The Pharmacists’ Defence Association

Safer Pharmacies Patient Safety Survey 2018
Background and Demographics

A survey of pharmacists and other pharmacy staff was conducted using SurveyMonkey. Responses were received between 12/01/2018 and 12/05/2018.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Total number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASDA</td>
<td>45</td>
</tr>
<tr>
<td>Boots</td>
<td>426</td>
</tr>
<tr>
<td>Lloydspharmacy</td>
<td>306</td>
</tr>
<tr>
<td>Morrisons</td>
<td>18</td>
</tr>
<tr>
<td>Rowlands</td>
<td>78</td>
</tr>
<tr>
<td>Sainsburys</td>
<td>7</td>
</tr>
<tr>
<td>Superdrug</td>
<td>22</td>
</tr>
<tr>
<td>Tesco</td>
<td>95</td>
</tr>
<tr>
<td>Well (formerly Co-op)</td>
<td>105</td>
</tr>
<tr>
<td>Other community pharmacy</td>
<td>532</td>
</tr>
<tr>
<td>NHS – GP practice</td>
<td>163</td>
</tr>
<tr>
<td>NHS - Hospital</td>
<td>235</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>263</td>
</tr>
<tr>
<td>Total</td>
<td>2,295</td>
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</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Total number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>1920</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>57</td>
</tr>
<tr>
<td>Scotland</td>
<td>196</td>
</tr>
<tr>
<td>Wales</td>
<td>122</td>
</tr>
<tr>
<td>Total</td>
<td>2,295</td>
</tr>
</tbody>
</table>
Community Pharmacy by Employer: No Self-Checking

NO SELF-CHECKING: “Where pharmacists are directly involved in dispensing, or other processes requiring a high degree of accuracy, a suitably trained and competent member of staff is readily available in the pharmacy at all times to provide an independent accuracy check.” How often has this commitment been met in the last six months?

Usable responses by company for this question (not blank, not 'N/A'): ASDA 40, Boots 380, Lloydspharmacy 284, Morrisons 18, Rowlands 70, Sainsbury’s 5, Superdrug 20, Tesco 86, Well (formerly Co-op) 101, Other community pharmacy 471, Total 1,475
SAFE STAFFING: “Staffing levels are sufficient to allow all legal, contractual and regulatory obligations to be met; to meet the workload involved in following standard operating procedures and to carry out other work in accordance with the organisation’s expectations. All staff are suitably trained and competent to carry out the pharmacy work they are involved in.” How often has this commitment been met in the last six months?

Usable responses by company for this question (not blank, not 'N/A'): ASDA 40, Boots 378, Lloydspharmacy 284, Morrisons 18, Rowlands 70, Sainsburys 5, Superdrug 20, Tesco 87, Well (formerly Co-op) 101, Other community pharmacy 470, Total 1,473

- Around half the time or less: 72.5%, 78.3%, 80.6%, 50.0%, 65.7%, 80.0%, 75.0%, 71.3%, 75.2%, 71.7%
- All of the time: 72.5%, 78.3%, 80.6%, 50.0%, 65.7%, 80.0%, 75.0%, 71.3%, 75.2%, 71.7%

Usable responses by company for this question (not blank, not 'N/A'): ASDA 40, Boots 378, Lloydspharmacy 284, Morrisons 18, Rowlands 70, Sainsburys 5, Superdrug 20, Tesco 87, Well (formerly Co-op) 101, Other community pharmacy 470, Total 1,473
Community Pharmacy by Employer: Access to a Pharmacist

ACCESS TO A PHARMACIST: “A pharmacist is traditionally one of the few healthcare professionals accessible to patients without an appointment. A pharmacist is available wherever patients expect immediate access to face-to-face expert advice on any medicines-related matters. The pharmacy owner or employer meets this expectation by ensuring a pharmacist is available to patients and present in the pharmacy throughout its hours of operation.” How often has this commitment been met in the last six months?

Usable responses by company for this question (not blank, not ‘N/A’): ASDA 40, Boots 379, Lloydspharmacy 284, Morrisons 18, Rowlands 70, Sainsburys 5, Superdrug 20, Tesco 87, Well (formerly Co-op) 101, Other community pharmacy 471, Total 1,475

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Community Pharmacy by Employer: Adequate Rest

ADEQUATE REST: "Pharmacists are able to take at least their statutory and contractual breaks and rest periods, and additional breaks as required to meet their professional obligations. Pharmacists are enabled to take these without interruption and are not placed under any direct or indirect pressure to forfeit." How often has this commitment been met in the last six months?

Usable responses by company for this question (not blank, not 'N/A'): ASDA 40, Boots 380, Lloydspharmacy 283, Morrisons 18, Rowlands 70, Sainsburys 5, Superdrug 20, Tesco 86, Well (formerly Co-op) 101, Other community pharmacy 473, Total 1,476

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Around half the time or less</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASDA</strong></td>
<td>10.0%</td>
</tr>
<tr>
<td><strong>Boots</strong></td>
<td>10.0%</td>
</tr>
<tr>
<td><strong>Lloydspharmacy</strong></td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>Morrisons</strong></td>
<td>11.1%</td>
</tr>
<tr>
<td><strong>Rowlands</strong></td>
<td>10.0%</td>
</tr>
<tr>
<td><strong>Sainsburys</strong></td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Superdrug</strong></td>
<td>15.0%</td>
</tr>
<tr>
<td><strong>Tesco</strong></td>
<td>22.1%</td>
</tr>
<tr>
<td><strong>Well (formerly Co-op)</strong></td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>Other community pharmacy</strong></td>
<td>11.4%</td>
</tr>
<tr>
<td><strong>Overall community pharmacy average</strong></td>
<td>9.2%</td>
</tr>
</tbody>
</table>

| **ASDA** | 75.0% | **Boots** | 61.6% | **Lloydspharmacy** | 85.5% | **Morrisons** | 44.4% | **Rowlands** | 62.9% | **Sainsburys** | 100.0% | **Superdrug** | 60.0% | **Tesco** | 39.5% | **Well (formerly Co-op)** | 87.1% | **Other community pharmacy** | 68.1% | **Overall community pharmacy average** | 69.1% |
Community Pharmacy by Employer: Professional Judgement

RESPECT FOR PROFESSIONAL JUDGEMENT: "Pharmacists are enabled and encouraged to exercise professional decision-making in the workplace, so that patient safety and professional standards can be placed above any commercial or other operational considerations. Organisational and other targets do not inhibit professional autonomy." How often has this commitment been met in the last six months?

Usable responses by company for this question (not blank, not 'N/A'): ASDA 40, Boots 379, Lloydspharmacy 284, Morrisons 18, Rowlands 70, Sainsburys 5, Superdrug 20, Tesco 87, Well (formerly Co-op) 101, Other community pharmacy 473, Total 1,477

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Community Pharmacy by Employer: Raising Concerns

RAISING CONCERNS: "Pharmacists are able to raise concerns without reprisal or fear. This is facilitated by a supportive, open and receptive organisational culture. Issues identified are promptly addressed and robust and enduring solutions implemented without delay." How often has this commitment been met in the last six months?

Usable responses by company for this question (not blank, not ‘N/A’): ASDA 40, Boots 378, Lloydspharmacy 282, Morrisons 18, Rowlands 70, Sainsbury’s 5, Superdrug 20, Tesco 87, Well (formerly Co-op) 101, Other community pharmacy 473, Total 1,474
Community Pharmacy by Employer: Physical safety

PHYSICALLY SAFE: "Pharmacists do not have to work in the pharmacy alone and have access to the necessary support at all times to perform their roles. Risks are assessed and preventive measures put in place so that patients and staff are safe – and can feel safe. A zero-tolerance approach is taken to violence or abuse of pharmacists and other pharmacy staff." How often has this commitment been met in the last six months?
Large (CCA) multiples compared to smaller multiples and independents

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

CCA Multiples c.f. Smaller Multiples and Independents: No Self-Checking

NO SELF-CHECKING: “Where pharmacists are directly involved in dispensing, or other processes requiring a high degree of accuracy, a suitably trained and competent member of staff is readily available in the pharmacy at all times to provide an independent accuracy check.” How often has this commitment been met in the last six months?

<table>
<thead>
<tr>
<th>% Around half the time or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCA Multiples</td>
</tr>
<tr>
<td>51.1%</td>
</tr>
<tr>
<td>Other community pharmacy</td>
</tr>
<tr>
<td>44.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCA Multiples</td>
</tr>
<tr>
<td>5.6%</td>
</tr>
<tr>
<td>Other community pharmacy</td>
</tr>
<tr>
<td>10.8%</td>
</tr>
</tbody>
</table>
CCA Multiples c.f. Smaller Multiples and Independents: Safe Staffing

SAFE STAFFING: "Staffing levels are sufficient to allow all legal, contractual and regulatory obligations to be met; to meet the workload involved in following standard operating procedures and to carry out other work in accordance with the organisation’s expectations. All staff are suitably trained and competent to carry out the pharmacy work they are involved in." How often has this commitment been met in the last six months?

Usable responses (not blank, not ‘N/A’): CCA Multiples 1003, Other community pharmacy 470, Total 1,473

CCA Multiples: 76.4%
Other community pharmacy: 60.9%

CCA Multiples: 1.6% (All of the time)
Other community pharmacy: 5.3% (All of the time)
CCA Multiples c.f. Smaller Multiples and Independents: Access to a Pharmacist

ACCESS TO A PHARMACIST: "A pharmacist is traditionally one of the few healthcare professionals accessible to patients without an appointment. A pharmacist is available wherever patients expect immediate access to face-to-face expert advice on any medicines-related matters. The pharmacy owner or employer meets this expectation by ensuring a pharmacist is available to patients and present in the pharmacy throughout its hours of operation." How often has this commitment been met in the last six months?

![Graph showing response percentages for CCA Multiples and Other community pharmacy.]

<table>
<thead>
<tr>
<th>Percentage</th>
<th>CCA Multiples</th>
<th>Other community pharmacy</th>
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<tbody>
<tr>
<td>0%</td>
<td>17.5%</td>
<td>11.5%</td>
</tr>
<tr>
<td>10%</td>
<td></td>
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</tr>
<tr>
<td>20%</td>
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</tr>
<tr>
<td>30%</td>
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<td></td>
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<tr>
<td>40%</td>
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<tr>
<td>50%</td>
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<tr>
<td>60%</td>
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<tr>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
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</tr>
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</table>

CCA Multiples Other community pharmacy

% Around half the time or less

CCA Multiples 17.5%
Other community pharmacy 11.5%

% All of the time

CCA Multiples 44.0%
Other community pharmacy 56.7%
CCA Multiples c.f. Smaller Multiples and Independents: Adequate Rest

ADEQUATE REST: "Pharmacists are able to take at least their statutory and contractual breaks and rest periods, and additional breaks as required to meet their professional obligations. Pharmacists are enabled to take these without interruption and are not placed under any direct or indirect pressure to forfeit." How often has this commitment been met in the last six months?

**CCA Multiples vs. Other Community Pharmacy**

- **% Around half the time or less**
  - CCA Multiples: 69.5%
  - Other Community Pharmacy: 68.1%

- **% All of the time**
  - CCA Multiples: 8.2%
  - Other Community Pharmacy: 11.4%
Usable responses (not blank, not ‘N/A’): CCA Multiples 1003, Other community pharmacy 473, Total 1,476

CCA Multiples c.f. Smaller Multiples and Independents: Professional Judgement

RESPECT FOR PROFESSIONAL JUDGEMENT: "Pharmacists are enabled and encouraged to exercise professional decision-making in the workplace, so that patient safety and professional standards can be placed above any commercial or other operational considerations. Organisational and other targets do not inhibit professional autonomy." How often has this commitment been met in the last six months?

- 61.4% for CCA Multiples
- 49.9% for Other community pharmacy
CCA Multiples c.f. Smaller Multiples and Independents: Raising Concerns

RAISING CONCERNS: "Pharmacists are able to raise concerns without reprisal or fear. This is facilitated by a supportive, open and receptive organisational culture. Issues identified are promptly addressed and robust and enduring solutions implemented without delay." How often has this commitment been met in the last six months?

<table>
<thead>
<tr>
<th>% Around half the time or less</th>
<th>CCA Multiples</th>
<th>Other community pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>77.4%</td>
<td>59.4%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% All of the time</th>
<th>CCA Multiples</th>
<th>Other community pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.8%</td>
<td>13.7%</td>
<td></td>
</tr>
</tbody>
</table>
CCA Multiples c.f. Smaller Multiples and Independents: Physical safety

Physically safe: "Pharmacists do not have to work in the pharmacy alone and have access to the necessary support at all times to perform their roles. Risks are assessed and preventive measures put in place so that patients and staff are safe - and can feel safe. A zero-tolerance approach is taken to violence or abuse of pharmacists and other pharmacy staff." How often has this commitment been met in the last six months?
Usable responses (not blank, not 'N/A'): CCA Multiples 1004, Other community pharmacy 472, Total 1,476
Results by country

Community Pharmacy by Country: No Self-Checking

NO SELF-CHECKING: "Where pharmacists are directly involved in dispensing, or other processes requiring a high degree of accuracy, a suitably trained and competent member of staff is readily available in the pharmacy at all times to provide an independent accuracy check." How often has this commitment been met in the last six months?

Usable responses (not blank, not ‘N/A’): England 1231, Northern Ireland 32, Scotland 128, Wales 90, Total 1,481

<table>
<thead>
<tr>
<th></th>
<th>England</th>
<th>Northern Ireland</th>
<th>Scotland</th>
<th>Wales</th>
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</thead>
<tbody>
<tr>
<td>% All of the time</td>
<td>7.3%</td>
<td>9.4%</td>
<td>5.5%</td>
<td>7.8%</td>
</tr>
<tr>
<td>% Around half the time or less</td>
<td>51.0%</td>
<td>25.0%</td>
<td>43.8%</td>
<td>32.2%</td>
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</tbody>
</table>
Community Pharmacy by Country: Safe Staffing

SAFE STAFFING: “Staffing levels are sufficient to allow all legal, contractual and regulatory obligations to be met; to meet the workload involved in following standard operating procedures and to carry out other work in accordance with the organisation’s expectations. All staff are suitably trained and competent to carry out the pharmacy work they are involved in.” How often has this commitment been met in the last six months?

<table>
<thead>
<tr>
<th>% Around half the time or less</th>
<th>England</th>
<th>Northern Ireland</th>
<th>Scotland</th>
<th>Wales</th>
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<tr>
<td></td>
<td>70.7%</td>
<td>68.8%</td>
<td>75.0%</td>
<td>71.1%</td>
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</table>

<table>
<thead>
<tr>
<th>% All of the time</th>
<th>England</th>
<th>Northern Ireland</th>
<th>Scotland</th>
<th>Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.8%</td>
<td>0.0%</td>
<td>1.6%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Usable responses (not blank, not ‘N/A’): England 1231, Northern Ireland 32, Scotland 128, Wales 90, Total 1,482
Community Pharmacy by Country: Access to a Pharmacist

ACCESS TO A PHARMACIST: "A pharmacist is traditionally one of the few healthcare professionals accessible to patients without an appointment. A pharmacist is available wherever patients expect immediate access to face-to-face expert advice on any medicines-related matters. The pharmacy owner or employer meets this expectation by ensuring a pharmacist is available to patients and present in the pharmacy throughout its hours of operation." How often has this commitment been met in the last six months?

Usable responses (not blank, not ‘N/A’): England 1231, Northern Ireland 32, Scotland 128, Wales 90, Total 1,482

<table>
<thead>
<tr>
<th>Country</th>
<th>% Around half the time or less</th>
<th>% All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>15.3%</td>
<td>47.9%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>15.6%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Scotland</td>
<td>14.1%</td>
<td>52.3%</td>
</tr>
<tr>
<td>Wales</td>
<td>21.1%</td>
<td>40.0%</td>
</tr>
</tbody>
</table>

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Community Pharmacy by Country: Adequate Rest

ADEQUATE REST: "Pharmacists are able to take at least their statutory and contractual breaks and rest periods, and additional breaks as required to meet their professional obligations. Pharmacists are enabled to take these without interruption and are not placed under any direct or indirect pressure to forfeit." How often has this commitment been met in the last six months?

Usable responses (not blank, not 'N/A'): England 1231, Northern Ireland 32, Scotland 128, Wales 90, Total 1,482
Community Pharmacy by Country: Professional Judgement

RESPECT FOR PROFESSIONAL JUDGEMENT: "Pharmacists are enabled and encouraged to exercise professional decision-making in the workplace, so that patient safety and professional standards can be placed above any commercial or other operational considerations. Organisational and other targets do not inhibit professional autonomy." How often has this commitment been met in the last six months?

Usable responses (not blank, not 'N/A'): England 1231, Northern Ireland 32, Scotland 128, Wales 90, Total 1,482

<table>
<thead>
<tr>
<th>% Around half the time or less</th>
<th>England</th>
<th>Northern Ireland</th>
<th>Scotland</th>
<th>Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>56.6%</td>
<td>53.1%</td>
<td>46.9%</td>
<td>62.2%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% All of the time</th>
<th>England</th>
<th>Northern Ireland</th>
<th>Scotland</th>
<th>Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.8%</td>
<td>15.6%</td>
<td>14.8%</td>
<td>8.9%</td>
<td></td>
</tr>
</tbody>
</table>

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Community Pharmacy by Country: Raising Concerns

RAISING CONCERNS: "Pharmacists are able to raise concerns without reprisal or fear. This is facilitated by a supportive, open and receptive organisational culture. Issues identified are promptly addressed and robust and enduring solutions implemented without delay." How often has this commitment been met in the last six months?

![Bar chart showing percentages of time concerns were addressed in England, Northern Ireland, Scotland, and Wales.](chart)

Usable responses (not blank, not ‘N/A’): England 1231, Northern Ireland 32, Scotland 128, Wales 90, Total 1,482

<table>
<thead>
<tr>
<th>Country</th>
<th>% Around half the time or less</th>
<th>% All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>72.8%</td>
<td>27.2%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>62.5%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Scotland</td>
<td>62.5%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Wales</td>
<td>66.7%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

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Community Pharmacy by Country: Physical safety

PHYSICALLY SAFE: "Pharmacists do not have to work in the pharmacy alone and have access to the necessary support at all times to perform their roles. Risks are assessed and preventive measures put in place so that patients and staff are safe – and can feel safe. A zero-tolerance approach is taken to violence or abuse of pharmacists and other pharmacy staff." How often has this commitment been met in the last six months?

Usable responses (not blank, not 'N/A'): England 1231, Northern Ireland 32, Scotland 128, Wales 90, Total 1,482

<table>
<thead>
<tr>
<th>Country</th>
<th>Around half the time or less</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>42.6%</td>
<td>19.7%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>28.1%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Scotland</td>
<td>25.0%</td>
<td>28.9%</td>
</tr>
<tr>
<td>Wales</td>
<td>24.4%</td>
<td>27.8%</td>
</tr>
</tbody>
</table>
Pharmacy Sector Comparison

<table>
<thead>
<tr>
<th></th>
<th>Community</th>
<th>NHS Hospital</th>
<th>NHS – GP Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO SELF-CHECKING</td>
<td>7/49</td>
<td>27/24</td>
<td>5/59</td>
</tr>
<tr>
<td>SAFE STAFFING</td>
<td>3/72</td>
<td>5/56</td>
<td>5/74</td>
</tr>
<tr>
<td>ACCESS TO A PHARMACIST</td>
<td>48/16</td>
<td>51/20</td>
<td>34/25</td>
</tr>
<tr>
<td>ADEQUATE REST</td>
<td>9/69</td>
<td>12/57</td>
<td>5/86</td>
</tr>
<tr>
<td>RESPECT FOR PROFESSIONAL JUDGEMENT</td>
<td>10/56</td>
<td>23/27</td>
<td>7/62</td>
</tr>
<tr>
<td>RAISING CONCERNS</td>
<td>8/72</td>
<td>16/48</td>
<td>9/72</td>
</tr>
<tr>
<td>PHYSICALLY SAFE</td>
<td>21/40</td>
<td>39/21</td>
<td>15/46</td>
</tr>
</tbody>
</table>

The figures in the table are percentages in the format “All of the time / around half the time or less”
Example comments – community pharmacy (anonymised)

- My employer wants to believe that as a business care is at the heart of what they do. Caring for patients and caring for staff. That could not be further from the truth. Firstly, they only care about numbers and targets. As long as they get the numbers they don't care about who gets the job done or how the job gets done. In the region I work there are 80 dispenser vacancies. That means that as a region we are understaffed by 80 dispensers. As the years get by more and more people get fed up with the way they are treated and hand their notices in. The ones that stay behind are also fed up but too scared to stand up for themselves. We work long hours and are expected to do overtime without getting paid for it. In many occasions I have been forced to work through my lunch. Regular pharmacists have to start work earlier, work through lunch and stay longer after work to catch up with work. None of the extra hours are paid.

- XXXXX pharmacies are continually under staffed the quantity and quality of support staff is inadequate, holiday and sickness cover is almost never provided, last Saturday for example the counter assistant was on holiday which they had forgotten so virtually no counter cover all day additionally no dispenser for 3 out of the 10 hours we were open. The company is constantly wanting us to do more and more with no extra resources pharmacists struggle every day to keep things as safe as possible but the company constantly works against us, with these conditions pharmacists are under intolerable pressure this is to the settlement of their own health. Managers do not care they just want the targets met there is no support at all. The only reason more staff haven't left is lack of alternative work. You work hard all day with intolerable pressure and stress and try your best it becomes an exercise in survival that's it and then you go home and worry about tomorrow it's only a question of time in my opinion until they drive a pharmacist to suicide but they won't care they do not care about staff they say they care about customers but they don't it they did they would help us to help them the only thing they care about is profit. I am so angry I can not even fully put into words how intolerable it is working in a XXXXX pharmacy.

- There are nowhere near enough hours to safely provide care for patients. everything is a rush and is supplied with a prayer that it has gone out right. additional services are similarly rushed. there is huge pressure to complete compliance forms eg sop implementation and virtually everything else so that you sign these to take on the liability that you are responsible, and realistically XXXXX have no concern for your plight. at a "lets connect" meeting the clinical governance pharmacist actually told us NOT to tell the gphc inspector that we did not have enough staff. i know everywhere in retail is hard, but the worry is the headlong dash for business bears no concern for the welfare of the individual who is being dragged down into an abyss of potential litigation.

- XXXXX are constantly imposing targets and making cut backs all the time however, I feel that most of the pharmacies are operating on unsafe staffing levels and the majority of the time are under qualified for their roles. Area Managers are not interested in how we work on a daily basis as long as we muddle through and hit our targets they are then happy about it. The cutbacks and intense pressure is increasing and it makes me feel miserable that this is what our profession has become. We are at the hands of such corporate organisations who quite frankly have no regard for their employees.
All comments – community pharmacy (anonymised)

- Include maintain an environment conducive to accurate and professional working
- Safer practices will enable us to progress towards putting “patient’s first”, as at the moment if feels like we’re being directed to putting the “business first”
- staff shortages throughout the company puts pressure on pharmacist and the rest of the pharmacy team.
- Safer pharmacies charter should be implemented immediately
- Reading the charter, I feel it’s in the right direction but lacks some thought out depth
- Essential
- Please extend to non registered private hospital pharmacies
- I support all the points above especially self checking.
- I forsee conflict between commitments 3 and 4
- Seems to be aiming for an ideal world
- Strongly agree. It’s high time, pharmacists should unite and act against extreme heights of responsibilities including compulsory business targets with low staff levels
- Should be standard.
- The charter is very good and addresses most issues. But absence of appropriate line management can lead to things not being reported when they should be. Pharmacists should have a right to appropriate line management.
- looks like reasonable expectations for pretty well any job
- In order to provide safer pharmacies, the pharmacy business needs to be reimbursed for the work carried out on behalf of the NHS at a level which is sufficient to all the employment of staff to the levels suggested in the charter.
- Great idea. I fully support the idea of having this adopted across the profession.
- Agree in 100%
- totally agree
- Great idea need to build on present momentum
- Very good
- This should be what the Responsible Pharmacist signs up to when operating a pharmacy.
- About time
- excellent
- I fully support the safer pharmacy charter
- covers all areas of concern, very much needed
- Work load must be manageable to allow for breaks to be taken without leading to increased pressure.
- I should say it is essential
- Well overdue. Regulator isn’t doing it’s job to protect patients and by extension pharmacists so we have to act.
- Much needed to be accepted as the norm
- Adequate rest is rarely taken
- Good news that these issues finally have come to light. Bad news is good luck in getting pharmacists to speak up, can’t see this happening for fear of them losing their jobs.
- Good
I’d love the opportunity to work in a safer environment where my employer values me as part of a team & not as a robotic MUR machine.

new legislation to enforce staffing levels will not only increase patient safety but will also reduce tremendous stress levels suffered by pharmacy staff due to understaffing; which should reduce stress-induced illness in staff and concurrently reduce risk to patients via dispensing incidents.

agree+I strongly believe pharmacies should have a MINIMUM space. Many pharmacies "fail" because there is just not enough space to operate in safely.

It needs to happen. Too much pressure and not enough staff or training for them

I think a specific number of support hours should be set for the number of items dispensed and the hours open.

I support the safer working charter

Great idea

Obviously a great idea in principle but good luck getting through to the multiples!

Standards in the Charter sound fantastic but seem unrealistic in the current community pharmacy climate.

I strongly believe there should be a legal framework for staffing levels that depends not only on the number of prescriptions dispensed but also depends on services provided.

More needs to be done to tackle staffing crisis in pharmacies- patient safety is at real risk.

Desirable

its too pressured and MURs and other extra paid services should be cancelled

Please fight harder for safer working environment for pharmacists

Go for it!

More control as responsible pharmacist. Better quality of staff to provide a safer working environment. Remove poor performers from the dispensing role.

Agree with all the points

This charter should be mandatory.

Why Are XXXXX 100 hour pharmacies allowed to get away with pharmacists self checking outside of 8am -8pm hours

Fully supportive

SELF CHECKING IS THE MAIN ISSUE! AND ALSO LACK OF STAFF, ESPECIALLY AT XXXXX, XXXXX AND XXXXX, LEAVING PHARMACIST ALONE FOR HALF THE DAY THEREFORE SELF CHECKING IS AN OBVIOUS THING WHICH IS DONE BY THE PHARMACIST

Brilliant idea - at last!!

Payment for demonstrable quality long term outcomes needs to be the norm not quantity at any cost.

excellent safeguarding mechanism

I feel that the Charter sets the standard which should be the case already. Unfortunately some employer organisations have singularly failed to meet the standards.

Vital! As well as patient safety and professionalism, this is a human rights issue - and as a profession we should be proud of the wider democratic freedoms of our country

A very good start and will hopefully encourage some discussions about working conditions that are long overdue!

Keep going
I fully support the charter, the biggest issues giving rise to workplace stress and pressure are the lack of meaningful rest breaks, the vast number of services we are expected to deliver to "remain in the profession" and the hugely reduced staffing levels leading to unsafe conditions.

I have comments but the system doesn't allow me to insert them.

for the safety of patients, this charter has to be acted upon

Great to see!

A sensible step towards improving patient safety and reducing the unhelpful influence of vested interests

Shocking that it’s taken this long to reach this point but the charter or similar MUST be implemented to ensure safety of patients and sanity of service providers.

Not just affecting XXXXX

My experience with my previous company was not as it is now. I was under pressure to a point where my health suffered leading to a breakdown. Bullying and all of the experiences discussed in the BBC programme are happening in other companies too.

Very true and would improve the entire pharmacy profession

Staffing levels need to be addressed. Pharmacy put under undue pressure when holidays or sickness. Hours cut in branches last year. Also point concerning Pharmacists getting breaks to enable concentration so important as during times of pressure which basically every day not getting breaks.

Good valid important points

This would be great if all employers adhered to it!

With regard to staffing, the issue to me is that there is sufficient staff to dispense and check but not to deliver MUR’s, NMS, injections etc

Not sure how realistic a complete ban on self checking would be - could compromise patients best interest in small pharmacies where only 2-3 members of dispensing team when sickness/absence strikes

needs full support. All issues need to be tackled and I fully endorse the Charter

Needed

As a Locum pharmacist, I see inconsistencies throughout the sector. I would like to see a staff ratio suited to the business and not just on margin alone

Support the comments & points mentioned

A Nationally agreed Minimum Staffing Level based on items and services. These must be working in the Pharmacy, not just qualified and not on holiday. Pharmacists have to juggle many tasks at once, Safe Sales, MCU, Flu Jabs etc, is this really safe.

We need to work towards changing the method of payment for pharmacies

PLEASED WITH THE CHARTER

Won’t let me comment??

sometimes when you go to a store for locuming staffing levels are so bad and in some stores you don’t even have a qualified dispenser and you have to self check loads. and from time to time same situation applies to all companies

this is essential for patient safety

an extremely good idea urgently needs putting into place

I have been directly affected by Staffing issues and the company has is blaming me for work that could not be completed due to lack of staff

I agree self-checking is the number one risk

high time
• Long overdue and something I had assumed as a student was a standard. Had I
known the conditions we would have to work in as a qualified pharmacist I might not
have chosen to study it. I am very glad to see this charter being proposed it is
something that should have been set years ago.
• My company continues to reduce the number of staff and to rely on the least
qualified staff involved in the prescription dispensing process. This creates increased
patient safety incidents.
• We need safer pharmacies to be safer pharmacists
• I hope it will make employers realise that the future of Pharmacy is in enhanced
services. Employers must realise this and invest in the future.
• I fully support all aspects of the charter.
• Let’s make this happen!
• Expected to work in midnight stores yet after six pm pharmacist is on their own. Only
half hour lunch yet expected to remain on site. Don’t get total mental break when
you can still hear conversations. Staffing does not take into consideration staff
holidays or sickness
• Exactly what’s needed
• About time too!
• Seems very fair and relevant. Particularly where pharmacies are attempting to cut
staff at present due to funding restraints.
• long overdue considerations
• Good a start in the right direction
• I fully support the proposed charter.
• Excellent
• It is about time that multiples are held to account for the dangerous (to patients)
working conditions a pharmacist is placed in such as having to work alone with no
staff all day.
• A good idea hope it achieves something
• I’ve seen too many patients put secondary to the £. Its time something changed
• As a profession in high demand at present these standards are fundamental to
progress, safety and long standing self esteem
• Its a good move in the right direction.Would be better if the Locum
Pharmacist/Pharmacist performing the services can claim reasonable amount from
employer. This would release the pressure culture from employers on
Pharmacist. With locum rates dropping the expectation from employers is the same.
• Very interesting proposal
• I believe the charter is something that the GPhC should be pushing. However in the
absence of a strong leadership someone has to step in and lay down the principles
that put patient safety first.
• The numbers/criteria of what is suitable needs to be written otherwise everyone will
have a different idea and it is open to different interpretation to how the different
parts are met just as now all companies will already say that they meet all of those
criteria!!
• This is absolutely vital and would create a change in the profession that is long
overdue
• When employed at a high street branch, I had to self check approximately 50 percent
of the time, every single day. It was the main reason changed roles. XXXXX is

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constantly initiating new services and expects the extra workload to be absorbed by current staffing levels.

- I don’t think the programme was good. It failed to explain what pharmacists do and why they need sufficient staffing levels.
- Locum pharmacist should be given the same amount of work (e.g. number of wards/patients) as any permanent staff of a similar position.
- More clinical roles and safer practice with sufficient support.
- Desperately needed otherwise companies will ride roughshod over proposals.
- will make us feel more supported, a legal safety net in the workplace.
- It is a great idea, but please make sure the staffing levels should be set and legally enforced by the NHS. Also permanently end the view that Pharmacists are there to relieve the burden of GPs, we are not here to give them an easy life!

- Good idea.
- Comments were in invalid format ???
- Very ambitious. It will only be used to make pharmacist life harder. Eg-Pharmacist available at all times. As it is we hardly get 30min lunch that will go.
- Sounds reasonable.
- Agree with the points of the charter.
- About time and needs to go further in protecting the pharmacist and their function.
- Should be like this in reality but it isn’t.
- must be put through! Long time coming a necessity.
- concisely conveys important messeges for safer care in the pharmacy and should be implemented.
- With the pharmacy cuts its easy to see how we cannot staff our pharmacies safely without tossing the business viability.
- I support improved working conditions for pharmacists and safety in patient care.
- Strongly agree with it.
- I would like to see a legal/clinical check of all prescriptions by a pharmacist included in the charter.
- Desperately needed!
- In favour but have no problem with limited self checking.
- Occasionally I ask a counter assistant to check my work when a dispenser in not available.
- Does having access to a pharmacist at all times as stated above mean that pharmacists cannot be in a consultation room doing an MUR for 20 minutes?
- The charter seems clear, simple and perfectly achievable by any company that cares for the welfare of it’s staff and patients, not just profit first, safety and well-being an inconvenience.
- totally agree.
- Well done PDAU for all the hard work. Clear the GPhC (greatly pedantic and highly clueless) is not fit for purpose in failing to bring large multiples to book over the safety of patients and the well being of pharmacists.
- we should not be pressurised into doing a certain number of MURs or NMS daily. it should be as appropriate.
- It is time for such. Pharmacists are not in control of their profession. The pressure from the multiples and supermarkets is way beyond reasonable and should be curtailed.
• Fully supportive
• Excellent step in the right direction. Trying to keep patients safe and protect the individual pharmacist. Common standards in practice that all employers should adhere too and if not why not?
• We desperately need this Charter because the situation where I work is unbearable and is getting worse every day. We cannot cover any absences or holiday. When I asked what we were supposed to do my Manager said I would just have to work alone. I work in a busy XXXXX in XXXXX store.
• A Charter is a good start but there should be statutory regulations to ensure safe level of staffing otherwise employers just circumvent regulations
• Please help pharmacists
• I agree that everything possible should be done support Pharmacists in their work environment in order to reduce the risk of error
• Needed for public safety
• Define support staff hours per prescriptions. If working more than 6 hours need half an hour away from the pharmacy. Stop 12 and 15 hour shifts.
• fully support the commitments in this charter
• I am a relief pharmacist. No consideration is given to travel time, have been told 1.5 hours each way is reasonable, this is on top of working a 9.5 hours shift with a half hour break where I can be disturbed with enquiries. This becomes a very long day where one is very tired at the end.
• It’s a shame that we have to lay out 7 objectives in a charter that should already be embedded in pharmacy practice to ensure patient safety. That in itself is highly disappointing.
• Sounds like heaven!
• long overdue
• Good Idea! Been needed for a long time
• Good if implemented
• Should be standard across the industry
• Very important movement that the industry needs
• Work should be undertaken to define a minimum safe staffing level, e.g. akin to that for nurses on hospital wards.
• I believe that those bullet points are vital to raise with government
• Agree short-staffed in XXXXX
• makes sense to me . its common sence but that seems to have been cast aside in order to make a profit
• Brilliant idea
• This charter represents how pharmacists should be able to practice to provide the best care for patients
• Agree but feel it’s just going to put aside
• This should be a minimum standard. There should also be statutory legislation detailing the volume of items that any one Pharmacist can manage safely.
• Good move for better pharmacies and better working environment for pharmacists
• Excellent idea
• Welcome a discussion on safety provided it doesn’t become another opportunity to sling mud
• The pressure on community pharmacists is immense. Increasing pressures and constant distractions put patients at risk. Checking of prescriptions on the shop floor is not safe any more.
• I fully support the charter
• Long overdue but very welcome.
• Something needs to be done, I’m off with stress as a result of workload and poor staffing levels and I don’t think I’m alone in this company or throughout retail pharmacy in general.
• Must be a basic standard for all Pharmacies to ensure safe practise
• Pharmacists need a clear voice to stand up for them. The GPHC don’t seem to be doing this so Thankyou to the PDA for doing so. This is the tip of the iceberg. We need more charters and a more unified pharmacist voice!
• Well thought out and I feel the next round of quality payments should also have a minimum staffing requirement other than outlined in the drug tariff which is a minimum for dispensing operations only.
• Not always about number of staff - correct skill mix is vital
• I’m not against self checking, I regularly do this but I have my own safety protocols which seem to work for me
• Sounds like a lovely world to live in! I guess we can dream and try to make it reality
• At last!!!
• An excellent start.
• Essential to avoid the pressures currently placed on pharmacists.
• I believe this charter is an essential step in pushing the regulator to act. With NHS pressures, budget cuts and pharmacies being expected to work harder in a shorter amount of time, the risk to patient safety is at an all-time high.
• I agree with these and am largely in a situation where they all occur. My concern is the volumes of scripts I have to check and at the same time be the only pharmacist dealing with services etc ehc uti etc.
• Immediate access but uninterrupted breaks I can’t see how this would work, otherwise great
• I would add : A minimum amount of staff members proportionate to the monthly items of the pharmacy must be present at all times, otherwise the pharmacy must close! Sometimes it's just the pharmacist and another member of staff and this is not acceptable
• Remove term immediate access to pharmacist
• For small pharmacies point 3 and 4 contradict each other. The pharmacist cannot take an uninterrupted break if they must always be available.
• I broadly agree with the principles, although I think issues of staffing will be difficult to solve in the current financial situation.
• We need guidance on safe staffing levels from GPhC
• Overdue
• Need clarification of safe staff levels And this to be enforceable
• Could you please help to resolve the work pressure with regards to staffing levels which are overlooked by retailers pushing profits ahead of safety.
• Great . That's what needed
• Safer staffing levels are absolutely necessary and multiples must be mandated to ensure these are in place
• I fully agree with the charter.
• Recommended staffing ratio; recommended minimum level of training for support staff working in the dispensary/OTC to ensure safer working environment.
• Does not go nearly far enough to protect standards for pharmacists
• Please support pharmacists.
• It’s needed
• Good
• Is a matter of common sense
• More staff required and breaks required. On a daily basis I self check and I am out under pressure, in order to not be behind on prescriptions I am forced to self check as there is limited staff. Public do not understand the pressures of pharmacy and how easy it is to make a mistake
• Statutory break is insufficient. 20 mins in a 9 hour day is not enough
• Totally agree with all the commitments
• These standards are essential for the safety and wellbeing of both the public and pharmacists
• the only thing it doesn’t address is overall workloads
• It’s shameful that the basics need to be highlighted
• Minimum staffing needs to be addressed as matter of urgency, hundreds of workforce hours are lost through work related stress/ anxiety
• Employer should ensure there’s enough pharmacists to cover services offered in the pharmacy as today’s pharmacy is far more busier than years ago
• Anything to try to improve the dire situations we work in.
• It is focus on community practice and offers very little for those in other sectors.
• There is need for a change especially with staffing levels in most pharmacies. The pharmacy staffing is never enough
• I think the wording on the self check is a bait Woolley and open to interpretation. If you are going to put this in the charter then state no self checking . Don’t added the accuracy checker into the clause it muddy the waters.
• I support Safer Pharmacies charter by staffing, skill mix, rest breaks and flexiblity for suitable contingency within allocated hours in times of colleague absence or seasonal busy periods.
• Do not allow remote supervision, a pharmacist should always be physically on site to oversee the pharmacy as well as be at hand to help any and all patients
• Excellent wish list. Essential for future of profession.
• I support the ideals as proposed by the charter
• Very good document
• It is essential that pharmacists are given respect in their work place. The Charter is an essential step in recognising the value of our profession.
• Change needs to come from this...companies must realise the risk is being put on patient safety
• I think this charter is long overdue. As a pharmacist i have to interrupt my checking to help out other members of staff to do thier jobs as there is not enough “other” pharmacy staff. This is not exclusive to XXXXX it is a problem with all the large multiples XXXXX XXXXX supermarkets XXXXX etc
• Still doesn’t specifically define ‘safe’ staffing levels. Open to interpretation by companies who don’t always put staff ahead of profit
• Go forward
• It should be more detailed and specific on pharmacist rights, otherwise companies will find a way round putting at risk patient safety.
• XXXXX company to work for
• Things must change. Pharmacists are so undervalued and over worked. I am frequently put in situations from employers which we are always told we shouldn’t work in; it’s now a daily occurrence.
• Ex XXXXX employee, after 21 years, left Jan 2015 after staff cuts, crazy daily targets, making me physically ill, no breaks, patient safety should be a priority but for XXXXX it was profit!!!
• Excellent, long overdue
• Amazing initiative and work off PDA.
• We also need adequate space to work ie bench space and walk way space, with both working heating and air conditioning
• Perfect charter
• Desperately needs to happen to optimise patient safety
• This is the minimum pharmacists and their patients deserve. Working conditions have been declining for a number of years. However the last year has been substantially worse
• Strongly agree it’s needed
• Ok
• I WHOLEHEARTEDLY ENDORSE THIS CHARTER AS IT ACKNOWLEDGES AND SUPPORTS OUR PROFESSIONALISM.
• Excellent
• Hurry up
• Should be legally binding and fully funded
• Pressure to perform services to meet your stores weekly target
• I think this has been needed for a very long time!! I Locum in community pharmacies and some of the places it is very unsafe as I will not have anyone else who is dispensary trained working with me. That is not safe practice!
• I agree with it all
• It’s about time the power has never been in pharmacists hands, targets and profit are always put first
• All we want to do, is to do our jobs safely with putting profits before patients.
• Remove Gphc has governing body. Demand no pharmacists should be on a salary less than 60k. People in a office with no degrees earn more than most pharmacists. Disgrace to our hard work and role
• Excellent
• I hope this will pass in parliament.
• I would love to be able to go to work and know I was working with adequate staffing levels, that my professional judgement is respected, that I get adequate breaks, that I wouldn’t need to self check but that’s not always the case.
• many years overdue
• The department of health needs to remunerate pharmacies fairly for the hugh amount of work we continue to do professionally, conscientiously and patient
orientated year in year out without much recognition from the government, medical profession, and a high proportion of the general public.

- Staffing levels and target pressures
- Whilst ok in principle, in reality, needs a stronger voice and funding. Multiples will always ensure this is never the case
- Definitely agree something must be done, as a locum pharmacist I find XXXXX, XXXXX and XXXXX are amongst the most stressful work place in terms of the pressure put on the pharmacist
- Long overdue
- More government cuts are putting patients at risk, I hope these deaths shown on the report will encourage a change, many mistakes go unreported
- A little woolly. Needs to be more specific and have ethics laws highlighted that support it
- Excellent idea, soley needed
- I agree with all points put forward on the charter
- Self checking is quite common in my dispensary as every day I spend 3 hrs without any dispenser or support.
- There must be absolutely no reprisals for pharmacists behaving professionally. It needs to be actually illegal for others to interfere with the pharmacist’s professional judgement.
- Long overdue
- Would like to see a survey on minimum staffing hours dependent on duties and services provided
- So much better than the GPhC standard!
- Absolutely disgraceful (no breaks on sat/sun)
- XXXXX are not very nice to work for. Too many chiefs looking to achieve thier own lousy targets that puts pharmacists under pressure.
- much needed
- Great proposals that are needed as soon as possible in order to prioritise the well-being of pharmacy staff and the public.
- We need safer environments, every pharmacy should have an ACT as well as a Pharmacist. Or at least 2 Pharmacist’s. Also should be linked to number of items, there should be a maximum number of items a Pharmacist can check per shift.
- About time
- XXXXX do not care about pharmacists, they make extremely detailed SOPS, with no time to train new joins properly on healthcare or SOPS, then the RP is 100% responsible for everything, but the option is use an untrained pharmacy advisor or do double the workload myself.
- We definitely need support with adequate staffing, more realistic targets which are actually Attainable
- Good idea, as long as the pharmacies take it seriously
- I support patient safety, and a fair working environment.
- Good plan to have in place for future of pharmacy
- Changing the drug tariff to make it a contractual term to have a higher minimum level of staffing - the current figures in there are very low.
- I really believe this will help me and my colleagues work in a safe environment
- Bring it on! Good luck!
- An excellent idea
- I fully support the Charter for Safer Pharmacies
- Needed just to remind employers our basic rights and stop taking advantage
- It’s a good idea but this is the job of the GPhC and XXXXX takes patient safety really seriously. I don’t really see the point of the PDAU.
- This is very essential
- Most lay people would expect these measures to be in place as a matter of course.
- Sufficient staffing levels are paramount to patient safety
- We need a bigger free text box here to express views!!!
- Would greatly benefit the profession and patient care
- Having worked on my own, it is demoralising, let alone unsafe. Being able to have someone there to accuracy check is comforting, and ensuring breaks without interruption is important.
- The charter is good for what it is, it’ll make minimal noise WITHIN pharmacy, not as much as say a doctors strike in A&E. The objective I feel is incomplete as it mentions safety and care for patients but should also say “and pharmacists”.
- Any reform to improve patient safety should be a government priority
- Something needs to be done to stop the erosion of working conditions in pharmacy, for safetys’ sake.
- Channel Islands and Isle of Man inclusion.
- The way staffing levels are set vary from one company to another you must have a base line for all pharmacies to have the same number of staff for a set number of items dispensed then extra for the other things we are expected to do
- It is vital that the charter objectives are accepted because the pressure pharmacists and their staff are currently under is overwhelming and would be unacceptable in any other profession
- Excellent framework with very sound principles
- Accept the charter and our plea to utilise the full skill set of pharmacist by governing companies and setting down more strict policies in terms staffing and reimbursement to make pharmacy safe and provide great care to patients
- Very welcome
- It should have happened years ago.
- There should be minimum staff per prescription guidlines
- Only what I have expected over a long career
- Much needed to improve safety of patients and protect wellbeing of all who work in a pharmacy
- Completely agree with it.
- Great one and we hope there will be a cultural and operational changes
- Patient safety must not take a back seat in this country. Our health service is a vital institution and should be run like one, not treated like a fast food business for profit.
- Despite only being a pharmacist for 3.5 yrs i’ve already considered a career change because the commitments in this charter are not being fulfilled already. If these commitments were to be met and practiced across pharmacies it might change my career path from what it stands at now.
- What happened about working 9-10 hours without a chair? All the time standing up in most places not moving at all? Are we slaves? Do the owners think that we cannot check properly if we sit down from time to time? Are we machines?

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• I could not read as too small hand writing
• May improve working environment. There is a culture of bullying towards the pharmacist, especially a locum pharmacist.
• The Charter would help pharmacists carry out their duties & responsibilities without fear. It would provide for better working conditions and hence better service and patient care.
• This is really essential because community pharmacies are really becoming difficult to work in and it is only a matter of time before serious patient incidents routinely occur.
• For staffing lever, set a minimum limit for QUALIFY staffing level to ensure that pharmacy run safely.
• Hope
• A safer, more autonomous culture should be fostered to encourage, not intimidate staff. Staff being treated as overtly replaceable and expected just to push the commercial agenda should be questioned.
• 100% agree, I think it should be adopted by companies and put on at wall at work to remind managers and colleagues your responsibility
• We need more and better trained support staff to allow the pharmacist to be available to patients not just checking scripts when dispensed
• Staffing levels criticaaly low
• Perfectly reasonable
• I think it’s very important that we now introduce minimum levels of staff for a pharmacy to open and relate this to the number of items dispensed
• Long overdue
• Pleased to see adequate rest breaks is included.
• Very important to have this in place
• Some Pharmacies are excellent others dire and GPhC should ensure they are staffed clean and organised Please ring me re one pharmacy in particular I am concerned
• Absolutely agree with this, these standards are the minimum we should aim for if we want a safe and successful community pharmacy sector
• Much needed. Staff levels are not fit for purpose.
• Too much expectations and pressure, huge funding cuts
• Fantastic idea. They seem like basic rights of a pharmacist to do the job safely.
• Agree totally
• Great start on moving towards a safer work environment for pharmacists and patients
• Please help us!
• Great, just what we need to focus employers.
• Should have come 30 years ago
• While it is great that these things will be put in place, in reality I can’t see things changing in community pharmacy. Increased workload with no reflect on pay or More pharmacists in each pharmacy would take down workload and lead to a safer environment.
• Vital
• Very good. Reassuring.
• SOPs aren’t meant when understaffing is an issue; companies need to take reponsibility of their working environment.
• Agree 100%. Understaffed and underfunded.
• Agree
• Excellent. Well overdue. I am weeping with relief that finally something has been drawn up to help us do our jobs safely
• I fully support the PDA in their efforts to help and support Pharmacists attain safer work conditions.
• This should have been made long time ago, the logic behind large companies to pressure pharmacist leading to patient harm is absurd. The Charter is a great start in the near future I hope to see more of this to stop big companies from abusing pharmacists.
• This should be implemented by all pharmacies. Seems like a dream especially about having breaks. Pharmacies should be allowed to close for dinner. This should be enforced within pharmacy contracts
• Great work
• Short staffed pharmacy
• Much Needed
• As a pharmacist qualified for almost 2 years I truly believe that new guidance has to be made to ensure the safe and effective running of pharmacies.
• Pressured into doing unnecessary MURS. Pay rate has gone down and workload has increased. Only some stores are staffed well, most are not.

All comments – NHS hospital pharmacy (anonymised)
• Fully support it - long overdue. Employers in community are currently not held to account when they have provided inadequate and unsafe working conditions. Conditions are generally much better in hospitals, but lack of breaks is an issue.
• Much needed to protect staff and patients
• Much needed
• Great if it goes through and is put into practice
• Very good. Agree with all the points.
• I support it. I also work as a locum Pharmacist for one branch of XXXXX Pharmacy. I have not had concerns whilst working there regarding safety for patients. A Pharmacist is always available when the pharmacy is open.
• I support the aims and objectives
• Excellent principles for safer practice
• Should be applicable to hospital pharmacies as well
• Focus on quality and safety with improved working conditions and remuneration for pharmacist especially community pharmacy
• It is good. the answer are based on hospital working
• XXXXX force their pharmacists to self check. It’s about time somebody stood up for pharmacists in this profession.
• I strongly agree with it and support its aims.
• Very sensible; sad that the obvious needs to be stated.
• Self checking may be necessary at times and may not need to become absolutely rigid and in law. However I do believe that in our profession agreeing on safe staffing, we will endeavour to change this behaviour in due course in doing so.
I agree with all aspects with the exception of a pharmacist needing to be present at all times. In the Netherlands, a pharmacy technician-led model is used (and has been for decades) which is extremely successful and safe.

Encouraged not to "open the loop" of potential pharmaceutical issues we identify. But to do skim over the bare minimum required to do a medicine reconciliation.

I think it is excellent

Overall very good. In community the above may impact on financial incentives and hiring staff.

Completely support

All pharmacies (including hospitals) should have a set minimum number of pharmacists to ensure safe and effective practice.

Much needed for patient safety

Legislation needs to be enacted whereby it is more than just a Pharmacist needed to open a Pharmacy

An excellent course to support

Supporting community pharmacist to practice safely for better healthcare

This is an important step towards patient safety and appropriate work conditions for pharmacy staff and pharmacists

Pharmacists need more protection from unscrupulous managers. Also managers in the nhs need to be independently assessed as they are often untrained and cause unsafe practices

Patient should and MUST be our primary concern.

A start but not a complete answer to community pharmacy issues.

I support the Charter!

Point 3 similar to responsible pharmacist regs but point one is a crucial I'd support that alone

It will help ensure our pharmacy practice standards are maintained to better patient care. Improving staffing will help take the immense pressure pharmacists are under and ultimately improve working standards

Completely agree with all. Safety requires the appropriate time to do the tasks and discuss issues with patients, not just tick boxes and targets.

All comments – NHS - GP Practice

- *these changes and commitments are long overdue, would we be happy to have a bus driver work 10 hrs without any breaks - this is still common in pharmacy*

- *This is the only way we can develop services and the profession effectively*

- *Community pharmacists are placed under considerable pressure both from employers (if employed or locum) and from the public. Both expect an accurate and often unrealistically short period to supply the medicines prescribed.*

- *Ideal situation presented here. Great. Dream come true!!*

- *Pharmacists are a shield for the NHS against medications errors and the sward to help empower patients to take responsibility for their health... please help us to defend the NHS and attack poor health choices.*

- *This should apply to all areas of practice, including NHS, where workload can also be intolerable, and concerns when expressed are ignored*

- *Much needed*
As a GP practice pharmacist I am not involved directly with the issues raised but would like to register my support for the profession as a whole to improve the contribution community pharmacists can make to patient care and this is potentially being compromised at present.

Every pharmacist should have at least 30 minutes lunch break in a working day, whether self employed or PAYE.

Excellent idea and long overdue. Big companies should not be allowed to get away with unsafe staffing levels which puts patient safety at risk.

It is imperative that pharmacists are treated as healthcare professional and not just seen as a commodity by multiples - this Charter should be a legal responsibility for all.

Raising concerns...need to target the larger companies and area managers as concerns often fall on deaf ears. Maybe better access to the pharm soc inspectors to feedback to companies?

I no longer work in community pharmacy. However I recognise that community pharmacists often work under very challenging conditions, which do not appear to have changed since I left the sector.

Patient safety is of paramount importance and adequate rest breaks for pharmacists is crucial to ensure this is viable.

evry good

The charter is a step in the right direction, covers most of the concerns that pharmacists have in community. Would really like to see some national formula for staff numbers, without this the multiples always push the boundaries on what is ‘deemed' safe.

I think this is an excellent idea.

Great Idea!!!

I have experience with XXXXX and would be happy to voice my concerns if you contact me directly.

I support the charter principles.

Seems like a good idea.

I fully support the seven core points outlined in this Charter. Patient safety must be at the core of everything that we do as pharmacists.

Excellent idea, but can do further by specifying safe staff numbers e.g for every 100 items dispensed, x no. of staff should be present. Without something concrete, multiples are free to sign-up but not change anything.

Multiple corporations put SOP’s in place to cover themselves. Not protect patients. If they were in place to protect patients there would be more emphasis on ensuring pharmacy staff have the resources to uphold the SOP’s.

like every other pharmacist I know I have been fortunate enough to find a role in a GP practice. My career in community pharmacy lasted over 10 years and I left very demoralised.

Control work load.

It needs adequate government funding to maintain safe staffing level without businesses going bankrupt.

Stop work pressures on community pharmacists.

Community Pharmacists are under extreme pressure created by contractors not investing enough in sufficient workforce. Hopefully this will create a safer service for patients, and improve working conditions for Pharmacists.

Long overdue. Pharmacists are being asked to work in stressful, unsafe environment that risk patient safety.

It's imperative that safety is not compromised for profits and staffing.
• Get it ratified as soon as.
• I chose to work in GP practice as well as Community Pharmacy to try and understand/influence the increased pressure over recent years