours and I 'can' take a break. But patients are not willing to wait while the pharmacist takes a break. So it's a no win situation. My company is great but no cover at all when staff are on holiday or fall sick. We just have to make do. This should not be allowed. It's the GPhCs job to look out for us as pharmacists as well isn't it? Should they not be supporting us? How can we serve the public safely when we are being overworked and under supported?*
- Gphc have failed to act, following findings of gross misconduct by multiples. The lack of action by the gphc has shaken public confidence.*
- In my experience as a locum, I have found that XXXXX is the best employer when it comes to ensuring that there is enough staff as well as reasonable targets. XXXXX I believe is the worst pharmacy employer in the UK. The sole reason for their survival is their size, money and resources (i.e. unfair ownership of XXXXX) has meant that they are unchecked. The lack of competition has meant that their power and demands from staff will only increase. I only wish for the GPhC to actually start regulating and enforce minimum staffing levels as well scrapping MURs or incentives for it. Every member of the pharmacy team is aware that the MUR is a con. It's the easiest £28 any person has ever made for a company. I have seen countless pharmacists conduct a quick chat over the counter and then ask for a signature at the end. The NHS is on its knees and the GPhC is in a position to regulate the profession instead standing idly by and watching it lose its credibility. Five years of training to become essentially a street seller of over priced and unnecessary NHS services, whats the point? I'm better off working in another profession if XXXXX and others treat their staff like slaves. The best decision I have ever made was swearing to never work for XXXXX and locum mostly for XXXXX, A company that while competitive, treats its staff with the respect and dignity that they deserve.*
- As a Locum I do not feel obliged to hit company targets and am fortunate that I am still getting bookings*
- Getting from bad to worse rapidly*
- Community pharmacy need to be checked more often by authorities in a favour of patient's and staff's health and safety.*
- The actual staff I work with are great people, and they have to put up with things just as much as I do. It's the managerial staff whose schemes constantly place hurdles in our way preventing us from doing our jobs. And instead of providing services which patients need and ask for, it's just mur/nms that's all they care for. When I asked my manager to help set up an EHC scheme, she just said do it yourself. Although I don't think they are all like that, recently I've started working (temporarily) in a different area, and myself and the pharmacist at the branch were talking about our wages (which we're technically not supposed to talk about according to XXXXX literature.) When I qualified I started at 13 pounds per hour*

which was bumped up to 16 within the first year, after which it's never changed (for four years now) I get no lunch break (working 11 hours shifts) , have to do unpaid overtime, and receive no bonuses. When I asked at the admin office about a yearly review they denied there was such a thing. My colleague who works in a different area however was started at 19 pounds per hours, gets lunch breaks, bonuses and regular reviews. Bare in mind we both work for the same company and have the same job and qualifications. All I can say is there are some good managers out there, however there are some all too happy to take advantage of newly qualified pharmacists. I imagine this problem will only get worse over time if nothing changes.

- *The GPhC really need to take into account the big concerns we have whilst working for XXXXX, they need to take action against the big company otherwise there will never be any improvements in the working environment or patient safety*
- *In general I only work in pharmacies I feel comfortable in.*
- *It is ALL about profit. Patient care is only mentioned if it means they will return to XXXXX.*
- *We are doomed. XXXXX, XXXXX etc have no respect for GPhC. It means XXXXX wil keep pushing unnecessary MURs and wastes NHS money.*
- *The NHS has caused most of our problems and we have weak leaders and poor negotiators. The NHS is constantly increasing our work load (flu inj, e scripts, etc) and at the same time reducing our payments.*
- *I have been working for 3 years with Saturday staff who are not counter assistant level trained; do not answer the phone; cannot dispense - this means I cannot get any break from the dispensary for 8.5 hrs each shift. If I were to say anything a replacement would be found no doubt. Locum pharmacists have no voice; no influence; no power - we do not stand as one; if you complain you can be guaranteed other locums will not support you...rather than that they will take your shift in a heartbeat. What a sorry excuse for a profession we have become.*
- *Disappointed at lack of support from GPhC. With 170 million being cut in December things will get worse. The area manager has already said there will be staffing cuts in XXXXX from January 2017 and we are expected to do the additional flu vaccine service (every store is) without ANY extra cover. As well as Murs and NMS and chlamydia (the usual services we provide.) The pressure is insane. Nobody can achieve everything they want. Our area manager said his boss in XXXXX is asking him which pharmacist in the area will not be there in three months time as they are not performing! Every week we now have to e-mail the area manager which targets we are hitting or missing and what we are doing about it if we are not achieving them. If we forget to send the e-mail because we are busy we get told off! The targets that are being monitored weekly are NHS OTC MUR NMS EPS sign ups and now FLU. Also every DAY (yes daily) we have to email the eps nomination figures. But how can things ever improve with the 170 million being cut? And lack of support from the regulator. I do have evidence as I have kept all of the e-mails but I also feel sorry for the people at the top as so much money is being taken out of pharmacy and the shareholders won't be happy if the company makes a loss.*
- *Although I am one of the lucky ones, owners need to look at the whole picture and ensure all business hours are fully manned from opening to closing, especially the 100-Hour*

pharmacies....even if this means being overstaffed. Risk assessments are a great tool for this but unfortunately most people are reactive and wait for incidents to occur. Better to assume a theoretical event and base improvements upon this

- *the GPhc should set min staffing levels for work volumes. how many items is one pharmacist expected to do with how many support staff and what is the staff skill mix. also the sop says 2 different people should check and sign a disp label how is this achieved when i am alone in the dispensary-as happened last week. by default i am then working off sop because of the fact i am alone.the very sop that is designed to protect patient safety and that will put me in a difficult situation if an error occurred. the first port of call in such a situation for an employer is "did they go off sop". several of the sops are flawed. eg the above and the sealing of an mds before checking-how is this done safely when there are 15 white tabs am and 16 pm. again this happened to me last week. whilst alone in a dispensary. no one in HQ takes any notice of these issues from the front line troops, they just continue doing their own thing.and that is safe for the patients?*
- *I feel that these organisations have no teeth. I am constantly confused by what my company requires and wants with what are my actual professional obligations are.*
- *I am 1 of only 2 employees dispensing 3500 items.We have no room to eat our lunch,and there is only 1 exit route via the shop door as the rear door is always locked.I sincerely believe staff working conditions and pay will progressively decline, though I believe that all working class people in the UK will be handicapped and the quality of life for the working classes will suffer.I feel sympathy towards the younger generations.....We need STRONG UNION REPRESENTATION AND LEADERSHIP..I have worked in some pharmacies where there is no heating on whatsoever during the winter months and have kept myself warm by running my hands under the hot water tap or running my car engine with the heater on during my lunch break!!!!*
- *We work for the first one and a half hours at the beginning of the day on our own and the last two and a half hours of the day too. When asked if my regional manager about this as XXXXX and XXXXX had full cover, he said that the company would not 've able to keep the pharmacies open if this were not so.*
- *Currently working in smaller/slower pharmacy which is not as pressurized as previous pharmacy. So above responses are better. Previous pharmacy conditions were not as good.*
- *I attended a regional meeting yesterday where a XXXXX divisional manager for 'Customer Experience " said that all that hot air from the Guardian had gone away. She also claimed that people had apologised for their comments! XXXXX Management have no intention of changing their behaviours unless decisive action is taken by GPharmC and/or the Government. Pharmacists need independent union representation and a governing body that is not intimidated by corporate interests.*
- *My salary has been the same for years give or take a few pence. There are no proper breaks during the day. The staffing levels are cut to a minimum and we are bombarded daily about performance and named if we under achieve. If you raise concerns or under achieve you will be replaced.*
- *My manger told me to allow colleague to dispense without being even enrolled on Dispensing course. I was informed, after raising concerns, that they will enroll colleague now*

and as off tomorrow (because she will be enrolled on the course) she can start dispensing. They refused to provide any help when I pointed out that I am going on holidays and that locum covering me does not know the branch and should not be left with experienced, unqualified colleague.

- *I don't feel that the GPHC hold owners to account. The RP is held to account for the number and ability of staff even if they are just on relief and walk in to it and do not have the confidence that there will be no repercussions if they removed their name from the RP register if they thought that it wasn't safe. The XXXXX rest break policy is a joke and the GPHC and the government should be saying to all pharmacies that this is the minimum number of qualified staff and pharmacists that is required for a pharmacy to open relative to the number of prescriptions and services that are provided. There is one store that I work in on a Sunday (only time I normally work there) where I am the only one in the dispensary the other two members of staff are two students, one left school this year and the other last year!!! I am still expected to provide EHC, supervise methadone, provide no smoking and in winter to administer flu jabs under these conditions. The GPHC and the government also need to enforce proper lunch breaks where the pharmacist can leave the premises and either do their shopping or meet a friend in a restaurant for lunch.*
- *GPhC needs to take action. Patient safety is at an all time low.*
- *I am concerned about the increasing role of pharmacist responsibility and targets with less staff, support or time to complete them. I am under pressure to complete MURs, NMS, flu and men b injections as well as the "routine" elements of the job. Sometimes I do not feel in control of the pharmacy because I am a jack of all trades but a master of none. The constant swapping from one role to another with no break or preparation is damaging to my mental health. You just get dizzy trying to remember which hat to wear with no time to recover between roles. THE PRESSURE IS CONSTANT. AND I AM SO WORRIED THAT PATIENT SAFETY IS THE LOSER IN THIS SITUATION. I can not remember checking half the scripts because I have to prepare for the next child's jab or paperwork or last minute DDS changes. I am going very slightly mad!*
- *Staff shortages but pharmacist still expected to do MURs*
- *I work in a very busy pharmacy alongside other pharmacists, however there are still constant interruptions and distractions*
- *The GPhC does not seem interested in staffing levels*
- *XXXXX only does something if the inspector tells them*
- *Pharmacy needs to stop doing more things for nothing in the hope that it may make people think well of the profession and just concentrate on doing the things for which we are paid extremely safely and efficiently. Pharmacy is always trying to 'help' other overworked professions at our own expense and it gets us nowhere. All we end up with is more work for less income.*
- *Constant pressure to achieve targets, Bombarded with targets and figures via emails, phone calls, conference calls, whatsapp, texts - and all of these often several times in a day. How do we focus on patient safety and other responsibilities?*

- *I work for pharmacist support and listen to pharmacists who experience these problems and signpost them to help.*
- *Really bad as staff are being cut and not trained properly.*
- *XXXXX is so powerful and ruthless, I am not confident that even the mainstream media can do anything to cause change in its capitalistic ambitions*
- *we ourselves as Responsible Pharmacists have to do rotas and find cover.in cases of sickness/holidays we are usually under-staffed.In my opinion we never get enough hours due to cost.we also find it hard to recruit qualified/experienced staff due to long opening hours and shifts, and they are only paid minimum wages.*
- *We are forced to declare dispensary hours that su it XXXXX not actually dispensary hours.*
- *I have worked for XXXXX for over 10 years. we have lost 9 colleagues from the department which have never been replaced. many real safety issues have been flagged up to various store managers for them to dismiss them and laugh at me saying I am trying to manage the pharmacy manager. The said pharmacy manager was targeted by various managers and forced to resign on trumped up charges. The reality was he did not have enough staff so MUR numbers were lower than the store wanted. Though sales, patient retention and satisfaction etc were very high they were unhappy. The new manager does lots of MURs however she refuses to do dosettes and repeat scripts and has made lots patients leave the store saying she cannot provide the service now!*
- *complete lack of loyalty to locum*
- *Professional activity should not be directed by bullying commercial constraints*
- *I have worked for multiple chains with a very similar experience!*
- *The GPhC inspectors are a complete joke. On recent visit serious operating concerns were raised, but when the report was filed pharmacy rated as satisfactory, but the seating area needed updating. Nothing about our concerns was recorded or remedied. They seem to lazy or scared of taking on the multiples. Frankly they run/regulate pharmacy and the GPhC is deeply in its pocket, but when the majority of serious posts are held by non pharmacists what else would one expect. This must change or professional pharmacy is DEAD.*
- *I admire the PDA for its strides in recent times in trying to 'correct' this trend. this downward trend is not limited to one multiple but is across the marketplace with some competitors to XXXXX being even worse. this therefore should not simply be targeted towards XXXXX but towards the sector. My view is that the regulator needs a dramatic shakeup and should be imposing minimum staffing levels per items and services across the sector. these would be transparent and unambiguous and would therefore empower pharmacists to act when staffing levels go below the 'safe threshold'. I have worked for my current employer for five years now and still am unsure what my minimum staffing levels are despite numerous attempts to find out. I agree that we need to work with parliament. I also believe that we need to get the public on our side as this will give us ammunition. Good work PDA... never stop fighting... we all need you.... not just oharmacists, but dispensers, managers and staff and ALL our patients. Thank you.*

- *Target driven pressures to achieve mur and flu jab and nhs targets is extreme. The dispensary environment is highly pressured with the sheer volume of scripts a day free over the counter advice, performance management threats if targets are not reached is untenable. Being a good pharmacist and given excellent clinical advice or performing good quality murs is irrelevant as performance is judged purely on mur and services targets, with more scripts and less staff than ever.*
- *It doesn't help that 1) I'm under pressure to provide additional services that I have to train for in my own time and at my own expense. These should be provided in the workplace. And 2) I (and I suspect most other Locums) have not had a pay rise in years - and this after a pay cut!)*
- *At the time, there were two GPhC inspections. I personally raised the MUR pressure on both occasions. However, I was never contacted again despite being told that I would be. Patient safety was hugely compromised in that working climate, and I constantly feared having made errors due to the intense staffing issues and target driven pressures.*
- *Pressure for commercial and service targets being passed down from the area management is still high. The store is contacted at least twice a week to query item and service performance. Targets are still being set for MURs as well as NMS and now Flu vaccinations as well. Staff sickness or holiday is rarely covered due to a general lack of trained staff in the area. The store is regularly staffed by a single pharmacist and trainee dispenser, whilst still being expected to hit targets.*
- *There is a need for regulator to look into this asap to save this profession from being regarded as money making business in the hands of the money hungry business organisations and gain the respect*
- *Having superintendents of large companies sitting on the board of the GPhC prevent open and honest debates. HOW CAN PATIENTS INTEREST BEST BE PROTECTED IF REGULATOR AND EMPLOYER ARE SETTING THE AGENDA?*
- *The GPhC has consistently shown that it will not effectively tackle the major contentious issues with the big Pharmacy companies.*
- *The GPhC is broadly ineffective as a regulator, regularly sending inspectors who have no experience or training in the discipline they are briefed to inspect. Their recent responses to issues concerning large national companies seem to indicate that they have neither the will, the resources nor the firepower to take on such an organisation.*
- *Multiples force you to carry our MURs as they are target based. It's often non-pharmacists that ask you to do them, or they tell patients that "the pharmacist would like a word with you" without consent thereby often forcing you to do an MUR - even if the patient is reluctant to do it or it isn't of benefit to the patient to begin with. missing MURs often results in negative feedback....however patient factors are not taken into account. Flu jabs are the same...pharmacists are forced to hand them out like smarties. pharmacies are handing out co-codomol like sweets without referring anything whatsoever to the pharmacist no wonder almost everyones addicted to the stuff. - this is the culture that's created and whilst locuming it's impossible to change the culture. I am a hospital pharmacist however locum weekends and that's the story with XXXXX and most other multiples. Independents are in general better and understand that pharmacists have professional judgement and give me more autonomy / chance to spend time with patients,*

- *As the financial pressure increases for pharmacy contractors coupled with oversupply of pharmacists the workplace pressure for pharmacists means patient safety is compromised. The professional bodies should insist there are proper breaks for pharmacists, ideally 2 pharmacists when doing over a certain turnover. A fair financial package could help.*
- *There should be restrictions that a pharmacist can not label dispense and check himself.*
- *pressure to achieve mur/nms targets is relentless, and even thinking about flu vaccines makes me fear for patient safety.*
- *I feel the GPHC has not reacted strongly enough to the Guardian article. I should have liked them to have conducted a similar survey of community Pharmacists. I question the value of the GPHC professional fee as it doesn't appear to support their Pharmacists. Where is their backbone? They should take a look at the stand the GMC has taken in support of their junior doctors. I have been qualified since 1977 and never have I experienced working conditions like those of today. I work longer hours, travel further and receive no pay rise anymore .*
- *Recently my staff has been augmented by the provision of a preregistration pharmacist but over the last two years I have consistently worked in an understaffed pharmacy.*
- *staffing levels still poor three weeks ago there was myself and one dispenser to cover the healthcare counter and dispensary all day*
- *I feel bullied, undermined, disrespected by my pharmacist employer. There is a lack of authority and professionalism at work. I work from 8am to 5h30pm with only 5 minutes break to quickly eat something... Sometimes, once a week, no break... I snack while checking ... Please help us community pharmacists.*
- *I have never let targets get in the way of safe dispensing so sometimes have not met the targets (MURs for instance) which has led the Area Manager to ask questions.*
- *Poor Pharmacy Service that can be directly attributed to support staff shortages is on the increase. I am not convinced that the proposed solutions (moving to a hub and spoke supply model) will improve the service.*
- *There needs to be greater recognition of the staff workload ratio*
- *I need more staff but because of the impending cuts, I cannot employ more staff. I feel that all the responsibility falls on me as the superintendent does not engage with to staff to push them to improve their performance so they do not fully appreciate the potential consequences of the GPHC inspection*
- *As long as employers are remunerated for pharmacy service provision, there will be conflict between employers financial targets and provision of safe, effective, professional, honest, and relevant pharmacy services*
- *I think the employer could do a lot more to the pharmacy in terms of the premises improvement and more qualified staff although pay is an issue most of the time*
- *I only work one day a week as an employee. I have carried out locums at other pharmacies. I must state that SOME of the XXXXX stores are cut to the bone. I have been in a situation where I was expected to lable on a system unfamiliar to me and look after the pharmacy counter. Whilst the tills were self intuitive in useage, having everything to figure out for*

yourself and sometimes no one to ask can be overwhelming. However, I've found some stores where the staff ARE very helpful. Although this may be considered a rather broad and sweeping statement, I have found that the Independent Pharmacies I have done locums in, are better staffed, organised and cleaner - all an indication as to safer working conditions

- The assistant manager handed me the letter from the Superintendent Pharmacist of the company explaining that there was no pressure to complete MUR's as stated in the Guardian report and at the same time gave me my MUR targets for the day! I did point out the irony but it was just shrugged off. Being an older pharmacist I am, perhaps, more comfortable ignoring the targets if they would impact adversely on my safe provision of pharmaceutical care. We are still told, every week and sometimes twice a week, how far off target we are with MUR's. I think my manager gets a lot of pressure from the Area Manager regarding targets and mentions to me that MUR's are needed. I enjoy doing MUR's and will do them if I feel the patient would benefit from them. I constantly weigh up the perceived benefit to the patient vs my workload for other patients. Whichever I perceive to be the more important at that time, gets my attention. It was brought to my attention that one of the dispensers was requested to inform management if a pharmacist did not do a MUR which was highlighted to them by the dispensing staff. However I have had no comeback from management when I have declined to do a MUR in favour of providing pharmaceutical services to other patients. I only found out, by chance overhearing a conversation, about the request to report pharmacists not doing MUR's, which did make me feel that the staff were being asked to 'spy' on the pharmacists. This does not create a healthy work environment or treat the pharmacists as professional people.*
- We havent been inspected and untill it is with a fine toothcomb, noting will change for the better.*
- Targets I.E MURs and nmss are money making excercises. Most employees are working under severe pressure. With minimum staff. Hea*
- The Regulator solely cares for the public; that is how it should be. However, conditions that Pharmacists' have to work in, can have a direct impact on the public. I do not understand why they do not want to regulate safety for Pharmacists?! I always give a break to my colleagues, even if it means that I am solely looking after the counter, and the dispensary. I am not given this 'privilege'. Although, it is contracted, I am not given a legally-defined break. I am almost always interrupted when I am trying to 'eat on the go'. As I am still the Responsible Pharmacist, I still at my workstation, so it is not a break! I have requested breaks in the past; however not even the Superintendent Pharmacist has a plan. When it comes to services & targets, employers do not want to give you appropriately qualified colleagues, they want to reduce the colleague hours, but still want service targets met. There is lack of understanding of services by employers. If you patients do not meet the criteria to be eligible for service, then targets are not going to be met, which means you have to have the same old chats with line managers. Unfortunately, some pharmacists let the profession down by 'meeting' targets where the patients are not even borderline eligible. Maybe one for the NHS fraud squad!*
- When I work as a locum . the company don't give any support if people are on holiday or sick. The condition are very unsafe sometimes.*

- *Due to alleged loss of profit in XXXXX the staff rota and hours constantly get changed without my consent or pre warning by non pharmacist senior store team. I am not at all involved nor the regional pharmacy manager. We are kept out of the hours changes negotiations. They are putting non dispensers on the busy dispensing times and qualified dispensers on Saturdays when there are less Rx's. They have no concept of matching skills to workload. They forget it's a pharmacy and should be dealt with by a pharmacist to judge who is qualified to do what.*
- *The GPhC is not adequately objective enough as a body to successfully support the safe provision of working environments for pharmacists. In all honesty the organisation is a shamble and the majority of its decisions are scandalous to say the least*
- *the gphc need to consider how many items a pharmacist working alone without an act can safely check*
- *We have recently been taken over by XXXXX so still unsure of their management style*
- *Working environments needs to be standardised across the profession, and regulated so that pharmacists (and support staff) can ultimately do what they set out to do when they joined the profession - to be there for the patients. Current lack of regulation means that everything is down to luck, and this should not be the case. No pharmacist should be forced to work on their own, without breaks, or in an environment that is potentially unsafe. How can the public have confidence in us, when we ourselves don't have the confidence that we are fully supported by our own professional body in the everyday environment that we have to work in?*
- *The GPhC is useless and always acts in the interest of employers and not pharmacists.*
- *This survey is not in any way balanced. Your agenda is clear and intended to stir up trouble. I am an employee pharmacist for XXXXX. I work hard, enjoy the targets, see them as an incentive for me and NEVER try to blame others if I am off track. We have always run our dispensary well within gphc staffing guidelines as set out in the drug tariff. Stop the rabble rousing and anti-XXXXX agenda. It's pathetic*
- *For the first time in my locum posn. over 13 yrs, I complained in Sept. 2015 about the lack of staffing at two XXXXX shops within 2 days of each other to the Pharm. Supt. I received a satisfact. ans. from the Supt. who said she would contact the Dist Manager and the Div. Man. I received no response from either person, but since my complaint I have not been offered any work from XXXXX. Last Jan. I was offered work which was cancelled by XXXXX, four days prior to the dates I was due to work. I, therefore felt that I've been "blacklisted" but can't prove it! Since then, I have done a small amount of work for XXXXX. I have now decided not to continue working and not renew my Pharm. Soc. Membership, because of this problem!*
- *Difficult to comment as company recently changed from XXXXX to XXXXX and so far the transition is not going smoothly*
- *There has been several occasions where I have been pressured into keeping the pharmacy open with no staff, serving OTC, dispensing and checking myself. I felt very powerless and unsupported. We have got a lot of responsibility with very little rights I feel.*

- *I am finding that increasingly planned staff holidays are not covered, or not covered by suitably qualified staff. I also find that I am more likely not be supported with shifts being covered whilst managers always make sure they have all the shifts covered when they work.*
- *The consultation room is tiny and unsuitable for flu injections as very little room to move and it has a fixed table in the middle. My concerns have been ignored and it has been signed off by the area manager as suitable.*
- *Main problem is that there are not enough members of staff to serve the customers or answer the phone. There are too many interruptions, and I have to do too many things at once. I am frightened that I cannot concentrate properly on what I'm doing, and that this compromises patient safety. The customers constantly complain that no one is serving them, and that their prescriptions haven't been assembled on time. The other huge problem is the prescribing. Surgeries expect pharmacy to complete medicines requests on behalf of their patients, then transfer the repeats to the surgery on the correct day. This is a huge additional workload to streamline repeat management and support the surgeries. However, this is a task for which the surgery get paid and they expect us to do their work for them for free, and yet when we do it around one in four prescriptions has missing items, or an incorrect medicine on it. Surgeries should either manage the medicines themselves, or be more willing to honour requests from pharmacy as they stand. Over half of all complaints and aggressive behaviour from customers are because the prescription provided does not match the order that was placed. If surgeries would do this properly themselves, then the staffing shortages would be far less apparent. Personally, I think the whole system for repeat management is fundamentally flawed, and that surgeries do not carry the appropriate level of accountability for their actions. My next comment is something that I'd like asked of surgeries, why: when you don't have a single prebookable appointment available in the next four weeks; it takes you three working days to process a repeat prescription request and get three quarters of it on a prescription; and only the patients that phone for an appointment between 8:00am and 8:20am and don't hear the engaged tone get seen; are you actively discouraging patients from receiving their influenza vaccine from other vendors? If you have the capacity to see hundreds of patients for services that draw extra revenue, is it ethical to turn away those that are trying to access your core services, or is it greed and a compromise to patient safety? I think if The Guardian want a balanced news coverage they might want to print that too, because XXXXX isn't as bad an employer as they portrayed. MURs if done well for the right people can be of huge benefit. Yes, the resource to provide them comes from NHS funding, but the interventions they yield more than justify the cost. XXXXX actively encourages us to carry them out for this reason as well as because funding has been reduced for pharmacy's core services, (when increased workload demands, average item value, cost of living, minimum wage etc. are taken into account). I would love for the PDA to help make my job less stressful, and for me to be appropriately rewarded for the care I provide to my patients in a safe, friendly environment. I just think that the problems spread wider than just large multiple pharmacy employers. The NHS should recognise that we are constantly providing additional support to dwindling numbers of GP surgeries. They should formalise this, increase the minimum number of dispensary hours worked per item in the drug tariff, and impose severe penalties if these staffing hours are found to be spent with dispensers restocking the makeup counters or working on the photo counter at the expense of pharmacy's core services. Thus forcing employers to adequately staff their pharmacies. The funding should be put in place to make this practical, and could be sourced from the GP*

budget, as there are now considerably less of them, and it is proving impossible to recruit more of the for reasons other than funding. Thanks to the PDA for your ongoing support.

- But if the GPhC visited me and asked me how my working conditions were - i'd be too frightened of any repercussions to actually speak up, and my colleagues would be too frightened too. We all have bills to pay and can't afford to lose our jobs. I have worked in a pharmacy since i was 15 yrs old (19XX), and this is not the job that i signed up to. I wish there was something i could do, but i don't know what i can do? There is constant pressure with targets, sales, MURs, NMS, cutting costs, colleague training etc. etc. I used to love my job, now i am constantly stressed, and i can't see it getting any better. I have just had a weeks holiday and spent most of the time trying to catch up with work before i go back, setting up the Flu Vaccine, reading PGDs, setting up the file, replying to emails forwarded onto me because my colleagues know that if i have to deal with it all on my first day back then it will be unbearable. I have just had a phonecall today from one of my colleagues - to tell me that one of my colleagues' collapsed this morning at work, and has been taken to hospital. She was absolutely burnt out and she was under so much pressure with me being on holiday. This can't go on, i am a manager with many years experience, i have a fantastic team of colleagues within the walls of the pharmacy, we all get on so well, we support each other and really work as a team, and if it wasn't for them then i would be long gone, and they have told me they feel the same. It's so sad. I have a voice and i always speak up for my staff and look out for them, but who is going to stand up and speak for me? As i said, i am too scared to say 'No, i can't do that' - i just try and keep going, i stay behind for hours after every shift (as i do not have time to get everything they want doing when i am dispensing, and i do not want to make a careless dispensing incident - which could so easily happen when i'm checking emails, counselling patients, sorting out colleagues payroll, holidays, schedules etc.etc), when i do come home I don't stop and relax, i will have had to forward on emails to my personal email so that i can continue to address them from home - just to try and get on top of things, in the hope that the next day will be better - but that never happens, there'll be a new promotion to sort out or another email to answer within a timeframe. I am writing this after spending another evening at my computer, I cannot remember the last time i actually worked a 39 hr week, honestly, i work at least +50hrs per week (excluding all the work i do from home), and i NEVER get paid overtime! All they will say is that i have to make time for things whilst i am the Responsible Pharmacist! So sorry to moan about it so much, but i had to answer honestly, and as this is confidential then i guess it is my only opportunity. Kind Regards, An exhausted, burnt out, unhappy Pharmacist (with NO work-life balance!)*
- It is the high time GPhC started strictly regulating the employers especially the multiples/big chains and hold them equally as responsible as the Pharmacist in any issues contributing to compromising patient safety otherwise the profession will continue declining.*
- I feel that the GPhC targets pharmacists whilst never taking to task the multiples that put us in the untenable situations where we must compromise our professional standards to survive the working day and deliver the results that the employers demand. The pharmacies are beholden to the share holders, and that at the end of the day is all that matters: profit. The dispensers work for (just over) minimum wage, in a stressful and responsible job when they could earn more on the tills at Lidl. And as pharmacists our wages are being reduced alarmingly - I am earning less now than my starting salary 9 years ago. And yet now I have to not only check more items as the business has grown, but also deliver the additional services necessary to recover profits lost through the category M claw back. I feel that the*

only real answer is to nationalise pharmacy and take the profit focus away, otherwise every day i am faced with the choice of compromising my professional standards or ethics or facing to maximise profits for my employer, both of which I feel are my duty and are irreconcilable.

- *Rest breaks are still minimal and rarely without interruption. On Saturdays, having qualified assistance is rare and self-checking happens a lot. Additional pressure from trying to locate ETP prescriptions, and repeat pxs managed by the pharmacy can be quite frustrating. When the services aren't run properly and prescriptions not received in time, the expectation is to provide an emergency supply..'you told me it would be ready..now I haven't got any medication', regardless of whether their surgery is open or not... Community pharmacy is becoming an awful place to work with the pressures and what seem to me to be ever increasing opening hours. 10 hrs plus opening seems the norm and there seem to be more and more 10.5 to 12hr shifts offered. Surely that has to be unsafe!*
- *The GPhC and RPS need to act NOW and end the target culture in pharmacies.*
- *My working environment and patient safety has worsened in 2016. I am expected to deliver my targets (which have increased from last year) with fewer staff . I cannot deliver the patient care I was able to 5 years ago. Tony's story (Guardian) is a reflection of my own. I used to love my work and the patient contact, but now I just want get through the day without making an error. The corporate has taken over pharmacy and there is no support for the pharmacist.*
- *I have less dispensing hours now than 6 years ago when I began with the company. I have increased the business by 60% over the past 6 years. My dispensing hours are less than that required I the drug tariff. My health has deteriorated and I am continuously stressed and now take antidepressants. I have just quit my job due to the pressure and effect it has had on myself and my family.*
- *The emoloyer's only care about profits and Paulo servicentre only to everything else*
- *The regulator is, or chooses to be, toothless in the face of multiples. Corporates seem to be working the levers.*
- *I had some health and safety issues that has recently been addressed positively.*
- *giving notice of a visit means that staff are prepped before hand and do not represent a true version of the pharmacy*
- *I feel very strongly that absence of key dispensing staff/ACT should be covered. This never happens and I feel it should*
- *My greatest concerns working in community pharmacy are the poor staffing levels and inaccurate waiting times. When a staff member leaves they are not always replaced or when someone is on holiday cover is generally not provided. Additionally in many pharmacies, I felt just one pharmacist (myself) was insufficient to check all the prescriptions and wondered how the manager managed to cope with the prescription volume without either a second pharmacist or an ACT. This situation has worsened with electronic prescriptions as pharmacies have become busier and patients receive mixed messages from doctors surgeries and pharmacies regarding when to collect prescriptions. Unfortunately area managers and staff in store refuse to give waiting times over 15-20 minutes out of fear of complaints. This compromises patient safety by placing additional pressure on the pharmacist to rush through*

prescriptions. It is extremely unhelpful as giving an inaccurate waiting time understandably aggravates patients far more than just telling them the truth.

- *If I as a pharmacist act unethically rum rhat or will strike me off the register but when it comes to the big cooperation they turn a blind eye! They decide to hold a "conversation" which is totally in proportionate. The big company's are far to big and for the GPhC to regulate effectively, moreover I think they are scared from them. In fact they threaten us with us being reported to the GPhC unless we do what they tell us. A lot of good pharmacists are leaving the profession as they are not able to practice autonomously anymore, its not with the hassle of working as a pharmacist anymore. The profession is in a very very bad place and things are only going to get worse unless the regulator pulls its socks up, and starts to hold the big boys to account. I have seen pharmacists from the EU being employees that don't know the law, or even the English language, they get employed because they are cheap. As long as the pharmacy has a monkey i.e. a RP to carry the can they couldn't care less about the quality of their credential*
- *Not enough budget for appropriate staffing levels. Unrealistic targets leading to no or reduced pay rises. Pressure for murs /nms and adverse effect on performance review when not completed sufficient. Morale amongst all pharmacy team low. Too much to do meaning flitting between tills and counter, dispensing and checking. This can lead to errors due to continual interruptions. When concerns raised not taken forward. Thinking of leaving profession.*
- *Need to increase the staffing level.*
- *Myself and staff are under pressure due to volume of work and unreasonable patient expectations . We only manage to complete our tasks by working early, late, and through lunch breaks. We accept this as we know colleagues in large multiples have it much worse!!*
- *Generally find it difficult to completely focus on the patient as am distracted by the pressure to hit targets.*
- *Poor supervision of branches. Problems don't get resolved. No ongoing training of equipment or procedures leading to staff often not following SOPs. Staff working without experience or qualification.*
- *We have the bare minimum staff level to work safely and effectively. When someone is on holiday or sick there is inadequate or no cover, and if someone is sick when another is on holiday, it is a nightmare.*
- *As a XXXXX employee I must point out that I have full confidence in the integrity and good intentions of the [Superintendent Pharmacist], however, I have no faith in the ability of GPhC to regulate large companies [in effect they seem to hinder rather than help Superintendents' efforts to put patients before profits]. Large companies work on averages so, on average, 50% of stores are not adequately staffed. Large companies resisted imposed regulatory minimum staffing saying every pharmacy is different yet themselves make absolutely no effort to establish each pharmacy's needs and why should they, as it's the Responsible Pharmacist or perhaps occasionally the Superintendent who will face GPhC sanction, never the company owner/CEO.*
- *GPhC has no impact on my working environment*

- I work as a Locum, mainly for XXXXX but also for a number of Independent Pharmacies. Due to the sheer number of stores both in and outside of London, I rarely find myself at the same store twice; which I think gives me a good insight into the working conditions across this company and the Community Pharmacy in general. Due to the increasing number of services I am now expected to provide, together with the staff cutbacks, I often find myself so busy that I don't get a chance to catch a regular bathroom break - never mind a lunch break. I would like to point out that it is common practice for Locums not to be offered lunch breaks at all, as this would require the dispensary to be closed - I guess that would be bad for business. The constantly increasing workload and impossible targets result in a lot of the services being provided hastily "over the counter" rather than in the privacy of the consultation room (as per service specification). I am met with outward criticism from other staff on a regular basis, as I simply refuse to offer consultations such as MUR/NMS/EHC over the counter. I am met with the response: "but our regular pharmacist does it." Lots of XXXXX stores are now open outside normal working hours and it is common practice for a pharmacist to be in the dispensary on their own in the early morning and evening hours – with no support staff whatsoever for periods often exceeding two, three, even four hours. The store managers rarely have any pharmacy training, meaning that as a pharmacist I am expected to report to a person with no pharmaceutical knowledge. The store managers' main focus is customer satisfaction, with the emphasis on "the customer is always right." This often results in a pharmacist being expected to perform practices that ensure up keeping of the company's good reputation at the sake of patient safety. The best example of this behaviour is how the Emergency Supply of medicines is now used more as a common practice rather than a genuine emergency, with an increasing number of drugs being given out without prescription. I often look through patient's PMR in disbelief at just how common this has now become. I truly believe that the "here to please" attitude expected of pharmacists has also affected the public's perception of our role. Progressively moving away from the respected medical professional, to more of a glorified shop assistant. With XXXXX lowering Locum rates on a yearly basis, soon we'll be getting paid like shop assistants too.*
- Conditions in community pharmacy were very accurately described in the Guardian article and companies are being allowed to demand their employees provide unnecessary services to generate profit.*
- I am fairly happy with my 16 years as a pharmacist - manager at XXXXX. The only problem I have is the relentless MUR pressure, sometimes patients benefit from MUR's sometimes they don't. The GPHC has proved itself spineless in addressing the issue. They are burying their head in the sand, if they don't address the issue now it will only be an even bigger problem in years to come.*
- little day to day encouragement and support for pharmacy staff*
- While I don't work for a multiple, and only occasionally do locums for an independent, I know 2 pharmacists that work for multiples (XXXXX, XXXXX) and they have personal experience of being pressured to reach targets, area managed by non-pharmacists and having their professional autonomy and ambitions suppressed. If I know of 2 people, there must be many more.*
- I am most of The time been pressured into conducting MUR particularly and when I do these service and the patients ask questions that helps them to understand and encourage them to effectively manage their medication and general health condition, I am often told off by a*

non pharmacist manager for spending too much time with the patient. Secondly, because there is too much work for a single pharmacist in such a very busy shop. As a result I often limit valuable information to the patient against my will causing me; what I call professional sadness and a feeling of guilt and unsatisfactory. Another very annoying and humiliating aspect is when a company dispenser is equipped to mandate a pharmacist (. Locum) what to give or what not to give. Honestly it belittles the pharmacist and the profession at large.

- *Constant pressure to complete MURs - even on patients that may not fully benefit from the service. Currently under pressure to complete maximum number of flu jabs. Pressure to complete training outside of work as little or no time given at work. Expected to work through lunches and do overtime. Limited trained staff available due to cut back on store budgets. Often helping serve on the counter for non-pharmacy goods.*
- *High volume of prescriptions, staff shortages, pressure to deliver targets for services-stripped enjoyment/satisfaction out of the job. We are meant to be spending more time with patients, delivering much needed services, but we simply don't have the time, either due to staff shortages or staff not appropriately/suitably trained. Very frustrating time for pharmacists at the coalface at the minute*
- *I have complained about the situation as regards the excessive heat's effect on staff and stock in this branch for at least 3 years, and it has not been resolved satisfactorily. The shame is that it could be resolved by ensuring adequate ventilation relatively cheaply, but instead surveys are promised and the solution is never resolved. The are manager flatly refused to believe that the temp was above 24 recently, when I had 2 thermometers there saying it was 38.*
- *MUR targets are unrealistic, unprofessional & cause lots of conflict between employers & pharmacists.Services are not commodities!!*
- *No confidence in the regulatory body.*
- *XXXXX states that it has a formula to calculate the amount of time tasks take and that this model provides for the staffing level. The Drug Tariff suggests a dispensary staffing level based upon workload. The hours staffed exceed the DT level but when you consider that all of the dispensing team are expected to multi-task covering the counter, fragrances, dot com orders, putting shop deliveries away....is this just a disguise of the real net dispensary staffing? After 25+ years as a pharmacist I think I know well enough that everyone working flat out and struggling means that the XXXXX model is designed to meet the DT requirement but the net level is ludicrous. The GPhC should do some work time analysis to see how much of the FP34 declared dispensary hours is actually spent doing dispensary tasks. The micromanagement of text and FRPS (XXXXX) databases, checking endorsements on EPS, claiming EPS and an increasing number of delivery phone calls and DDS dispensing are all distorting the extra time needed compared to the past in providing a pharmaceutical service. I sense from my last GPhC inspection that whilst the inspector recognised we were doing a good job under difficult circumstances, he knew all too well XXXXX would use the gross dispensing (FP34 declared) hours being in excess of the DT requirement to defend its position.*
- *I used to be employed by XXXXX as a pharmacist from 2011 to 2015. Currently employed by XXXXX.*

- *Recent gphc inspection awarded the pharmacy a good rating despite showing the inspector evidence of serious breaches patient safety and confidentiality. The inspector seemed to already have his mind made up that XXXXX ticked all the boxes for his report. If patient safety was a real concern then the pharmacy should have been given a poor rating.*
- *When I worked for XXXXX there were many times that patient safety was at risk. Commercial targets were constantly pushed and I was under considerable stress. XXXXX is a pleasure in comparison.*
- *The company wants 400 MuR's to be completed from April 2016 by October 2016*
- *I don't think multiples take this seriously at all. They would rather jeopardise the health of their employees*
- *The GPhC set guidelines on standards for pharmacy premises and other relevant aspects of pharmacy and so I believe the GPhC should set guidelines on working conditions and (minimum) number of support staff according to volume, the services that a pharmacy provides and how long a pharmacy is open.*
- *its all about profits, and funding extra staff cuts into that profit- proprietors will always try and operate on minimal staff MURs, NMS again all about profits- employee pharmacists are forced to hit targets...the payments per MUR need to be stopped and incentives rethought*
- *Fear of funding cuts have reduced double covers for pharmacists whereas the targets for MUR'S & NMS'S have doubled. Staff sickness/ holidays are rarely covered which leaves people working under stressful conditions. Hardly we get any time to do a quality conversation during MUR'S are there will be tons of patients outside waiting for their Rxs.*
- *One member of staff left but only got replaced by half a member*
- *Pharmacists and team always have patient safety at the forefront of all they do. Employers seem to have very little concern for their employees, they are a necessary cost. My biggest disappointment is that XXXXX have frozen the pay of the majority of their Pharmacists citing market based pay and rewarding new employees. This is without doubt a cynical cost saving exercise and totally devalues Pharmacy. I would not encourage anyone to go in to Pharmacy as the financial return does not justify the effort or credibility of the degree. A Pharmacy degree is very demanding and the job hugely responsible but the pay no longer matches this and is diminishing annually. I have never worked so hard as I do now and I know that this is the same across most Pharmacy teams in our company. We are expected to do more and more with less resource and with no pay rises for less and less money. This would not constitute a sustainable business model for any company, how is it right for Pharmacy?*
- *The company has done well in supporting pharmacy and giving you professional freedom and support, it has good standards and tries to comply. I am shocked by the stories I hear from colleagues about XXXXXs and XXXXX and the likes about staffing and support. XXXXX has a policy of a minimum staffing of the Pharmacist, dispenser and counter staff at all times and except in some stores where the Store Manager is heady the system has run smoothly. The head of pharmacy at the head office is however not a pharmacist, I think it is absurd. The GPhC is an embarrassment. They behave like they are working for the multiples and big business. They are not concerned with the proliferation of Pharmacy Schools and the*

depreciation in the value of pharmacist preferring to throw the professional to market forces of supply and demand. Pharmacists are already two for a penny. The junior doctors are fighting for improved conditions, whereas their condition is far better than those of their pharmacist colleagues, the pharmacists cannot fight!!! It is a shame on the profession. The RPharmSociety has failed the profession and the GPhC is making it worse.

- *Targets always come first in this company, we are expected to hit our targets regardless, area managers do not seem to understand the concept of the running of a dispensary, all they care is whether you have hit your target, staff shortage is not a topic to discuss at all, as I have been told I am too negative and complain too much so now we just have to keep going and keep our mouth shut.*
- *Gphc not interested in Pharmacists well being. They are only interested in regulating as many people whether they be Pharmacists or Technicians. Note I used the word people not professionals*
- *We are doomed as a profession if the trend to monopolise the market continues by a few very wealthy and large companies that have money and growth as their primary concern. We should return back to the days when each Pharmacist own their own business and didn't consider being a Pharmacist as a job but a responsibility and a privilege. Needless to say what we do will not make any difference, so I plan on investing in a carehome and helping vulnerable patients and giving back whilst being my own boss and making decisions based on my patients and not the 'Area Manager'*
- *Too much emphasis put on providing income providing services. Not allowed to recruit externally, have to recruit staff internally and train from scratch therefore have staff numbers but not skills in a very busy pharmacy.*
- *Feel gphc will penalise pharmacist when conditions, ie not enough staff, controlled by employer. How many pharmacists would stop dispensing if not enough staff in real life, we need the job!*
- *XXXXX are cutting staff continuously. We are at breaking point. Staff, including pharmacists are breaking down in tears. I feel my heart racing continuously. I've had to close the pharmacy on occasion as it was just too unsafe. I feel the gphc are not on our side at all and won't stand up for the profession. How long is it before another person is killed due to a dispensing error??*
- *we are all under constant stress due to lack of staff which is now beginning to impact on my physical health*
- *Because my staff hours have been worked out to be above what is required (I can assure you after two decades at the helm of that pharmacy they are not) I am not allowed to receive any overtime, no matter what the situation that arises. This means that the majority of the weeks where I have staff on holiday (or sick), which is most of the summer, I run on below my agreed minimum hours. Only the fact that I put in many extra hours per week keeps our heads above water and safety within reasonable limits. When the delay to the pharmacy funding cuts was announced, the senior management of the company released a statement within hours saying they were continuing with the cost cutting program they started. This was basically saying "don't get any fancy ideas about us easing up on you". I thought this to be in poor taste.*

- *Gphc does little to support pharmacists . They know the situation pharmacists are working under ie MURS but don't do anything*
- *Quite often there is not sufficient staff. I have worked in 65 XXXXX stores and the trend is the same. In a store where there is a pre-registration pharmacist you find that you are left on your own with them several hours a day. There also isn't adequate healthcare counter staff to supervise the sales of P-Medicines and is it expected that the dispensers will do both. I would say at least 80% of the stores I have worked in are a day or two behind with their workload due to insufficient staff or very inexperienced staff. This is a result of senior experienced staff being slowly forced out due to their higher salaries and being replaced by cheap inexperienced staff. There is constant pressure to deliver services whether they are appropriate for the patient or not. It has become a minimum requirement to conduct two medicine use reviews a day. Overall it is not a pleasant profession to be in at the moment. I very rarely feel like a professional anymore, nobody listens to my concerns about the quality of staff or quantity and there is constant fear or raising my concerns further beyond the store manager as I feel it will affect my performance reviews and future prospects with XXXXX and just simply seen as a troublemaker.*
- *Whistle blew and was victimised .*
- *I have answered this survey taking into account the time I recently worked for XXXXX, I had to leave their employment after 20 years as their lack of patient safety and command and control management style was causing me ill health.*
- *Many store employees are trained on healthcare course just to add those hours on end of month FP34C form as support staff but the question should be total hours exclusively for pharmacy not on the shop floor. In pharmacy branches with one dispenser, there is no cover for holidays, sickness etc. Instead pharmacists are expected to do everything on their own. Flu jab service added additional pressure because there is no extra help or support provided.*
- *Generally happy with current work. Will not work for companies who make unreasonable/unsafe demands e.g. XXXXX have emailed me direct with requirements such as two MUR's per shift (penalties if not done I'd imagine). Financially in a position where fortunately don't have to put up with bully companies such as XXXXX, XXXXX, XXXXX who destroy pharmacists (particularly newly qualified who may feel they have no choice but to put up with such conditions).*
- *Unless you are strong willed and do extra unpaid hours regularly (jeopardising your health and home life) you can not work safely, accurately, efficiently and achieve targets set by employer. You either are a good safe pharmacist who never meets and targets and is under constant review or you are a pharmacist that hits targets and are praised by employer but customer service and safety are compromised.*
- *I feel the target pressures and the minimum staffing levels compromise patient safety. Generally if ther is no holiday or sickness you have adequate staffing levels but once holidays start or people are off sick then the staff levels are not safe*
- *As a relief manager On numerous occasions I have reported my line manager about the staffing level provided and working conditions in our pharmacies. Unfortunately there is no improvements whats so ever rather getting worse. We pharmacists Mostley managed by non pharm pharmacy managers who only know how to push for commercial targets. On one*

occasion I explain the situation to GPhC inspector who was on pharmacist visit at this particular branch. She was there for three hours and could see how difficult it was for us to cope. But unfortunately nothing improved and the working conditions and staffing level at this branch are still very poor.

- *I left XXXXX in 2014 due to dangerous staffing levels and workload. I now work for a good employer with a small group of pharmacies. Even in this environment the job is stressful at times. However nothing could compare to XXXXX!*
- *The working conditions have remained the same with no improvement. Many employed staff such as counter assistants and dispensers have gone on long term sick due to stress. There is hardly any cover for this, in turn adding more pressure on to the remaining staff. This has been raised many times to the area manager, but all they're interested in is there 10 MURs a week, patient surveys and sign ups. An absolute joke. They know they can get away with it because of the lack of action the GPhC takes, I cannot see any immediate changes. The GPhC are not fit for purpose, one rule for independents and another for the multiples. This view is shared by all the professionals I have met.*
- *Increased workload (which is great, more services for patients such as flu vaccination) however no cover for pharmacist to provide service, staff very stressed.*
- *low morale and continual pressure on the least trained staff leads to high staff turnover and patient/customer complaints, which are never addressed, then more senior staff leave. Very few stores have a happy and fulfilled workforce even if higher management use the right buzz words the fact is the higher managers are regularly only seen to criticize never help or god forbid praise!*
- *55% of my work is in England for XXXXX, the other 45% is in Scotland for independents. I am not put under any 'targets' pressure as a Locum by the independents, but I am expected to be able to provide all the enhanced services. There is one contractor where I am self checking 50% of the time due to the level of staff cover. I would say that there is a much higher level of stress associated with pharmacy now. These stresses are from lots of different sources. It's the additive effect that is crippling. The pressure of meeting targets and being politically correct was what made me leave the 'security of contracted employment'. I am happier back doing Locum work even if it is less secure.*
- *A half hour break in a 12 hr shift for pharmacists is not enough. Especially when all other employees get 1.5 hours of breaks when they work over 9 hrs*
- *Pharmacists need to have pharmacists as their bosses. Majority of non pharmacists leaders do not appreciate the pressures of being a pharmacist and it compromises patient safety.*
- *I go to work everyday in fear of under performing in the set targets. I am never thanked when I do meet targets. I feel pressured into working overtime pretty much every week out of fear. I very rarely get the time back.*
- *GPhc are non existent*
- *I work in a relief position - I feel my role is abused and i'm used to fill in gaps, under the pretence that it is business needs. I've been to a store where i questioned the managers authority as an ACT, governed by the same principles as a pharmacist, in terms of her role in compromising patient safety. I raised this as a serious concern and chose to stay at the*

pharmacy - doing just enough to serve the immediate need of the customers. Pharmacy has not been the profession I believed it to be - commercialisation and huge multiples owning and influencing the supply chain, and due to their sheer number, the PSNC, makes me question why anyone would want to be a pharmacist.

- The main reason I deliberately work for XXXXX are its rigid SOPs and substantial staff support. Most of the times there are always multiple pharmacists on the shop floor as well as care home departments or alternatively the shop is supported by ACTs. In places where I am the only Pharmacist, I always have at least one extremely trained dispenser supervising other dispensers and staff and helping me. In terms of flu services/travel clinics, there is always a separate relief pharmacist booked to carry those out. As for MURs and NMS, although I have recently read articles about these being addressed as "target pressures" by others, I personally do not see it as such. At other non-XXXXX stores and at some XXXXX stores I have occasionally conducted over 5 MURs and multiple NMS despite the heavy workload; this was not for target reasons but purely to address health related issues with patients and make them feel cared for. A lot of times MURs do unexpectedly lead to referrals and a lot of times patients need to be reminded of simple things such as OTC interactions, etc. In all honesty, I would not be happy to give a patient Warfarin or Bisoprolol without conducting NMS and reinforcing information provided by the doctor just in case anything has been missed as to a patient who is not from a clinical profession, the use of the drug is a whole new concept. I have also identified and referred patients to be switched to repeat dispensing and dosette trays during MURs to help compliance. Furthermore, a Pharmacist's presence during handing out medication is equally important - for instance, just yesterday I came across a patient on HCQ who was not aware of fundoscopic eye tests although everything else had been covered by their consultant. It is easier for a Pharmacist to have more patient contact when they are supported by sufficient staffing. Furthermore, XXXXX also uses XXXXX forms to alert Pharmacists of changes and interactions. Apart from XXXXX, I have recently been doing a lot of work for XXXXX (and occasionally XXXXX) which is a smaller company in comparison but are equally good. They are just as rigid with their SOPs apart from having XXXXX forms. I, as a Pharmacist, prefer to work for these companies purely because of the SOPs they have in place to support patient safety. Although some independent pharmacies are exceptionally good (and even better than big chains), there are some that do not have proper SOPs being followed which makes it very stressful for the Pharmacist as they focus more on 'keeping their customers' rather than doing things right. Due to this reason and some bad experiences, I pretty much try not to work at independent stores anymore or certain supermarket branches where staffing is not great.*
- Employers are looking to save as much money as possible. If they could, they would take all my staff away and make me self check and so I have to play it smart and ensure they realise constantly that I need these staff members.*
- The environment is such a way that concerns cannot be raised and have recently been told not to bother head office with issues as the chain of referral only goes back to the area manager and then back onto myself. However if a patient raises the same concerns then headoffice ring branch to Find out what is going on.*
- Medicines counter assistant dispensed medicines. An untrained person employed to put stock away, started dispensing and signing the dispenser box (note that these didn't get double-checked by a pharmacist) and this person had a background in accounting. Nothing*

to do with pharmacy. The said qualification was received in Kenya and her English speaking ability was poor. Having been brought up in Kenya myself, I know how appalling her English was

- *I have experience of working across a variety of companies. XXXXX and XXXXX pharmacies are the worst for staffing levels or adequately competent staff, I have worked in over 50 XXXXX branches and there is a constant theme of lack of staff. Some stores are better than others. I have turned up twice to 2 different XXXXX stores with NO staff whatsoever. The pressure on completing MURs was evident from the first day of walking into a XXXXX store. I originally came from a hospital background. The working environment is much more supportive and then is a sense of togetherness in the hospital setting. Working for XXXXX in particular the treatment by other members of staff is beyond rude. The pharmacist is seen as a tool to achieve their target so they may receive a couple hundred pound bonus and a pat on the back. Something needs to be done. The environment is toxic and detrimental to working practices.*
- *I have recently worked in a few of XXXXX stores where I have to self dispense and check because of serious short staffing. I'm pressured more for financial gains i.e. MURs, NMS, unpaid parking tickets/expenses, inappropriate breaks and then unfair deductions from wages for such breaks. I've had to chase up payments several weeks to get them correct. I feel that they try to rinse you as employees as much as they can for £5-£10 to see if some people would bother with the hassle.*
- *The pressure is increasing with script volume, MUR, NMS, Flu vaccinations, people asking advice more and more and now many queries re local pilot where people can't order through us from certain surgeries. We never clear the workload, normal to clear Wednesday's ETP by Friday pm!!!! So stressful. Love my job and enjoy providing services but it's the issue then of the backlog that creates...really need to act as a checking machine.*
- *Constantly working in 30c plus temperatures with skeleton staff and pressure to do enhanced and additional services. I have been left with only one other staff member on the premises due to an assistant being sent home suffering from heat exhaustion. I have had to temporarily close the Pharmacy in order to collect scripts from surgery, take money to post office and take the rubbish to the bins.*
- *There is no support from GPhC for pharmacists, only threats and bigger demands. Very frequently I have seriously considered walking out of the pharmacy and shutting the shop as the pharmacy is not operating safely and only haven't through fear of losing work. Staff are very rarely replaced for holidays or sickness. A lot of times I am self dispensing and checking CDs and CD errors are on the rise. More work and more pressure with lesser and lesser staff. Soon it will be a one man operation with just a pharmacist.*
- *Pharmacy managers need to be trained on basic business management and correct deployment of staff. Saturday and Sunday staffing must be the same level as the staffing in the working week. All the services must be part of the core contract rather than additional services, this will prevent them being subject to targets. All revenue generated by the additional services must be applied to the pharmacy, and not put into the corporate account. All service delivered by a pharmacist, the additional fees should be paid to that pharmacist! Pharmacy services should be run by a pharmacist and not a non trained manager who has no experience of pharmacy ethics and working.*

- *Profit always comes first. There are worse companies out there though. I don't think a supermarket can comprehend that we are expected to provide more and more services yet government funding is constantly cut. They are right to question this! It is no wonder the business has now been sold to XXXXX as a supermarket will not keep a loss maker.*
- *I think big pharmacy companies are doing what they want, as NOBODY CHECKS THEM! Or if are checked nothing happens to them. I think authorities/people are afraid of taking responsibility for not "nice" decisions. They just afraid.... Very sad situation.*
- *GPhC don't care about wellbeing of its registrants.*
- *Having worked for both Independants and Multiples during my 40 year career I feel that the Multiples are putting profit before patients.*
- *GPhC do not care about the wellbeing of its members, they never have and never will*
- *The support staff / reception staff has been cut off to save money on their wages; rest of them have been dismissed or forced to resign.*
- *There are frequently not enough staff and I feel a lot of the stores I work in aren't safe because of this. I feel all the employers care about are profits and my working conditions are so hard that I can't work 5 days a week and have to do 3. I am trying to find a job outside of community pharmacy as it is usually dreadful- XXXXX are the worst, but all the employers are bad. 10 years ago working conditions and pay were better.*
- *Is there a limit on tasks, such as number of items checked per day/week/month, beyond which it is deemed impractical or unsafe for a sole pharmacist to work (ie requiring a second pharmacist). And what about services? Why are we continually providing services to "reduce burden on gp" which results in an unrealistic and unfair demand on our time? Who will take the burden from the pharmacist? Salaries are not reflective of the skill, expertise, or hours worked by most pharmacists.*
- *SOP's are in place, yet often due to staffing levels they are difficult to comply with. I have been told by my area manager to keep the store open when there was only ONE other member of staff (a counter assistant present) in a busy community pharmacy. I have been told to maintain the level of MUR's despite commencing flu vaccinations at a rate of 25 to 40 per day yet only having one consultation room and having supervised consumption patients. Insufficient time to spend with pre-reg students due to inadequate staffing levels. If a member of staff left, their hours would not be replaced. With members of staff on sickness (short or long term) and holiday their hours were not covered. Usually a team can cope with short term absences although this is not ideal, but with long term absence it is extremely challenging and eventually becomes demoralising. Most importantly I don't think the 'customer is king' anymore, patients complain that they ordered their prescriptions over a week before calling in for them but they are still not ready. Our delivery service at one time was actively promoted and now it is positively discouraged, in order to reduce costs some stores begrudgingly deliver to customers who are in their eighties and nineties, despite being housebound and disabled, hoping that if the prescription is left long enough then a relative may call in to collect it. Most of the pharmacy teams I know are working to their full capacity, tea breaks have disappeared completely although it is possible to have a drink at the workstation but sometimes a five minute break away from the dispensary would provide a stressed member of staff who is making mistakes a time to gather their composure and*

refocus before continuing. This would benefit the staff member, whole team and most importantly patient safety. XXXXX provide a monthly professional standard newsletter and it usually contains a real case scenario of a dispensing error, in the majority of cases the error is linked to the pharmacy being busy and I would guess understaffed. My main aim of my community pharmacy career has been to put the wellbeing of the customer first and I think most of my colleagues still hold this view. A lot of pharmacists enjoy many aspects of their work but the increased expectation and stress placed upon them results in many becoming, tired, angry, demoralised and depressed. At the end of the day we need a job and the employers know that !

- *I am increasingly worried at the lack of concern about the reduction of standards in the pharmacies where I work. We are expected to work long hours without a break and with too few staff. Noboby complains because we are all afraid of loosing our jobs and constantly reminded that there are plenty of pharmacists waiting to take our place. Exhausted from trying to make non pharmacist managers understand that this job is not all about targets and patient safety and care should be our highest priority. Retirement cannot come a moment too soon!!*
- *staff hours and double pharmacist cover have been dramatically decreased and more mistakes are being picked up in the dispensing process. All staff including myself are considerably more stressed and disheartened and feel there is no support from higher up*
- *XXXXX have become less supportive of pharmacists needs in my opinion. This is due to the ridiculous amount of pressure from regional and area managers on store teams. Their expectations are wholly unrealistic, often setting targets that cannot possibly be achieved unless rules are bent in some way. I have observed store managers and team managers being dishonest, fudging figures etc in order to avoid being reprimanded. Managers often complain about managers at a regional level, but are helpless to do anything*
- *My superintendent is a very risk averse pharmacist who does not trust new members of staff unless they are family, therefore holiday cover etc is not easily forthcoming. Workload during those times is unacceptably high, nevertheless I feel obliged to work long hours to get Inge done. Those extra times are only paid basic rate and leave me stressed and exhausted, not a safe scenario. Owner says she cannot afford extra cover since NHs payments curtailed. This is likely to exacerbate when PSNC cuts come into effect. A catch 22 scenario?*
- *Saving money comes before patient safety.*
- *Working conditions for me personally are stressful as there are numerous targets set for services and sign ups .. i.e for one patient I can have have multiple prompts - flu jab mur sign up to eps.. services are beneficial in pharmacy and my preferred way to spend my time however employers don't seem to acknowledge that these are on top of existing workload not instead of... failing to provide services or not enough to hit target leads to feeling of not being good enough when actually you havent stopped working all day.*
- *Pharmacist should have one hour lunch breaks as per other types of business*
- *I am currently signed off sick with stress. I stepped down from management due to stress and lack of communication in March and staff levels have reduced and due to rota systems in place for pharmacist my average working week is 35 hours however when another*

pharmacist is off on holiday due to being 100 hour pharmacy and rota under covering hours I have done over 70hours in 7 days (no day off)

- *Companies say that commercial sensitivity prevent them from precisely saying how much time is allocated per item. The minimum hours set by the Drug Tariff are too low - could the DOH not be lobbied to make a higher minimum staffing level a contractual requirement?*
- *need more staff to cope with the heavy dispensing and administrative workload and give good customer service - the working conditions are mentally and physically exhausting as there is no opportunity to sit down apart from a short lunch break and doing an murr/nms consultation*
- *I am changing career because the pressures from the company combined with reduced staffing and increased customer expectations have made my 30 year profession a misery*
- *employers and managers need to take accountability too. not just the responsible pharmacists!*
- *Staff cuts as soon as XXXXX (remote dispensing) is implemented in stores. No extra cover for increased workload due to Flu vaccinations.*
- *I've been working 7 day week for months . I often do 12,13 or even 14+ hour days with no break and i still get phone calls from people 20 years younger than me asking about unmet targets . My shop will soon be the busiest in the area and I have 60 hours less than equivalent shops . The company has sacked a number of excellent pharmacists recently . I feel my job is as safe as a failing premiership managers .*
- *I m very lucky in my current position, it is far and away the best employee role I've had; the answers would have been very different in most of my previous jobs.*
- *Feel under huge amount of stress to try and get CMS sign ups, stock availability under control and other services carried, out in addition to ensuring prescriptions and trays are ready, often with little or no cover for colleagues who are absent and with no appreciation for work achieved.*
- *Community pharmacy is a shamble and it's mostly due to multiples. It's disgusting that when it comes to community pharmacy a majority is owned by private companies run from abroad. XXXXX = American company now but earns profits through then NHS. It's crazy.*
- *Staffing hours should not be cut*
- *XXXXX are becoming more and more aggressive towards staff thereby creating uncomfortable working conditions. Hence why I am leaving the Company*
- *Answer reflect the pharmacy I work in most, about a third of my time. My response,as a locum would be very different the other two thirds.*
- *GPhC needs to stop sucking up to the chains and do some actual regulation. Far too cozy with the multiples.*
- *Multiples are cutting down staff year after year. They also expect more and more but by reducing our salaries too. Unbearable*

- *Over the Summer period with staff absence due to Holidays, this has led to minimal staff cover and more issues and minor errors detected within the Pharmacy due to disrupted work flow. Staff are multi-tasking or having to break off from their main duties to serve and answer phones. This has given me many concerns that the staff are working under constant stress on a daily basis*
- *The GPhC puts the responsibility of anything that happens in the pharmacy on the RP. The company's do not answer for day to day running and so a pharmacist goes beyond their call of duty to ensure the pharmacy is presented well. The employees do what needs to be done to keep pharmacies running and so far as they do, employers will feel no obligation to improve working conditions. It's not a case of profits ahead of patients, the real it is the immorality of employees robbing themselves to make up for employers greed.*
- *Getting worse daily/ Worse area managers are Pharmacists. The European are totally untrained and cheap and have very little knowledge about their job*
- *I believe there is an attitude from non pharmacist managers that we pharmacist's are overpaid. They therefore expect us to be doing the job of a healthcare assistant and dispenser as well as being a pharmacist ignoring the pressure this is placing us pharmacists under and the resulting patient safety concerns. I am horrified by the GPhC's response to the issues raised in the Guardian article which I certainly can relate to. They should be protecting our profession not ignoring our very serious concerns.*
- *My Area Manager has limited to no knowledge about Pharmacy and no desire to change this. I only anticipate my situation getting worse.*
- *understaffing is increasingly the problem, along with a supposed 20 min lunch break in a 9 hr day. Independants for whom I work generally give 1hour lunch break*
- *Work 11 hours with half hour interrupted break like that is what is expected of the pharmacist as much as I try I'm not a robot. Very demanding on targets without actually appreciating the work or care that goes into it.*
- *Over supply of pharmacists has created a take it or leave it attitude and more performance management and subsequent sackings, less compassion and help.*
- *The RP is always responsible for everything even though very little is within his control. The company is untouchable and will always say they have made provision for everything.*
- *Main issue at the moment is work load and number of qualified staff. We lost a full-time dispenser, replaced with 3 days cover, new to our operating systems and sops so some training required; part-time dispenser left in June (24 hours per week) Not replaced as we've just introduced hub and spoke dispensing for around 40% of items. Now doing flu vaccinations, "falling behind" with MURs and still dealing with 800+ items per day. Company has emphasised our professional autonomy but annual reviews are still to be made and "failure" to provide services in the past has resulted in no bonus payment!!!! Emphasis is still on services at the cost of customer facing pharmacy - for example, one young colleague provided 20 flu vaccinations in one day, single pharmacist with heavy dispensing business. Second pharmacist should be employed to ensure patient safety and to provide advice to patients whilst flu service is in operation but the company doesn't and certain pharmacists don't see it as a problem!!*

- *I have now left this employers after 3 years in employment because of the threat to patient safety. I raised some issues in store and with area manager whilst in employment but nothing changed . I sent a large report of the issues to head office but received no reply.*
- *I work in many, varied locations. With a small number of exceptions, I find the working environment increasingly stressful, and the attempt to satisfy the myriad expectations of 'employers' virtually impossible. These expectations are, of course, commercially driven, and include the oppressive demand to meet MUR and NMS targets. In turn, of course, the companies' priorities are driven by the constant erosion of the reimbursement for our core NHS function by central government. WE ARE REACHING THE STAGE AT WHICH PUBLIC SAFETY IS AT RISK. Something must be said; and then something must be done about it. I am considering leaving the profession altogether: there are several weeks remaining in which to renew my GPhC fees. After yet another almost intolerable week, I feel inclined not to renew. I'm certain that I'm not alone in wishing I'd never studied pharmacy!*
- *I believe hours provided to run the pharmacy are insufficient*
- *I don't feel the non pharmacist management are interested in patient safety being compromised as long as services are provided and revenue targets are reached*
- *We have failed as a profession in allowing commercial interests to override our professionalism and judgement. It brings to mind the Europeans court judgement, on allowing profit motivated entities to run a professional practice. Profit always takes precedence over safety.*
- *There is minimum staffing level guidance by gphc*
- *employers expect pharmacists to work each day without any break. XXXXX is the worse for this and ironically have the busiest stores. when explaining to management about having the need for a break for mental and physical refreshment, they are the most uncompassionate and non understanding. it becomes as though you are asking for a special requirement or asking for something extra*
- *Pharmacy is in a sorry state at the moment and I fear that the profession will never recover from the abuse that it is now being subjected to. If Pharmacy had a decent "Safe Guardian" then I would feel a lot more positive than I do. The profession has got exactly what it deserves i.e. nothing. Individually we are so weak. Surely it is high time that we stood up together and use our goodwill with our patients to stand up to the political and corporate bullies.*
- *having non-Pharmacists in charge, dictating what jobs need to be done, really undermines my professional (5yrs at uni not 1yr at college) judgement. my concerns over staff/patient health and safety not listened too or taken seriously also makes me feel undervalued.*
- *Targets for Murs are still set and expected, post guardian article.*
- *I have worked for XXXXX mainly in my position as a locum. On a number of occasions, I have felt the pressure to check prescriptions at a much higher speed than I am comfortable with, particularly with nursing home scripts. In many XXXXX pharmacies, the pharmacist is expected to be at the front counter checking, which is directly in front of patients. This is not a safe environment for checking, when patient interruptions are constant, patients look at exactly what you're checking and patients can see other patient's prescriptions clearly, which*

is a breach of confidentiality. This dispensary set-up is common place in XXXXX and I believe something urgently needs to be done. On many occasions, I have worked where there were not enough support staff, which was ultimately putting patient safety at risk. Also, I have been asked to go upstairs to the DDS room to check nursing home scripts all day, whilst signed in as the responsible pharmacist. It was suggested to me that any scripts would be brought up to me to check and I would be based upstairs all day. How I am supposed to supervise my staff in the dispensary/medicines counter, if I am based upstairs all day is beyond my comprehension.

- *Like most multiple employers, my firm are cutting back on staff cover and I believe this is having a detrimental effect on both the staff morale and patient safety. We are all trying to do too much, getting interrupted in our checking too many times and eventually something will give, be that a staff member having a breakdown or a major dispensing error occurring which could adversely affect out patients. We bring these issues to the attention of the management, but nothing is done about it. Two things are at play here. One the greed of the employer to set ridiculous targets and make the staff work like dogs to make them the maximum profit, whilst not rewarding the staff for doing so and two, the state of the pharmacy profession. It is going downhill like the wages. 80% of pharmacists in a recent survey said they would not recommend pharmacy as a profession, which says it all really. The good days of pharmacy have come and gone. Now there is nothing but work place pressures, targets, under staffing, massive customer expectations and a governing body that rather than step in and do something about it, sits back and does nothing, but just take your subscriptions each year. Every day it feels like someone or something is out to get you and I hate that it has all come to this. There is no compassion shown and dwindling respect for the pharmacist nowadays. I have three children and not one of them will become a pharmacist. I know of no other profession where the professional in it, is working harder than ever, with greater responsibilities and burdens placed upon him/her and yet is rewarded with a pay cut! Outrageous and downright disgraceful. Mark my words, if this keeps going as it is, in 10 years or so there won't be anyone left wanting to carry on or enter this profession.*
- *Using a Pre-reg as the main member of support staff is something I encounter!*
- *Pharmacy cannot provide all these extra services for no extra/reduced funding . The workload on prescriptions has not reduced yet we are being asked to complete this workload and more with no extra staffing . As soon as there is holidays or absence everything becomes stressful in order to meet expectations . If there is absence on top , everything becomes difficult to impossible. Staff are sent from else where but that puts pressure on their pharmacy*
- *Every pharmacy is struggling with staffing levels whether it's due to sickness/holiday/loaning of staff to other branches. It never feels like there are sufficient staff to complete your work. You can never do any task uninterrupted and my level of errors over the past 10 years has definitely increased due to increased stress and number of interruptions.*
- *Area managers who are not pharmacists need to become accountable to the GPhC. For instance they should be barred from working in pharmacy if they are repeatedly reported to compromise patient safety, by several pharmacists.*
- *Obviously not branches are not ontrack but a couple of them are just not up to standard*

- *The GPhc need to step up. They have no visible presence. As a professional I feel ashamed to be governed by a body that does not take patient safety seriously. Instead of holding individual pharmacists accountable they must crack down on the multiples whose only concern is financial growth.*
- *Employers seem to have too many powers over employees, dishing out disciplinaries if commercial targets are not met*
- *The general cncensus amongst employers is almost one of if you don't like it leave - I can get someone else who will also be cheaper . This is unlikely to change in the current oversupply situation*
- *Vastly increased pressures to give Flu jabs, back to back, leaving regular work piling up and then pressurized to rush the checking of scripts, because customers are waiting.*
- *I feel regulated but not my employer.*
- *I worked for an independent for 2 years but left in July 2016...the pressure there was horrendous and they would often complain of length of time I spent in the toilet... He also used to complain about me taking too long to do MUR s and would knock on the door to hurry me up on occasions...at the same time he would complain if I hadn't done many at the end of the month...it's not just XXXXX and whistleblowing is not an option because of lack of jobs out there....most pharmacists are suffering in silence cos of fear...I'm 20 years qualified and have seen the deterioration...*
- *when we had a GPhC visit we felt as if we were the one's been judged NOT the employers*
- *with the stick of SOPs pharmacists are being hung out to dry by both the employer and the gphc who clearly are seeking to uphold standards untenable by the normal working pharmacist*
- *The GPhC should hang thier heads in Shame and need bringing to account*
- *I sometimes feel that the threat of government cuts to funding are being used by the multiples to reduce staff ing hours. Staff holidays, sickness not covered. Branches managing on the minimal staffing levels, yet workload is increasing with new services. We want to provide new services but who can check the prescriptions whilst we are administering a flu jab? Patients still expect prescriptions quickly. Everything feels rushed.*
- *The staffing levels and training programme support is insufficient to meet the demands of the company I work for and I fear patient safety and health is suffering as a direct consequence. When a company posting billions of pounds profit yearly cannot even reinvest some of this profit back into its growing business it is time for someone to take action. Morale is at an all time low for staff currently*
- *I feel that the regulator is afraid of tackling these now major problems; that it has a nice cosy relationship with these few large organisations. Should an individual pharmacist be involved in professional conduct issues etc, then the regulator rarely fails to be too heavy handed. This is the same problem when the pharmaceutical society was responsible for regulation of the profession .*
- *XXXXX have changed massively in the last 5 years. From putting customer service first to now putting profits first. Targets generally unrealistic. Regularly out of date or short dated*

goods from oakwood. No consistency in management at all. Regular false promises from head office.

- *So much pressure to deliver services and get things checked single handedly in not enough time.*
- *The staff cutbacks in the last 9 months have seriously affected my workload , with ever increasing new tasks added in. Any questioning of procedures or decisions are met with anger or verbal and written warnings from line managers who have no experience of the dispensing side of the business. Hence i handed in my notice and am working my 3 month (far too long) notice period.*
- *After the artical there was an email stating what an MUR was and why we do them. Our area manager did not change the daily harassment to my manager as to how many we services we have done. I only feel lucky that my manager did not pass on this harassment on to myself. But I was in a manger a couple of years ago and decided to step down mostly due to this pressure, which took me away from being the best pharmacist I could be.*
- *as opposed to caring about whether the dispensary has a bit of dust the gphc should care more about commercial pressures on pharmacists and put pressure on the superintendents to create a non commercial environment.they should introduce a code of conduct and such training for all area managers wherby they could be liable for unprofessional demands*
- *Too much emphasis on FREE services for no incentives. Rates are dropping dramatically. More for less.*
- *Pharmacist have to now fulfill 3 roles; counter staff, dispensing staff and pharmacist. Having to work other peoples roles when mostly understaffed is detrimental to patient safety. This has led to more errors occurring.*
- *it is all commercial and the professional agenda is lost due dominance of profit hungry employers e.g. from pharmacist manager upto regional manager /director there is not a single pharmacist and superintendents protects the compant not me as a professional*
- *I was a manager for XXXXX until august 2016. In this year alone i had to run a pharmacy dispensing approx 12,000 items a month with only a pre-reg student and myself to dispense for 9 weeks. The area manager sent a locum dispenser for 2 weeks but was unwilling to send any more support thereafter. This coupled with her unwillingness to provide support to train newly recruited team members. In addition i was instructed to reduce the number of patient deliveries due to the cost, despite having many vulnerable patients who depend on the service.*
- *Particularly given the current flu vaccinations, last year we were allocated a second pharmacist to continue other pharmacy provision during the service time, this year no such option. We have the same targets however.*
- *Personally, I think loudness associated with supermarket environment should be banned. Almost always when a tannoy is announced from the customer services in the store, I can't speak to patients as it's too loud including in the consultation room. When you dispense and self-check it is too noisy in the supermarket to focus properly causing dispensing incidents. What XXXXX was often doing in their stores was opening the pharmacy at the quiet back of the store initially, kept it for few years and then with time it was moving it physically into the*

middle of the store. This was meant to increase turnover in the pharmacy, so that more people get to see and go through pharmacy and cosmetic type products when walking around the store. Not sure if this is regulated by law, but if not it should be as it is really not a safe environment for personal work requiring focus. It also affects communication with patients, which is especially difficult when dealing sensitive cases and people, e.g. morning after pill or advising people with hearing aid. Also in a supermarket pharmacy you have a pharmacy manager who is a pharmacist whom you can contact sometimes via phone during your shift and additionally a departmental manager who is not a pharmacist and checks if you follow SOPs and sometimes pushes for targets such as MURs, NMS etc. The departmental manager often has no idea how pharmacy works and most of the time enters pharmacy without permission of the responsible pharmacist. This is stressful and you can't say anything to people like that cause you are afraid that you will not get more shifts in the future. You respond to both the department manager and the pharmacy manager but question from set 1 did not allow me to highlight both pharmacist and non-pharmacist options at the same time.

- *frankly, I have no confidence in the Regulator. They are there to do the bidding of the large multiples and come hard on pharmacists whose hands are tied. The gains for the multiples while the pharmacist incurs the liabilities.*
- *I think XXXXX don't employ more because they are waiting to do the OSD (off site dispensing). And I think that is wrong.*
- *Being told by a non pharmacist you check too slow and that could cause concern by patients! Also you check BNF too often. Would take that from a pharmacist but not a non pharmacist who didn't even know the context!*
- *I also locum for XXXXX at various different branches. I am concerned about the cutbacks. I feel pharmacy needs more money not less. I feel that some patients do not want to take any responsibility for their health and their prescriptions and expect the pharmacy to sort everything out. We are spending more time trying to find prescriptions when patients call in for them and some get upset when their script isn't there or not ready. They make no allowance for bank holidays. I dread them. Also it still hard to get a proper break sometimes when a pharmacy stays open over lunchtime.*
- *Both GPhC & PSNC seem to be empowered by multiples & give little or no heed to concerns raised by individual pharmacists employed.*
- *My store has lost one of two dispensers because of salary costs (the remaining dispenser was told we would be able to have 2 dispensers if the pharmacist wasn't on such a high salary - I've been with XXXXX for over 25 years!)*
- *Support staff in the last two years have been eroded to such an extent that it is very hard to provide a safe Pharmacy and moral is as low as I have ever known in my 25 years plus as a Pharmacist.*
- *GPhC far too focused on supporting employers and especially large multiples, rather than supporting individual pharmacists.*

- *Pharmacy too small for level of business, staff level too low for effective dispensing and background tasks. (Legal) . Systems are put in place but the staff levels required to complete these are not allocated*
- *Significant staff numbers have resigned since June when min wage went up and the payoff for support staff wasn't enough to justify their stress levels. Many left for till jobs or equally paid low skill positions with less stress. There have been no replacement / new employees, no employment drives, no contingency plan. Any new staff have no senior staff to support their training. Slashes to employee pharmacist wages mean locum roles are financially more appealing, so stores go months on end with no regular pharmacist or a manager (pharmacist or otherwise). This results in awful patient care. Compensation for relief pharmacists is dire at £15 an hour or less. Pressure to push MUR, NMS, flu jabs etc and prioritise methadone, means walk-in patients and blister trays go by the wayside as less profitable. Wait times are unacceptable due to no staff. Self-checking becomes the norm. Staff are overworked and not given appropriate study, rest or support time. Main issue is too few trained staff and too many items, services and labourious processes. The patient behind the script comes last. Patients don't understand the repeat process or ePS process and the 'repeat handling service' encourages patients to disengage and assume the 'automatic' reordering of all their medicines, regardless of if they are needed. Wastage and hoarding is huge. I have had head office try to pressure me to issue emergency supplies of controlled drugs to keep customer loyalty. My legal and professional liability is the bottom of their list of priorities, simply because it is my head on the chopping block, not theirs. I am often bullied and criticised by my non-pharmacist managers with insufficient knowledge of the law, medication or a sense of responsibility for patient care.*
- *Whilst working for XXXXX it is easy to see the lack of training all of the dispensary staff have and with even more pressure to provide services due to the decrease in Locum rate for not providing services it just provides a incident waiting to happen.*
- *XXXXX do not allow real rest breaks. You are expected to 'check and be available' during any rest break at most stores. I have been told the pharmacist is not allowed a lunch break in some stores. Some stores also expect the pharmacist to work for example 8am - 5:30pm and take lunch 3:30-4pm which is non-negotiable. This leaves a split of 7h before a break and 1.5 hours after. Stores justify this by saying it improves patient care.*
- *pt harm will occur if this does not change patients before profits*
- *It just keeps getting worse so I have decreased my working hours to only one day a week to protect myself as much as possible. I would rather live on the bread line than with the anxiety and physical pain of working full time for XXXXX.*
- *Most of the time find myself in a situation where I am unable to take a break until 6 hours later or last to take a break. The most I have worked without a break is 7 hours. I have been told by a manager that unless I am working more than 8 hours I am not entitled to a break. Non-pharmacists and sometimes other pharmacist managers are pressurising pharmacists to meet targets such as MURs. MURs are a tool to use for patients and pharmacists to sit down and have a discussion about their medicines where in the pharmacist's professional judgement they believe that this service will benefit the patient. They are sometimes carried out just for the sake of doing them, when they are unnecessary and solely to meet the targets. I feel as though Pharmacists are being used as a tool to make money for the large*

companies- we are part of a regulatory body and we are healthcare professionals that truly care about patients! We are not prescription factories. Thank you PDA for supporting us.

- *No regulation to ensure adequate dispensing staff levels*
- *Cost implications to improve patient safety and our staff health and safety prevent my boss from doing anything about our current situation*
- *More often than not, majority of the dispensers that I work with are not adequately trained to the level of good dispensing practice.*
- *I have to flu training, spend the day doing the practical and then another day to do online training and other paper work to be able to provide the service. All which i have to pay myself and also the days i am doing the practical and online training i dnt get paid for. The service does no qualify for a higher rate within their invoice system. So i have to make sure I scrap 1 mur service to be able to get paid 20ph. This is a sad prospective for pharmacy profession. Overworked, overstretched and little pay compared to how much we do. Optometrist who work for same company as a locum get paid 38ph and do little work compared to pharmacists. Its strange. A pharmacist gets paid the same as a plumber. I am thinking of quietting and become a plumber*
- *I would consider leaving the profession if working conditions don't improve ! I rarely get an un disturbed break of longer than 15 minutes in any length of shift!!*
- *the GPhC are a waste of time, all they can do is take your money and support the multiples*
- *Shop too tiny for the number of colleagues and workload, not enough pc's,not enough staff early am, lunchtimes and from 5 pm every weekday. Staffer on- kitchenette too small. No provision (time, money, staff hours) for cleaning the shop - dirty environment.*
- *There is never enough staff to finish work sent over for day so customers come in and Rxs are undispensed plus often basic counter staff aren't provided so I have to sell sandwiches plus do Murs and NMS which we used to do anyway on handout without all the flap The NHS should scrap them and save £100m a year and the government should pass a law paying community pharmacists a minimum of £50 per hour which is still far less than GPs*
- *I will not allow my patient's to be put at risk so will refuse to do something for the sake of a target. Inappropriate staffing however then takes it toll on both my enjoyment of my job and my health as I won't compromise*
- *Staff cuts have impacted on the quality of care given to patients. More and more services are expected of the pharmacist such as travel vaccinations and this adds to the pressure we have managing the dispensary without any extra staff.*
- *Announced visits give time to sweep things under the carpet. Many answers are drilled into staff in preparation for an audit, rather than teaching and understanding why we do something*
- *Staffing levels in the pharmacy are dangerously low. Morale is low. There is a lack of suitably qualified staff. The quality of some of the staff being trained as pharmacy advisors is not good enough. If I complain about lack of staff, the answer is that there are enough staff, but we are not complying with all the "time saving" processes that the company has brought in.*

- *Something needs to change! Too many pharmacists are sick and tired of being hounded to deliver services and told they are not performing well enough. I just take the view of "as long as my patients get their meds, anything else i can deliver safely and appropriately to the right patient is just a bonus but will never be delivered if it means putting anyone's interests at risk including my own.*
- *Within XXXXX I am high profile. I have manipulated my work and workforce to demonstrate that when we have suitably qualified staff in proper numbers that the business is safe and extremely profitable. I recognise that I am perhaps in a minority within the company and maybe within the profession as a whole.*
- *Even where staffing levels are considered "adequate", it is usually minimal. Any absences, planned or unplanned can frequently throw the pharmacy into chaos, with a delay to prescriptions and a risk to patient as a result. My main employer is now XXXXX, as I refuse to work for XXXXX, having been left in completely unacceptable situations, particularly related to staffing levels and expertise. When I did raise concerns, I was ignored and made to feel as though the situation was my fault. Concerns about CD discrepancies and out of date medications were also ignored. Speaking to the regular staff, this was not an unusual occurrence.*
- *Staffing levels are a constant issue and there does not seem to be any relief given to busy pharmacies who have staff on holidays. If my ACT is on holiday I am expected to get on with it and it is unacceptable*
- *There should be a minimum level of staffing according to the number of prescriptions dispensed as a GPhC standard.*
- *The physical environment for working in is sometimes challenging e.g. lack of heating, floor worn linoleum.*
- *Feeling powerless and afraid*
- *Prescription count increases, supporting staff decreases. Staff supplemented with underpaid young apprentices. More services, minor ailments, private PGDS, MURs, nms, flu jabs, all in a day's work. Some consultation rooms are the size of a cupboard. Some with sinks but no running water.... No lunch breaks, some toilets are outside shacks.... Not the ideal working conditions for a professional health career...*
- *The only body I have ever had confidence in is the PDA. I entered my professional career in 1999 and IN all this not only our professional bodies RPS plus GPHC have consistently let us down providing disappointing predictable outcomes each time on every issue but also the various multiples have NEVER been supportive of the Pharmacist's role, in fact at times I feel they look upon us as a hindernce to preventing them chasing even more money. I am extremes disillusioned with this profession, advise all who ask my opinion against it. As for myself I'm getting out as have had enough.*
- *Pay has been ridiculously savaged over the last few years leading to disenchantment*
- *Don't have dispensers on some shifts*

- *Money is the sole driving factor. Profit is king, patient and staff health is of minimal importance. OTC meds liable to misuse are promoted as top lines to stock. Staff morale is through the floor. I have handed in my notice.*
- *An employer that expects you to run a travel clinic safely and professionally with 45 minute appointments and no extra pharmacist cover for the main dispensary, plainly does not understand our obligation to supervise sales of medicines, ability to intervene in inappropriate sales, give advice and supervise the dispensing process. It is unsafe, unprofessional and should be viewed dimly by GPhC.*
- *More services ie MURs and NMS and flu vaccinations as well as an ever increasing workload are making work extremely difficult. There is nobody to support the individual pharmacist*
- *I believe that although the pharmacist is responsible for running pharmacy and he should make the decision but non pharmacist managers tend to influence their working by continuously putting pressure for services which in most cases is not possible if it's a busy pharmacy but most pharmacist come under that pressure and try to do more things than they should be doing which comprises the quality of care I believe no 1 should be made manager of the pharmacy if they are not registered with gphc as pharmacist and neither should be there any area manager who is not pharmacist as they don't even know what an MUR and nms is how's dispensing done but they tell us to do nms and Mur and continuously pressurise us we can't argue as they are our boss but if they are pharmacist we can easily talk to them and they indeed our points as well*
- *We need to do more to ensure employers are held to account for poor staffing levels anonously as I'm afraid of being the comebacks I'll get from my area managers. I had to self check most my prescriptions in a place where we dispense 250-400 items per day. Staffing levels are ridiculously low. The drug tariff staffing hours need to be more reflective for 100hour pharmacies to ensure there is one dispenser and one counter person as a minimum at all times otherwise there are remuneration cuts. I think the previous hours are OK for a 40hr pharmacy but not 100hr. A bit of naming and shaming would not be the worst thing as well and super intendant of these companies should be asked to explain themselves. I've personally raised the issue to the SI and the response that I get is that it's not busy around those times and that the GPhC has been satisfied. The GPhC should not be satisfied for these poor working conditions.*
- *staff levels have been reducing for the last 3 yrs & continued pressure to reduce staff levels further. Additional pressure to increase revenue at the same time*
- *Staff hours cut further preparatory to funding cuts. Pressure to deliver MURs and NMS increased*
- *Gphc are useless in standing up for pharmacists and the pressures they undergo on a daily basis. It's like they turn a blind eye*
- *Think the GPHC is blinkered and afraid to take on big business. Their visits are not fit for the modern age and many pharmacists fear speaking out against their employer for fear of reprisals*
- *Staff shortages and unwillingness to replace staff who leave to an equally trained person. Sometimes no replacement is provided and we're informed of cut backs*

- *XXXXX pushes its services much the way XXXXX does and actively pushes staff and encourages staff holidays not to be covered. At the moment a big push is made on using patients details from flu forms to sign them up to EPS, the company has no regard for the safety or wellbeing of patients and is purely out for profit - whatever the cost*
- *managers and assistant managers have been more hesitant to ask about numbers of MURs completed. However this is starting to increase again given the time of year.*
- *My pharmacy has become totally crammed, with no space left. We now had to make room for spare printers , we now accept parcels, our staff area is about 1 foot by 1 foot next to a sink and a stack of boxes, the consultation room has promotion stock, parcels, folders on the floor, bp monitor, they now want flu , so it all has to come out and theres no space left to put it. I said where do i have my 20 minute break now (strict no food policy in consultation area imposed on myself for hygiene requirements) the area manager didnt have an answer. I have worked through lunches on my own , whilst the other member of staff has hers and goes off premises, thats just me to serve and dispense and to take calls.*
- *As I said in a previous answer, the shops I'm currently working in are not posing a problem. However over the last few years I have seen how staff shortages can compromise patient safety and how poor management has affected staff morale and subsequently patient safety. I am thankfully not working in such an environment anymore and am more particular about where I provide locum cover.*
- *XXXXX change over to XXXXX not managed well, have seen colleagues under great pressure, the way it has been managed could have been done much better. Staffing levels appalling, which puts patients at risk & company too slow to act when problems are highlighted.*
- *Conditions were very good before so impact of articles low*
- *Refit being considered and more staff employed*
- *self employed*
- *my hourly rate has been reduced despite being regularly employed at the same pharmacy for 20 years*
- *The working environment has not changed but the language around target has been modified. Also, there's the promise to factor budget for telephone and training of new staff into the new financial year budget, which has just started. With the release, there's been slight improvement in the dispensary staff budget. However, retail/healthcare staff budget have been considerably reduced such that in the long run, stores are worse off*

- *XXXXX takeover of XXXXX*
- *These articles had no effect on the pressures applied to targets and staffing levels which have both worsened in the last 12 months. There were public denials of a problem by the Companies and our representative bodies did nothing to support the employees position. A real let down.*
- *Not working in retail pharmacy before April 2016*
- *This is quite sad! Attitude now is if you are not happy leave*
- *The concept of 'targets' disappeared overnight. Since the appointment of a 'non-pharmacist manager' three weeks ago, they are constantly being mentioned by the new person, not the original management person. Statements in the daily diary, tally sheets on the wall, discussions with staff by the new person, no one else*
- *I was a SE locum previous to that date*
- *Pressure went down for a bit but then has gone up and worse then before*
- *Nothing has changed as it was already a great working environment, proved by a "good" GPhC inspection.*
- *business wide focus on staff budget levels and inadequate planning at higher levels have led to severe staff shortages. these were anticipated in advance by lower tiers of management but proposed actions were blocked.*
- *only started working on august 2016*
- *industry*
- *More pressure about weekly targets*
- *New area manager*
- *Not working with them prior*
- *I have only recently become a locum*
- *Working space too small despite increased workload*
- *rare a healthcare assistant assigned on healthcare counter during shop running due to the expectation that managers will cover it however they don't at all times, leading to dispenser/pharmacist running back and forth from dispensary and healthcare counter, which is unsafe.*
- *No effect*
- *we still have the same percentage of our 'ideal target staff' but these figures are lower and we have a higher workload-mainly EPS*
- *We have had further staff hours cut*
- *Remained the same as wasn't bad before*
- *I was not working yet*

- *My impression was the guardian article was relatable to England only.*
- *No provision for breaks*
- *The conditions have been falling in the last 6 years. I keep thinking that it can't get any worse but it does. The professionalism that used to be there is being lost and not*
- *situation is deteriorating, more staff cuts*
- *not worked*
- *i have stopped working for XXXXX due to conditions and treatment of me as a locum*
- *How about a mandatory lunch hour!!! Everyboy else gets one but not always the pharmacist???*
- *I work for an independent owned by GPs they are less motivated by profit, more patient safety*
- *Working environment is good anyway*
- *it had deteriorated but after prolonged moaning it has now improved!*
- *GPhC is toothless and XXXXX knows it. GPhC has done nothing. THEY ARE USELESS*
- *MURs are still considered as 'targets'*
- *XXXXX was mentioned but its the same in XXXXX!*
- *I BELIEVE THAT THE GOVERNMENT WOULD LIKE TO REDUCE THE NUMBER OF PHARMACIES AS A COST CUTTING EPISODE.THIS REFLECTS IN THE STANCE GPHC TAKES....PHARMACY STAFF WELFARE IS NOT THEIR CONCERN.*
- *If you don't do as they say they formally investigate why you don't perform*
- *my pro time has been reduced again, second time in this year. my pro time was 73h for the shop doing 3600items a month and OTC sell of £6000 and 60 MDS patients*
- *Non pharmacist area manager completely ignorant of professional requirements of pharmacist*
- *cctv monitor broke, used for not only theft prevention, but for monitoring of the medicine counter and supervision of the dds room, XXXXX won't pay to repair the system.*
- *To be honest, I don't even think most of the colleagues in my store knew about the article (or cared). Most people in the profession understand that XXXXX is "untouchable"*
- *XXXXXs daily metrics to head office now demand that Pharmacists name and reg no is included with the number of MUR's that peson has conductedthat day. Innuendo fron non professional managers says that only those with a good score will be considered for future employment*
- *only started working in July 2016 in this pharmacy.*
- *I worked for XXXXX between 2011 - 2013, and my results relate to that time period*
- *sheer volume of prescriptions makes provision of other services impossible*

- *Due to cutbacks relating to anticipated cuts*
- *Dispensary in attached surgery has closed, our Rx numbers have doubled with not enough suitably qualified staff to cope. Errors are being made, staff absences not covered, very pressured environment.*
- *It's worse than ever in XXXXX where I've been working as a locum for a while*
- *Increased demands to do more murs*
- *Not in relation to the article but due to qualified staff leaving and XXXXX's policy of "hire for attitude, train for skill" means they are always hiring unqualified staff for the pharmacist to train rather than a qualified dispenser. No exemptions from this rule. Has been through several cycles of training new people from scratch then them leaving for better pay/conditions, then starting again with new people meaning no qualified support staff for months.*
- *Area manager is new to pharmacy, age 25. Has lack of understanding of the business.*
- *XXXXX have sold their pharmacies to XXXXX and my workload has gone through the roof! They have piled on the workload like i could never imagine! I thought XXXXX was all about profit, cutting staff hours and making money for the share savers, but XXXXX put EVERYTHING onto their managers, e.g. Payroll. XXXXX expect me to train all my colleagues and dispense and do everything, with no support at all*
- *Since Jan 2016 I have had 18 hours of staffing cut and I am rushing around all day and I live in fear of making a serious dispensing error*
- *Mur NMS targets relentless, link selling now being pushed*
- *Had a major refit expanding size of dispensary*
- *They come and ask me how many MUR's and NMS's I have completed and say I need to do more. I often get told I won't be booked again unless I do 4 MUR's. I did. Or go to university to be told what to do by a none clinician.*
- *Due to inadequate ventilation and cooling in the pharmacy (temp consistantly above 26 deg C)*
- *when staff have left they have not been replaced suitably if at all, the remaining staff members are then feeling the strain of staff shortage especially during periods of sickness or holiday leave*
- *Several pregnant staff, but less number of team members. New interviewed staff has to dispense very complicated and volumetric prescriptions without even starting dispensing logs , as a result takes longer and more pressure as items have to be sent back for redispensing as everyone is rushing to meet hospital KPI and new staff unfamiliar with dispensing process or labeling standard. Also as some pregnant staff can't touch cytotoxics there were actually many staff who can dispense the oncology prescription and some male staff feel pressurized and complains a lot in the work place although I understand his worry and there will be anticipated periods of serious staff shortage during very busy periods this year and next year without adequate cover at all*

- *I have witnessed a newly qualified pharmacist being castigated for the failure of the running of an outpatient pharmacy by a more senior pharmacist, when clearly there were no OPD trained staff on the premises, such that XXXXX failed to meet their own service specification*
- *Gphc are a joke of a professional body i called up the head office to ask if they were going to release a statement regarding the recent news and i was told to "have a look on the website" there is something very disturbing about the gphc all they seem to do is fiddle around with the pre reg exam everywhere and not make any notable contributions to our profession. This is not evidence its a opinion and my opinion is they rather be sat behind a desk and not be bothered by the reality of pharmacy and earn a nice salary rather than challenge the big companies.*
- *Improved for a while but when Gphc decided not to do anything the target pressures restarted*
- *My only criticism of the supermarket scenario is that the dispensary area is very small - okay when not 'busy' but can be a bit cluttered if busy. It can be an uphill struggle to get through to non- pharmacy staff exactly what is involved in be a pharmacy professional- that we can refuse sales etc. Same applies to the public of course.*
- *Because experienced pharmacists have left the company and been replaced with newly qualified ones*
- *Direct line manager (a pharmacist) referred to the article as total bullshit. I disagreed.*
- *Left the pharmacy before thos date*
- *MURs, NMS, Rx volume, RPS volume, substance misuse Rx, minor ailments, flu vaccination, health checks, all are subject to targets as theses are tax free revenue generators, which (in a multinational pharmacy) is never invested in the pharmacy, but added to the corporate profits and bounces!*
- *In defiance of the article, MUR targets, Flu vaccination targets & prescription sign up for patients to collect their prescriptions, the quality is gradually decreased.*
- *I do not feel the article has made any difference, in fact it has felt that whistleblowers are to be victimised more, and if pharmacists do not deliver they should be pushed out*
- *i do not have to report target figures each week now to area manager*
- *More pressure to gain MURs even though company is aware customers are refusing because of Guardian publicity*
- *My role has not been affected in any fashion so I have not felt any effect*
- *They no longer ask for MURs as such but still ask for everything else. Now I feel even more pressure because as we not doing that many MURs we will encounter consequences on next reviews.*
- *There was no need for any improvement*
- *My staffing has been cut. I am dispensing a higher volume with fewer staff and when I have been given the occasional cover, there's been lack of continuity and so exposed to more risks.*

- *less pressure r.e. mur targets but staffing levels still dangerously low*
- *Same message get numbers for murs but now because you have a professional obligation to patient. Na me and shame tables published most days and emphasis placed on getting run rate up to meet target*
- *They do not care, if you do not work the way they want you to work, they would refuse to book you.*
- *Due to staff cuts I have had to manage a huge number of angry patients, deal with numerous complaints from surgery staff and try to cope with a support staff who have buckled under an avalanche of extra work and stress.*
- *I have only been working for my main employer since July 2016*
- *Area managers are becoming involved in sourcing staff if there are shortages but this is usually robbing Peter to pay Paul . There is a general lack of staff for workload .*
- *I had a year off and when I returned, the team had significantly reduced.*
- *it was villified and ridiculed*
- *I work for an independent. Much happier. This applies to big multiples definitely*
- *Only started working in July 2016 so unable to comment before this time*
- *XXXXX was about to become XXXXX so most of the non-pharmacy staff in the store stopped caring about pharmacy needs.*
- *The daily briefings about MUR and NMS targets stopped for about 2 months, now back worse than ever*
- *Short of staff and little being done to replace the one who left*
- *Less MUR pressure, possibly related or due to change in regional management*
- *I have recently left XXXXX, not due to the publicity, and my working conditions at my new employer are much better.*
- *There was a lot of talk!! But no substance behind the empty words*
- *XXXXX are still "pushing" delivery of murs and nms services.*
- *Despite the articles, pressures to hit MUR targets have remained in place, and staffing levels are still minimal in many locations*
- *More experienced pharmacists leaving and not being replaced. Less support staff.*
- *It has deteriorated slightly because the volume of work has increased.*
- *We have been asked for our opinions by superiors and were told there was nothing they could do due to market pressures*