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Pharmacists' Defence Association Response to Health Education England's Consultation on Facing the Facts, Shaping the Future

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About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation which aims to act upon and support the needs of individual pharmacists and, when necessary, defend their reputation. It currently has more than 27,000 members. The PDA Union was inaugurated in May 2008 and achieved independent certification in 2011.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Provide insurance cover to safeguard and defend the reputation of the individual pharmacist

Summary of Health Education England proposals

Health Education England is consulting from 13 December 2017 until 23 March 2018 on its draft health and care workforce strategy for England to 2027.

The PDA's recommendations are:

- The PDA's view is that the most important principle in NHS workforce planning is missing from and should be added to the list of principles in the consultation document: engaging with healthcare professions and the public in an ongoing, open dialogue about the future of the NHS workforce.
- We would like to see the development of postgraduate training for pharmacists on pharmacy law and ethics, professional assertiveness, patient and medicines safety and quality improvement. The benefit to public health and patient safety through enhanced training in these areas could be significant.
- In pharmacy, a discussion must be held in the profession, involving all relevant stakeholders, about defining the role of the pharmacist in each major sector of practice (community, hospital, primary care and industry) and career frameworks and skills/salary escalators should be established where they do not already exist.
- Pharmacists should have a consistent experience of employment standards regardless of where they work to provide NHS services.

Foreword

We were disappointed that Health Education England did not ask the most obvious question in this consultation – and the one which we wanted to answer, particularly in relation to pharmacy. Specifically:

What do you think should be the workforce plan for health and care in England?

We do have some concerns with the ‘pharmacy’ chapter of the document, which covered just 3 pages (including a case study) of the 142 pages in the document.

The document states *“this strategy has already benefited from wide engagement and consultation with partners and patients...”*. Although it represents over 27,000 pharmacists – more than half of the patient-facing pharmacists in the UK, the PDA has not been consulted on this strategy or the reports mentioned within it which have contributed to it.

The consultation document states that the Independent Review of Community Pharmacy Clinical Services is one of two reports driving the transformation of the pharmacy workforce. However, the influence that report is being allowed to have on government policy is cause for concern because the Chief Pharmaceutical Officer for England, and indeed NHS England, have never formally responded to the report. [1]

We are also concerned by the statement in the consultation document that *“The traditional, medicines-focused role of the pharmacist is being challenged by Health Education England (HEE) and its national stakeholders.”* This appears non-sensical; it would need a change to the meaning of the word “pharmacy” and its concept, at a global level. Pharmacists - by definition and by training - will always have a role which is medicines-focused at its core. This statement is akin to challenging the law-focused role of solicitors, or the education-focused role of teachers.

The PDA has been developing its new “Road Map” proposal. It sets out the PDA’s vision for the future of primary care pharmacy practise and builds on our previous Road Map for pharmacy

practise in England and Scotland, published in 2013 and 2012 respectively. [2] We would be delighted to discuss this with Public Health England and/or Health Education England in more detail.

Questions

1. **Do you support the six principles proposed to support better workforce planning; and in particular, aligning financial, policy, best practice and service planning in the future?**

Areas to explore may include:

- **What more can be done to help staff work across organisations and sectors more easily?**
- **What data do we need to ensure we can plan effectively, and how do we align across workforce, finance and service planning?**
- **For what sort of measures/plans/proposals should the Workforce Impact Assessment be used?**

No.

Our view is that the most important principle for future NHS workforce decisions is missing: engaging with healthcare professions and the public in an ongoing, open dialogue about the future of the NHS workforce. We would have expected Health Education England to engage in a dialogue into which all relevant stakeholders were invited to contribute, before producing a draft workforce strategy; although we can't speak for other healthcare professions, that has not happened in the pharmacy sector.

The NHS workforce is funded by the public. In respect of aligning the workforce with NHS finances and service planning, that must be done through an open dialogue involving the public. A commitment to ongoing discussion would be helpful.

Recommendation

The PDA's view is that the most important principle in NHS workforce planning is missing from and should be added to the list of principles in the consultation document: engaging with healthcare professions and the public in an ongoing, open dialogue about the future of the NHS workforce.

- 2. What measures are needed to secure the staff the system needs for the future; and how can actions already under way be made more effective? Areas to explore may include:**
- **Are there fresh ideas for attracting more people to work in the NHS, either as new recruits or returners?**
 - **What scope is there to extend workforce flexibility using ideas such as credentialing, transferable qualifications, scope of practice and others?**

There are significant workplace pressures in the NHS. In a recent NHS staff survey, 37% of respondents said they felt unwell due to work-related stress in the past 12 months. [3] Addressing these workplace pressures would make the role more enjoyable for professional staff and would likely lead to greater retention and improved ability to attract new recruits.

As a measure to improve patient safety – but as one which would also improve working conditions for pharmacists – the PDA developed the 'Safer Pharmacies Charter' in 2017. [4] It outlines some reasonable expectations of employers, which we believe would assist with attracting more people to work in the NHS in pharmacy as well as making patients safer.

3. How can we ensure the system more effectively trains, educates and invests in the new and current workforce? Areas to explore may include:

- **Are there any specific areas of curricula change or new techniques such as gamification or new cross cutting subjects like leadership, public health or quality improvement science that should be taught to all clinicians?**
- **How does the system ensure it spends what is needed on individual CPD and gets the most effective outcomes from it?**

We would welcome the common vocational foundation training for all newly qualified pharmacists, mentioned in the consultation document. Whilst pharmacists' foundation training should give grounding in each of the major sectors of pharmacy practice, the disciplines and skills acquired in different sectors of practice post-qualification are not interchangeable and nor should they be. We also make the following recommendation about pharmacist postgraduate training.

Recommendation

We would like to see the development of postgraduate training for pharmacists on pharmacy law and ethics, professional assertiveness, patient and medicines safety and quality improvement. The benefit to public health and patient safety through enhanced training in these areas could be significant.

4. What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice? Areas to explore may include:

- **What more can be done to create careers not jobs for all staff, regardless of qualifications, entry level and current skills?**
- **What reforms are required to medical education and training to deliver the doctors the system needs in the future but also supports the needs of the system now?**

Please refer to our recommendation in response to question 1. In addition, we make the following recommendation.

Recommendation

In pharmacy, a discussion must be held in the profession, involving all relevant stakeholders, about defining the role of the pharmacist in each major sector of practice (community, hospital, primary care and industry) and career frameworks and skills/salary escalators should be established where they do not already exist.

5. How can we better ensure the health system meets the needs and aspirations of all communities in England? Areas to explore may include:

- **What more can be done to attract staff from non-traditional backgrounds, including where we train and how we train?**
- **How we better support carers, self-carers and volunteers?**

Please refer to our recommendation in response to question 1.

6. What does being a modern, model employer mean to you and how can we ensure the NHS meets those ambitions? Areas to explore may include:

- **What more would make it more attractive to work or stay in the NHS as you progress through different careers stages?**
- **What should the system do to ensure it is flexible and adaptable to new ways of working and differing expectations of generations?**

The PDA holds the view that certain principles which apply to employment practices in the NHS should also be implemented to practices in private organisations providing NHS services under contract. For example, the Nolan principles of public life and the fit and proper persons test should be upheld and enforced among boards of directors of pharmacy contractors, which could have a positive effect on the employment culture within many private organisations. Pharmacists should have access to NHS support networks such as the Freedom to Speak Up Guardian network. In addition, where NHS services are provided by private organisations, inspections should be more rigorous than they are at present and providers should be subject to the same scrutiny as exists in NHS hospitals from various arms-length bodies.

Recommendation

Pharmacists should have a consistent experience of employment standards regardless of where they work to provide NHS services.

We also reiterate the recommendation we made in response to question 1 – that there is a need for ongoing dialogue with those working within health and care system, to help inform and direct changes to the strategy and ensure it remains flexible and adaptable to new ways of working and differing expectations of different generations.

7. Do you have any comments on how we can ensure that our NHS staff make the greatest possible difference to delivering excellent care for people in England? Areas to explore may include:

- **What opportunities are there for making a difference through skill mix changes, staff working flexibly across traditional boundaries, and enabling staff to work at the top of their professional competence?**
- **What more can be done to deploy staff effectively and reduce further the use of agency staff?**
- **What more should we do to help staff focus on the health and wellbeing of patients and their families?**
- **What are the most productive other areas to explore around management and leadership, technology and infrastructure?**

We have nothing further to add.

8. What policy options could most effectively address the current and future challenges for the adult social care workforce?

We have no comment on this question at this point in time.

References

- [1] "NHS England will not publish long-awaited response to 'Murray' review," Chemist and Druggist, 31 October 2017. [Online]. Available: <https://www.chemistanddruggist.co.uk/news/nhs-england-will-not-publish-long-awaited-response-murray-review>.
- [2] T. P. D. Association, "Road Map," [Online]. Available: <https://www.the-pda.org/roadmap/>. [Accessed 16 March 2018].
- [3] "Results for the 2016 NHS Staff Survey are now available," National NHS Staff Survey Co-ordination Centre, 2016. [Online]. Available: <http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2016-Results/>. [Accessed 26 January 2018].
- [4] The Pharmacists' Defence Association, "Safer Pharmacies Charter," 2017. [Online]. Available: <https://www.the-pda.org/safer-pharmacies-charter/>. [Accessed 26 January 2018].

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