

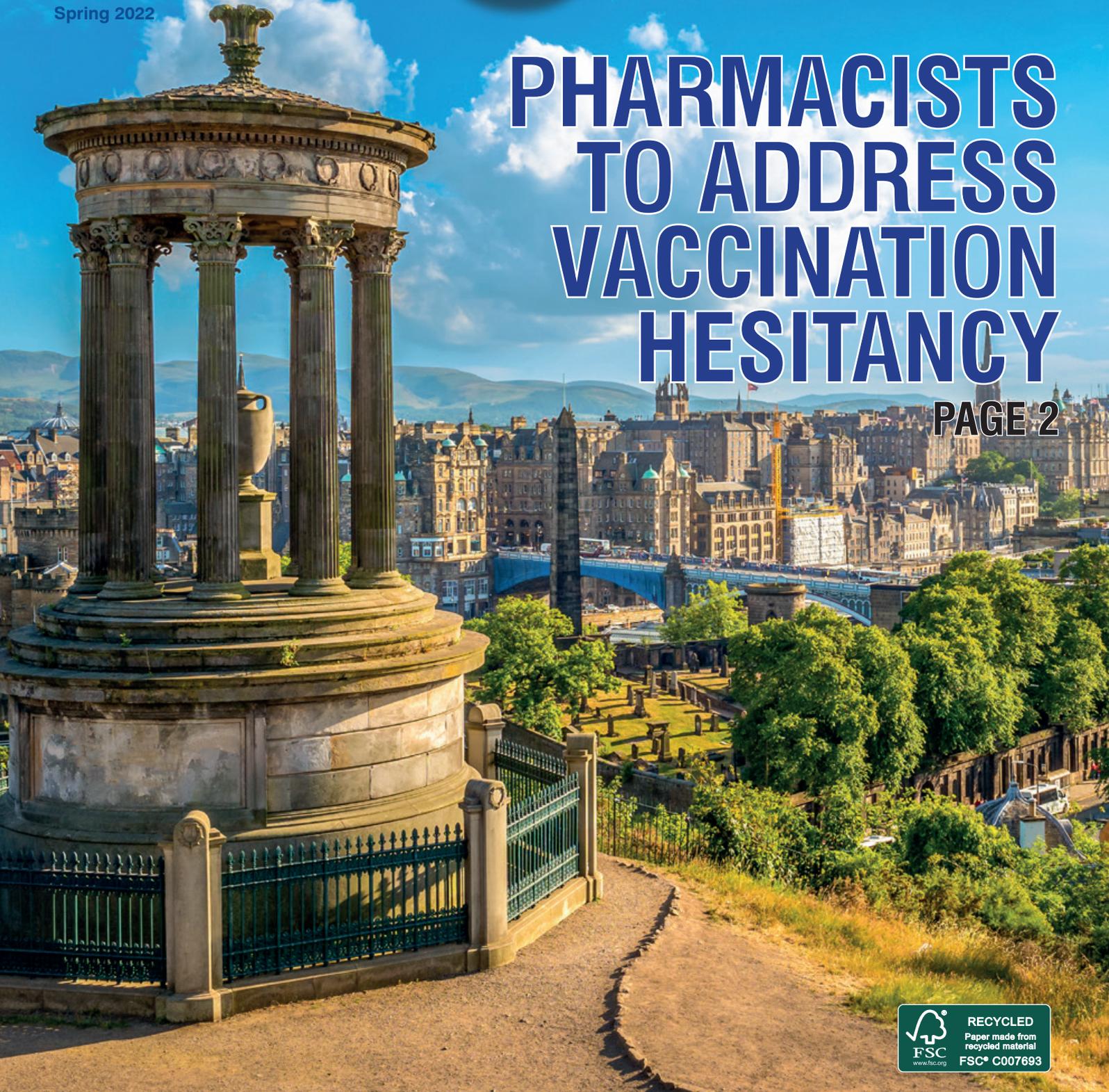
insight



The magazine of the
Pharmacists' Defence Association
Spring 2022

PHARMACISTS TO ADDRESS VACCINATION HESITANCY

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Letter from the Chairman



Last summer, pharmacists in Scotland learned that they could not participate in the national vaccination programme on the same terms

as dentists and optometrists; despite having more experience of administering vaccinations. When pressed, civil servants told the PDA that some years before, it had been decided that unlike optometrists and dentists, individual pharmacists would not be allowed onto the NHS performers list. We were told that this in effect acted as a kind of control of entry, which prohibits individual pharmacists from entering into a direct contract with the NHS.

It had been decided – but by whom? It would appear that the interests of individual pharmacists had not just been overlooked but had been short-changed.

However, with the exciting advent of widespread Independent Prescribing for pharmacists on the near horizon, the

concept of pharmacists being recognised by the NHS as are their dentist and optometrist colleagues is now compelling.

Such a model provides significantly more flexibility for the NHS. With the right leadership, a greater recognition of the pharmacist practitioner paves the way for much more innovation and a greater range of flexible services for the population. It gives the NHS a much greater control of the services that it commissions, representing an opportunity to drive benefits for patients, the NHS, the taxpayer and, in terms of professional fulfilment and job satisfaction for pharmacists themselves.

Survey after survey of PDA members confirms that pharmacists want to be seen as healthcare professionals and to enjoy relationships with the public treated as patients and not as merely consumers. Some community pharmacy employers believe that the reason they are finding it difficult to recruit pharmacists is because there must be a shortage. Others have realised instead that their pharmacy must be seen as a healthcare facility and not as a shop; a place where several pharmacists can work as a part of a wider collegiate clinical team looking after all their patients.

When pharmacists are working as autonomous healthcare professionals and enjoying professional fulfilment, they need not restrict themselves just to a bricks and mortar location. They will be able to provide a wide range of pharmaceutical care services wherever such services are needed by the public.

There are many associated issues that we must deal with along the way. These include unacceptable workload, remote supervision and the creation of a structured career framework that recognises that some pharmacists in the brave new world will want to practice as prescribers, whilst others will want to focus upon the more traditional role of medicines safety.

We are completely committed to support the interests of individual pharmacists and to ensure that their interests receive the attention they deserve, the PDA has committed to a significant expansion of activities in Scotland. I invite you to learn about our brand-new team in Scotland on pages 6 and 7.

Mark Koziol M.R.Pharm.S.

What can we do to address vaccination hesitancy?

Although vaccine hesitancy has not been a widespread problem in the UK, it is still a cause for concern as is the inexplicable failure by some already vaccinated people to come forward for a booster.

The Joint Committee on Vaccination and Immunisation has suggested that vaccine hesitancy is addressed best by locally trusted individuals; ideally by scientists or healthcare professionals, clearly, pharmacists are both.

Pharmacists, in whichever setting they are working, are very well placed to drive messaging that can address vaccine hesitancy, be that in community pharmacies, hospitals or GP practices. Whilst people who are unsure about vaccinations are unlikely to be going to a vaccination centre, they are likely to be going to or passing by one of these locations. The poster enclosed in this mailing is designed to be prominently displayed where it can be seen by the public. This could be in the window of a community pharmacy, the noticeboard of the GP practice, the waiting room of the out-patients hospital pharmacy. It is an appeal by pharmacists for the public to participate in the vaccination programme and it gives a link informing them where to get their Covid-19 jab.

The poster, which has been designed by the PDA and supported by the NPA is more than just a regular poster. The QR code when scanned, provides members of the public

with a short video clip from a pharmacist explaining why they have been vaccinated, and why they encourage others to do so. Furthermore, because English is not the most commonly used language in some locations where pharmacists work, people will be offered a choice of languages in which to view; which can be shared with a friend. This approach recognises that in such

areas, the generic NHS messages may not be getting through. All videos are of pharmacist PDA members and the languages offered (other than English) include Arabic, Bengali, Cantonese, Gaelic, Gujarati, Hindi, Igbo, Irish/Gaeilge, Polish, Spanish, Twi, Urdu and Yoruba. Although this initiative is not intended to result in additional workload to the staff; it is possible that in day-to-day conversations with patients that some additional verbal reassurance about the importance of vaccinations may well be required. To that end, more information about the Covid-19 vaccinations can be found here:

www.nhsinform.scot/covid-19-vaccine.

We urge pharmacists to help address vaccine hesitancy by participating in this worthwhile initiative.



Training, Quality and Service Development: Follow the Money?



How many community pharmacists know that NHS Scotland pays for their training and that of their teams; in principle, this is a welcome development. In practice, the pharmacy owner gets £460 per month, which adds up to £5520 every year, or the equivalent of around 25 days of locum cover. £180 per month is paid for general training, and £280 for Quality and Service Development, the latter payment is to support learning to enable pharmacy teams to provide services like Pharmacy First.

CPS themselves list all the payments the employer receives on their website: www.cps.scot/financial-framework-2122.

They state; ***“Every pharmacy will receive a fixed payment of £280 per month. This is made available to every pharmacy team that completes that years Quality Improvement activities. Activities will support the implementation and training requirements for NHS Pharmacy Scotland and Public Health Service – Bridging Contraception.”***

So, stop for a moment and ask yourself how much of that payment has been directed to you, and think to yourself ***“if my employer doesn’t spend it on training me, or my staff, where is it spent?”*** If the money is not spent, where does it go, because it certainly is not returned if they don’t use it.

No one really knows, no one follows the money.

The PDA is hearing from Scottish pharmacists that they have been asked to undertake training in their own time by being told that it is part of their ‘mandatory’ CPD. Whilst this might be an example of ‘planned CPD’ training, it is by no means a part of the GPhCs formal requirements

and any CPD undertaken by a pharmacist is a matter between them and the GPhC. Not only is it part of the community pharmacy contractors programme, but it is also training which is funded by the Services development fund. Pharmacists should either do this in their employers’ time (the funding being used for locum cover whilst they do so) or if in their own time, then they should ask their employer to pay them to do so. This is why their employer has been given the funds by government in the first place.

The PDA is aware that many employee pharmacists get no protected time for these activities, most locums get none, yet all pharmacists must deliver these services and often do so under trying circumstances in a professional manner.

Recent service launches in Scotland have been introduced with little or no notice given to pharmacists, many locums got no notice at all. Locums are worst served, even though they have active TURAS accounts many still have difficulty getting the personal NHS email address that would make it easier to find out about local and national pharmacy developments.

NHS Scotland should be auditing their spending, they should follow the money, they should track where it goes. They may find that in some cases it does not go to the people and for the purposes it is intended for. Surely, someone in the NHS must take an interest in value for money?

In the next weeks, PDA members will be invited to participate in a survey to establish the extent of these concerns; the results will be used in ongoing dialogue with NHS Scotland and with the Scottish Government.

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An update on Pharmacy Supervision



Since 2006, when the then Department of Health in Westminster proposed the concept of remote supervision for all pharmacies across the UK – the plan to operate a pharmacy in the absence of the pharmacist; this controversial subject has been the source of anxiety and suspicion amongst the pharmacist workforce.

The Department always expressed the view that they were keen to rid community pharmacy of what they considered to be antiquated rules which, in their view, prevented modern practice from developing and which they felt stymied the proper use of technology and pharmacy technicians.

What the PDA argued from day one, was that a pharmacy without a pharmacist was never going to be as safe as a pharmacy with one present. The community pharmacy was the place where the public expected to be able to access and speak to the pharmacist. The pharmacy needed

to be seen as a healthcare setting and not just as a shop – which would be the case if no pharmacist was available. Finally, argued the PDA, it was inevitable that any changes to supervision rules enabling even a temporary absence of a pharmacist in a community pharmacy, would be used by some employers simply as a device to reduce their operational costs.

After some years, a board was set up by the government to deliver the changes - the Rebalancing Board. Its constituent representatives were handpicked by civil servants – perhaps unsurprisingly, the PDA was not invited to be a member; the PDA's views on supervision after all were widely known. In the end, the discussions rumbled on for sixteen years and eventually even the Rebalancing Board recognised that it could not make proposals that the profession would support and was disbanded in 2021.

A new way forward

The PDA has always maintained that the rules on supervision needed to be

modernised, however any changes made should ensure that the pharmacist is more accessible to the public in the community pharmacy and not less so, which would be the case if remote supervision were ever allowed.

A new way forward must be found to move this debate forward.

A Steering group consisting of the NPA, AIMS, CCA, PDA, RPS, PSNI Forum and APTUK has now been established and an independent chair and secretariat are currently being appointed. The Department of Health & Social Care and the GPhC will sit as observers.

As no 'meetings proper' have yet been held, it is far too early to determine how this initiative will proceed nor what it will eventually conclude. However, its members have resolved to ensure that its deliberations will be transparent with pharmacists kept abreast of developments.

One important thing to consider by way of context, is that community pharmacy NHS contractual agreements throughout the UK are now increasingly relying on the input of the pharmacist; take Pharmacy First plus as a good example. Furthermore, it will not have gone unnoticed that during the pandemic, whilst a large number of GP's could only be seen via virtual means on screen, the public was able to visit their community pharmacy and speak to their pharmacist.

Pharmacists can rest assured that over and above the arguments described earlier in this article, these additional matters will undoubtedly influence the debates that will take place over the coming months.

Covid Redeployment and Vanishing jobs

The PDA is interested in hearing from members working in Health Boards within the primary and secondary care sectors who were moved from their normal job or place of work and deployed differently because of the Covid response.

Some of these pharmacists have been redeployed more than once, for example, having been first moved to support hospital services during the first waves of covid, they were subsequently moved on to posts which involve them at different levels within the vaccine programme, or to posts supplying covid support

within the community. Some pharmacists have been similarly redeployed but in different ways, management to clinical, primary to secondary care etc.

In some cases, when these pharmacists have enquired about returning to their original job they have been told, that due to reorganisations caused by the response to Covid, their original post no longer exists, in some cases their original place of work has even been closed.

This is creating some concern as Covid moves on from the pandemic to the endemic phase as some of these pharmacists have been offered no security concerning their ongoing employment.

Any members affected are urged to contact the PDA.

PDA Support for Pre-reg and provisional registrants during the pandemic

PDA has a proud history of supporting those new to the profession, to bring them peace of mind, protection and support from the beginning of their careers.

Reacting to the GPhC decision to cancel the assessment examinations in June 2020 because of the pandemic, the PDA actively supported those cohorts of pre-reg and pharmacy students who have had to complete their journey into the profession in a truly unique way.

The support from the PDA team included:

- **Individual advice**
- **Creating support networks**
- **liaising with the GPhC, pharmacy schools, employers and others**
- **creating a new membership category; developed and opened for members in record time**
- **organising webinars and other communications**

A key aspect of the GPhC reaction to the pandemic was to implement online assessments and the PDA Education Hub was the first to deliver an online revision programme and mock examinations to

support those prov-regs and resitters who prepared for their first ever online examinations. PDA also provided expertise to support members to secure reasonable adjustments in the event that their personal circumstances required these, to nullify and to appeal when appropriate.

Pre-registration trainees are also employees and the PDA supported a number of individuals faced with unfair treatment by their employers, either by way of a lack of support for exam preparation or in how they were treated once the exam results were released.

Although the provisional register closed at the end of January 2022, online exams are now established, and the PDA welcome the recent GPhC announcement that they are moving away from Pearson Vue (the initial provider) to what is hoped will be a better provider of online assessments.

The current and future cohorts should expect a more stable environment; however, the PDA support continues and membership for Student and Trainee Pharmacists has always been free.

Scottish Pharmacy Award Winners 2021 Announced

In November, the Scottish Pharmacy Award dinner returned after the 2020 awards were hosted online in response to Covid-19 restrictions. Scottish pharmacists came together in person at the Crowne Plaza Hotel in Glasgow to celebrate their successes over the last year.

The PDA is the regular sponsor of the Student Leadership category in the Scottish Pharmacy Awards. PDA representatives attend the awards ceremonies to meet with members and also to present the award to the winner.

The awards paid tribute to all of those consistently working hard in pharmacy and the positive impact they have on their patients and peers through a very difficult period.

The Student Leadership Award winner this year was Jack Murphy, a Robert Gordon University student.

The awards also recognised the efforts of other pharmacists and the event was a great opportunity to recognise these professionals, and their teams, for their



Pictured are Pharmacy Student Leadership Award winner, Jack Murphy of Robert Gordon University with PDA Scotland's Head of Policy, Maurice Hickey, and the University of Strathclyde's Professor Anne Boyter who was one of the category judges.

dedication and achievements.

The final award of the night, the 2021 Special Recognition Award, for the first time was dedicated to the entire Scottish pharmacy community in tribute to their collaborative efforts, commitment, and resilience in the face of unprecedented Covid-19 pressures.

The evening also raised funds for this year's nominated charity, SAMH, Scotland's national mental health charity.

PDA Chairman elected as Secretary General of European pharmacists' organisation

The PDA is a member of (EPheU) the Employed Community Pharmacists of the European Union which is the federation of pharmacist trade unions. At its 10th annual congress PDA Chairman, Mark Koziol was elected as their Secretary General. Mark will undertake this role for the next three years in addition to his responsibilities as PDA Chairman.

EPheU connects representative union organisations across Europe and represents professional, strategic, legal, socio-political, and cultural interests of employed pharmacists.

The association includes member organisations from Austria, Belgium, Croatia, France, Germany, Luxembourg, Malta, Monaco, Montenegro, Norway, Poland and the UK (the PDA).

The 10th annual congress focussed particularly on the various lessons learned and explored and compared the extent to which each country has involved pharmacists in their responses to the Covid Pandemic.

Mark Koziol, PDA Chairman, and EPheU Secretary General said, ***"Sharing our hopes and ambitions for pharmacists with colleagues across the continent and listening to the various solutions that they have employed is an extraordinarily powerful activity for PDA to engage in. For example, in Poland, the government has agreed that the Covid vaccination fee is split 50/50 between the owners of pharmacies and the pharmacists delivering the vaccines. Such solutions are entirely fair and viable and they help us to advance the individual pharmacist agenda here in the UK."***





Introducing PDA Scotland

Let us make no mistake;
**Community Pharmacy Scotland
(CPS)** is an organisation that looks

after the interests of pharmacy owners, to include the shareholders of some of the UK's largest pharmacy corporations who relentlessly seek profits. They have done a good job for their contractor members.

Last summer in a podcast, the CPS Chief explained that he was delighted that a senior civil servant had used the phrase 'Team Pharmacy' to describe the relationship between the negotiating body for pharmacy owners and the civil servants.

The significant influence of the pharmacist owners in Scotland is evident and in principle is a good thing, but the government has a duty to seek a balance of views as this is in the public interest. It must do more to recognise the actual players in the team and this is because doing so enables it to develop models of practice that would likely be much more innovative, flexible and beneficial.

If it fails to do so, then pharmacy practice in Scotland could end up being developed in a way that would not only be detrimental to individual pharmacists but also to the public.

Members in Scotland have called upon the PDA to address this imbalance and consequently they will now enjoy a significant increase in PDA operations. Some of these are considered in this magazine but there are many more besides. The PDAs new team on the ground in Scotland has a powerful story to tell and will be working hard on behalf of all employee and locum pharmacists across all the pharmacy sectors and at an increasingly important time. As we emerge from lockdown, the issue of pharmacy supervision is yet again being raised by the employer representative bodies. Discussions about the new contractual framework will be commencing and this time, the possibility of an individual pharmacist contract must be developed. There is also the issue of why pharmacists in Scotland were not treated well by the Covid vaccination programme as compared to their dental and optometrist colleagues, not to mention the ambitious plans to roll out the independent prescribing agenda. The PDA will work hard to ensure that in the future 'Team Pharmacy' can flourish as an institution where WIN WIN solutions are found and the genuine interests of ALL its constituent parts are properly respected and represented.

Meet the team



PAUL FLYNN
National Officer for Scotland

Due to continuing growth in membership, in December 2021, pharmacist Paul Flynn became the PDA's first National Officer for Scotland. He will work to ensure effective organisation and engagement of members in Scotland across all sectors and to engage with the wider trade union movement in Scotland through the STUC. He studied Pharmacy at Strathclyde University and spent his career up to now working for a community pharmacy multiple.

Paul is supported by PDA representative networks within Boots and Lloyds Pharmacies in Scotland and a regional committee of pharmacists from across all of the sectors. The Boots network was set up in 2019 and LloydsPharmacy network in 2021 after the PDA was recognised for collective bargaining purposes by these two employers. With Pauls organising activities on the ground now commencing, pharmacists working for many other pharmacy employers across all sectors can expect to see and will hopefully support bids for recognition at their employers place of work in due course. Once this occurs, they will have the opportunity to become recognised workplace representatives. The PDA also has a growing number of equalities networks; The National Association of Women's Pharmacists (NAWP), The BAME Pharmacists Network, The Ability network and the LGBT+ network. All of these are working to ensure that those at increased risk of injustice and discrimination are well supported and considered. Opportunities are also being developed for Student representatives to be involved in a national committee.

The PDA in Scotland is growing and

becoming a more prominent voice for the interests of individual pharmacists at a national level.

While the PDA Scotland operation is run in Scotland by Scottish pharmacists and will have its office base in Glasgow, it will also have the ability to rely on the continued support and assistance as well as the research activity delivered by the wider PDA organisation where required. The PDA Office in Birmingham will also offer the benefits of a dedicated legal team and expertise in education, organising and policy to the team and representatives supporting members North of the border.

Paul said: *"I consider it a great honour and privilege to be the first pharmacist to hold this position for the PDA in Scotland and will ensure that I dedicate my time to encouraging and supporting my pharmacist colleagues in all sectors to find their voice and use it to make a difference, ensuring that their careers and professional contribution are more recognised and better rewarded. I look forward to the changes for the better we will make together in the future."*



Affiliation to the STUC brings wider benefits to PDA members



In April 2021, the PDA affiliated to the Scottish Trade Union Congress (STUC), placing the pharmacists' union alongside trade unions that represent other professions and sectors in Scotland.

The STUC is the largest civic society body in Scotland and represents over 500,000 trade unionists, that are the members of 40 affiliated trade unions and 20 Trades Union Councils. They speak for trade union members in and out of work, in the community and in the workplace, in all occupational sectors and across Scotland, and have an ongoing dialogue with the Scottish government.

Trade unions are recognised as a critical part of the country's infrastructure. This is formally recognised by the government in its fair work convention, which places a requirement on the government to ensure that as well as having dialogue with employer representatives it also has structured dialogue with workforce representatives; in the case of pharmacy this would be with the PDA. Consequently, Trade Unions representing workers in Scotland regularly meet with government ministers and senior Scottish Civil servants. PDA members can be assured that this is a facility that the PDA will now seek to use for their benefit.

As well as speaking with authority for the interests of all Scottish workers, STUC also takes an active interest in the issues concerning women workers, black workers, young workers, LGBTQ+ workers and other groups of trade unionists that otherwise suffer discrimination in the workplace and in wider society.

PDA members interested in finding out more about how the PDAs affiliation with STUC could help the PDA represent their issues of concern, or in championing equality, or how they could get involved directly in their local Trades Council where members from all STUC unions can work together on local issues should in the first instance speak to Paul Flynn, the PDA Union National Officer.



MAURICE HICKEY
Head of Policy PDA Scotland

Maurice Hickey has a wide range of experience of practice including working in hospital and community pharmacy, he was a pharmacy owner for some years. He has worked on both sides of Hadrian's wall and has been practising as a locum for the last 10 years, interspersed with contracts at bodies as diverse as the Royal Pharmaceutical Society and Boots. He has been involved in pharmacist advocacy throughout his career, having previously held elected positions on various representative pharmacy bodies, such as the Councils of RPSGB and CPS.

As Head of Policy for PDA Scotland, he will be seeking to grow the influence

of the PDA in Scotland for the benefit of members by championing the voice of individual employed and locum pharmacists in the development and implementation of pharmacy policy. He will also reflect the divergence of pharmacy policy practice as a result of devolution.

Maurice said: ***"I have always wanted to ensure our profession has a strong voice and I am delighted to take up this new role. The beginning of 2022 finds all of us at the start of a period of great change as Covid transitions from being a pandemic to an endemic problem. This is a moment when the usefulness to society of pharmacists has become magnified and also a time when NHS Scotland is on the verge of a renegotiation of the Scottish Pharmacy Contract. I believe that any new contractual framework will have to recognise and reward the individual pharmacist, where each of us will be properly rewarded for our skills and our knowledge. The PDA is the only independent trade union in Scotland exclusively for all pharmacists working in community, primary and secondary care. We will strive to champion the interests of our profession, our members and of our patients wherever and whenever we engage in policy debate. I am proud that we are members of the STUC and that we are part of the nation's union movement."***

PDA calls on employers and pharmacist organisations to make “New Year Resolution” to support the profession’s charity

The PDA is encouraging employers and pharmacists’ organisations to donate £1 per pharmacist employee or member to the Pharmacist Support charity and to collectively make a substantive difference to the charities funding from 2022 onwards.

Pharmacist Support is an independent, trusted charity, providing a wide variety of support services to pharmacists and their families, former pharmacists and pharmacy students in Great Britain.

With an ever-increasing number of individuals needing support and a widening range of services the charity is called to provide, Pharmacist Support needs all the financial donations it can get.

The PDA is also a not-for-profit organisation created to support pharmacists and recognises the value of Pharmacist Support’s activity. Many members who have had their legal and employment concerns addressed by the PDA, or alternatively as students or Pre-reg’s have had difficulty with their training establishment ultimately end up having to have their emotional and wellbeing and sometimes their immediate financial concerns addressed by Pharmacist Support. As such the defence association has been donating £1 for every member each year since 2018. This strategic charity partnership between the PDA and Pharmacist Support has now generated more than £150,000 for the benefit of the charity.

The Pharmacist Support charity could provide even more support for pharmacists and students when they need it if

employers and other pharmacy organisations could do the same.

The PDA is therefore calling on pharmacy employers and other pharmacists’ organisations to make a New Year’s resolution to replicate the PDAs “one pound per pharmacist” scheme.

Most pharmacists are employed, and the largest employers are multi-£Billion corporations with thousands of pharmacists in their organisations, the “one pound per pharmacist” proposal means that their donations would be proportionate. Similarly, the RPS for example with an annual turnover of more than £20million could also participate and support the charity based on its membership levels. Smaller employers and organisations could also consider such a move. If this suggestion were widely adopted, the total amount raised each year would be far more than the £150,000 that the PDA has already donated.

In the meantime, PDA members including the students and trainee pharmacists who receive free membership, can be assured that even though they have not paid anything to join, the PDA donates £1 on their behalf to this important charity.

More information on the work of Pharmacist Support can be found at www.pharmacistsupport.org



Pharmacist Support

working for pharmacists & their families

Bridging Contraception

In November 2021 community pharmacists began issuing long term supplies of oral contraceptives to patients; a very welcome PGD development.

However, the implementation has been rushed with the time from announcement to training completion deadline being just over 6 weeks. In some cases, Health Board approved PGD’s were not ready for signing until the day of implementation.

This risked disadvantaging patients and embarrassing employed and locum pharmacists who for logistical reasons were unable to complete the training within the short deadlines. This avoidable problem reflects poorly on pharmacy making the sector look disorganised.

The service itself requires the pharmacist to engage in confidential, sensitive and in-depth conversations with patients. With workplace pressures, it can be challenging to find the capacity for such activities where staff shortages and increased complexity of patient demand already reduce the ability to stay on top of existing workload.

This service is commended in its aims to improve access to services for women. Whilst the PDA support additional services for which owners receive additional funding, employers must not



simply add to the significant demands already placed on a single pharmacist.

Every pharmacy must have the resource available to enable the safe operation of the rest of the pharmacy service, while also ensuring breaks are observed to maintain safety and wellbeing of staff.

Where this is not the case employers need to engage additional trained and competent team members and/or an additional pharmacist(s) to safely deliver all that they have been paid to deliver by the NHS. The PDA will be reflecting these concerns in its forthcoming meetings with government representatives.

BOOTS pay settlement

The PDA Union collectively bargains on behalf of pharmacists at Boots and has negotiated a 2021 pay deal which improved the company's initially proposed 2% increase.

The agreed package is costed at 3.9%, almost double that of the company's original proposal, with the majority of pharmacists receiving 2% increase to their substantive pay plus payments equivalent to two days' pay (valued at an additional 0.76% of pay).

The settlement brings further increases for those pharmacists paid least and also increases the minimum pay for store managers. The agreement with the company also introduces annual conversations to be held between each pharmacist and their manager at which pharmacists can formally discuss their pay level, improved notice of bank holiday working requirements, and temporarily enhanced payments for accepting shifts at short notice.

The agreed package applies to all pharmacists in the bargaining unit,

whether they are PDA Union members or not. Other employees (non-pharmacists) with a November pay review date, who do not have a trade union negotiating on their behalf, received just the 2% increase.

PDA members have been fully informed of all the agreement details, including:

- **All Pharmacists qualifying in 2021 will be paid at least £38k gross FTE,**
- **Those who qualified in 2020 will be paid at least £39k.**
- **Those qualifying prior to 2020 will be paid at least £40k.**
- **The base starting salary for the Pharmacist Store Manager role is increased to £45k**

The alternative to accepting the above offer was that PDAU members would be asked to take some form of industrial action. As the body empowered under the unions' rules to consider the option of a statutory ballot on industrial action, the PDAU National Executive Committee (NEC) held a special meeting to consider this option and decided that after

reviewing the outcome of a consultation with members about the pay talks, and recognising the situation with the pandemic as the country approached Christmas, balloting for industrial action was not appropriate on that occasion.

In January, the company announced that it was putting itself up for sale. This is still very early stage in the proceedings with a wide range of options being possible. Undoubtedly however, many Boots pharmacists, with mortgages to pay and other long term commitments will be concerned about how any proposed sale may impact upon their circumstances and their future.

Whatever eventuates, pharmacists can expect the PDA to be in discussions with any new owners or management to ensure that the overall interests of pharmacists are protected.

All pharmacists at Boots, and at all other employers, are actively encouraged to join the PDA union to strengthen pharmacists' collective bargaining power.

LloydsPharmacy update

Following the formal recognition by LloydsPharmacy of the PDA as the union that collectively bargains on behalf of its pharmacists, in December 2021 the PDA Union submitted the first-ever pay claim on behalf of pharmacists employed by LloydsPharmacy. The pay claim seeks an increase above price inflation to help restore the purchasing power of members' income. Pay talks between both sides will occur over the coming months.

Alongside the pay talks the network of pharmacists who have become PDA Union representatives, have been trained and are supporting members with disciplinaries, grievances, potential redundancies and other formal workplace processes.

Meanwhile, the proposed sale of the McKesson UK group was confirmed in November, with the news that the US-based McKesson Corporation reached an agreement to sell its UK business to AURELIUS UK. This sale includes LloydsPharmacy, LloydsDirect (previously Echo by LloydsPharmacy), Online Doctor, AAH Pharmaceuticals (including Trident, Enterprise and AAH Sangers), LloydsPharmacy Clinical Homecare, MASTA and John Bell & Crocyden.

Whoever ends up owning the company, whether it stays intact or is split after purchase by new owners, will end up in discussions with the PDA as we seek to protect the overall interests of pharmacists. The PDA team includes experts in employment law so they can help with a wide range of possible changes that could emerge from this sale. Trade unions can generally only give legal advice to members and Lloyds' pharmacists are encouraged to join the PDA Union.

NHS Scotland Wellbeing Support for Pharmacists

The PDA would like to draw members attention to wellbeing support available for pharmacists and their teams in Scotland.

A range of resources are available through the NHS Scotland National Wellbeing Hub, it is for all members of the pharmacy team, working in all settings and is completely free and entirely confidential. It can be accessed at any time.

The Hub provides a range of self-care and wellbeing resources designed to support the health and social care workforce and signposts to relevant services, including local staff support arrangements. It offers advice and evidence-based digital resources to help staff cope with issues such as stress, resilience and sleep. It also includes Coaching for Wellbeing, a digital coaching service for all health and social care staff.

Pharmacists also have access to the Workforce Specialist Service (for regulated staff), which is a confidential multidisciplinary mental health service with expertise in treating regulated health and social services professionals. The GPhC worked alongside the Scottish Government to develop the service for pharmacists.

In addition, pharmacy teams have access to the dedicated national wellbeing helpline, which is a compassionate listening service available on a 24/7 basis. If needed, and only with a caller's consent, pharmacists and their teams can be referred to local staff support services. Please feel free to share details, with your colleagues and teams, of the support available and how to access it. www.wellbeinghub.scot

National Wellbeing Helpline: 0800 111 4191

Burnout! Are Pharmacists OK?

Members have told the PDA that they are working under some of the most extreme conditions in memory and this has created dangerously high and sustained levels of stress. This feature by a pharmacist who has become a psychotherapist casts some light on the problems of burnout.



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Making the jump from community pharmacist to psychotherapist was harder than I thought. Professionally, many of us have probably developed an exterior shell working with the public where we don't show a lot of our real emotions particularly when we're on the receiving end of an upset patient or two! I had developed a stoic way of being where I could exude calm whilst churning inside. Almost the exact opposite of what's needed in a counselling role where displays of authentic emotions and having them at our fingertips is so important. There was a lot of un-learning in order to re-learn.

There were advantages too though that my pharmacy background gave me. Unlike my peers on the course, I'm comfortable when clients reel off tablets they are taking. Due to my background, palpitations that had been put down to anxiety, I could recognise as two medications potentially interacting with each other. I can appreciate that therapy may be longer for those on medications that dull emotions, benzodiazepines being

a prime example. I'm comfortable liaising with GPs when I have clients' permission as I've done it for most of my career – in fact it's what made me a prime candidate recently for a job with a mental health organisation, my experience of working alongside different professionals.

Covid related stress

Having set-up my own practice this year, a lot of my counselling work recently has a common theme; covid slowing down the pace of life but in turn pushing up suppressed experiences/traumas. Interestingly, with my pharmacist clients though, I'm also noticing a pattern emerging showing varying degrees of burnout.

We all encounter stress and for the most part, elevated stress levels are bearable because we know at some point they likely end. COVID-19 brought with it a unique set of factors that have elevated many of our stress levels on a personal and work level (many pharmacies saw their workload triple). It also brought with it a pandemic purgatory – it's difficult to see the light at the end of this dark COVID tunnel. A perfect storm to create burnout.

Burnout, 'a state of mental, emotional and physical exhaustion caused by prolonged stress' in the pharmacy world is becoming a real issue - not just amongst pharmacists but pharmacy staff who work



ridiculously hard. COVID-19 exacerbated work-place stress in pharmacy where levels can already be quite high due to inadequate staffing, high workload, targets etc. Surprisingly, community pharmacy seems to be one of the few sectors where many employers don't have mental health support in place for their staff.

You may have noticed feelings of burnout but not recognised it as that. Common signs include:

- **Feeling tired or drained most of the time**
- **Feeling helpless, trapped and/or defeated**
- **Feeling detached/alone in the world**
- **Having a cynical/negative outlook**
- **Self-doubt**
- **Procrastinating and taking longer to get things done**
- **Feeling overwhelmed**

For many of us in pharmacy where our emotions are kept in check, it can also manifest as physical symptoms; tiredness, digestive issues, change of appetite, headaches.

What can be done to manage burnout?

As an individual, trying to balance our work-related stress in ways that maybe we stopped doing due to the pandemic could be useful, such as socialising with friends or going to the gym. Therapy can be a helpful space to try to make sense of what's going on – often burnout isn't the first thing my clients think of even when they're experiencing all the signs of it. However, linking it all together in a safe space allows people to identify and explore their workplace stressors.

I am hesitant however to put it all on the individual; there has to be a level of responsibility from pharmacy employers and a change in workplace cultures where wellbeing support is readily available. Pharmacy employers have a huge role and a responsibility in addressing workplace burnout.

ACTION POINTS:

If you're experiencing difficult memories arising since the pandemic, try to be gentle with them and if you can, invite them in. It could be useful to start noting them

down in a journal which might help make sense of them.

If you're experiencing signs of burnout, lock that pharmacy door when you leave, physically and mentally - using any time out with work to do what you enjoy.

Find out what wellbeing support is available in your work and if there's nothing, petition management to create support. Ultimately it benefits everyone, better mental health support = reduced staff absences from stress.

The systematic closure of Pharmacies

In December 2021 the PDA highlighted the issue of sporadic and temporary pharmacy closures in Scotland by meeting with civil servants and engaging with the National media in Scotland. Questions were also asked in the Scottish Parliament about the issues we had highlighted. The intention was to help ensure that pharmacies continued to open after significant numbers of members raised concerns that pharmacies were appearing to be temporarily closed by their owners in a systematic fashion.

The PDA made Freedom of Information (FOI) requests to the Scottish Health Boards in which it was discovered that in three months over summer, 574 reported closures of pharmacies in Scotland were identified.

In July 2021 alone there were 338, 331 (98%) were in pharmacies owned by UK multiple pharmacy chains (Lloyds, Well, Boots and others), a few others occurred in Scottish owned pharmacies. Informed by a members survey the PDA believes that the number of actual closures may be somewhat higher than officially reported or recorded.

The majority of closures are concentrated in urban areas. What was of particular concern is that there is a distinct correlation between deprived neighbourhoods and the frequency of closures seen. Many of the areas worst affected are among the 20% of most deprived neighbourhoods in Scotland.

Health Board data identified that LloydsPharmacy were responsible for the majority of closures (56.6%) and this was seen in all the larger Health Boards, they were responsible for as many as 81.0% of reported closures in Tayside.

Because the independently owned and smaller local chains in Scotland appeared able to engage sufficient staff to open, the closures in the multiples did not appear indicative of a shortage of pharmacists. Furthermore, the closures seen amongst just a small number of companies cannot easily be explained by the indiscriminating effects of the pandemic.

Members have indicated that the working conditions are a factor in where they chose to work, and that chronic under-investment in systems, staffing and premises are all factors that may deter pharmacists from opting to work for some pharmacy companies.

Some locum pharmacists reported to the PDA that they had offered to work in a particular pharmacy, however despite their availability the company subsequently closed rather than engage them.

In Scotland, pharmacies are more generously funded than in England, and different and increased service levels are required. Unless the UK wide chains reflect this in their business models, they could potentially be using payments made by the Scottish government to subsidise the rest of their UK networks at the expense of Scottish taxpayers.

There is no provision to withhold payments from pharmacy companies who close a pharmacy to the detriment of patients. The only sanction available to the NHS is for the Health Board to remove their contract and close the pharmacy. This is not sustainable unless other provision can be made to protect

continuity of the pharmaceutical service.

Elsewhere in the health system, there is provision to take over GP surgeries from their GP partner owners. The GPs that work in these 'salaried' practices become NHS employees and are paid a competitive salary. These facilities are wholly NHS operated and staffed, any efficiency savings and profits made in these 'salaried' practices are retained by NHS Scotland.

Such a remedy has been proposed to the Scottish Government. Under such arrangements in a failing pharmacy situation, the continuity of service to the community could be assured. Pharmacy staff including pharmacists could deliver their services as NHS employees, enjoying all of the benefits of NHS employment and any 'profit' generated would return to the NHS. In a recent meeting with civil servants, the PDA was told that the companies involved have been spoken to and asked to address the closures issue.



The employed and locum pharmacists working in Scotland's communities have striven hard to deliver services throughout the pandemic. The vast majority of independently owned or small chain Scottish pharmacy owners have never routinely shut their doors. However, certain companies have chosen to do so and they are in breach of the 2009 NHS regulations and the NHS (Scotland) Act 1978.

The PDA believes that these unexplained closures have caused anxiety amongst patients and staff and they have let down the poorest communities and the most vulnerable patients. Ultimately, they will have damaged the reputation of the profession at a time when the vast majority of pharmacies in Scotland have worked tirelessly to provide the people of Scotland with access to pharmaceutical care.

In the interests of patient care and safety, the PDA wants to see this situation improve and continues to monitor the situation, engaging with other Scottish stakeholders. Any information from members about ongoing closures of pharmacies in Scotland will be gratefully received and acted upon.

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- ✓ We defend our members when they are faced with a conflict
- ✓ We proactively lobby the individual pharmacist's agenda
- ✓ We challenge employers, regulators and government on behalf of our members
- ✓ We arrange insurance cover to safeguard and defend our members' reputations



What our members say about us...

"I want to thank you for all your help and advice. Without it, I do not think I would have felt able to stand up for myself and my rights."

"I would like to thank you for your help and support from last year. It was an extremely difficult period for me."

"I'm not sure what I would have done without the help of the PDA."

"A final heartfelt thank-you to the PDA. I do not know what I would have done without all your help."

"I shall just say a BIG thank you from the bottom of my heart.. truly for your excellent advice and opinion."

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